		Medicaid Beha	avioral Health and Medical Prior Authorization (PA) Code Mat	rix	
HEALTHCARE			April 1, 2023		
Prior authorizations are not required for the following: • Emergency Services for Participating or Non-Participating Providers. • Office visits at Participating Providers. • Referrals to Participating Network Specialists.	hird-Party Proprietary Criteria this Prior Authorization (PA) C EASE SEE PROVIDER NOTHICA ional services, receipt of ALL s ervation stays; I Place of Service Code 19, 21, pital, Neonatal Intesive Care U latory Agency determines ma	referenced in this document or if infor code Matrix document is only applicable TIONS AND MOST CURRENT INFORMA1 ervices or items from a non-contracted 22, 23 or 24 (except dental anesthesia f Init (NICU), Skilled Nursing Facilities (SN ny of the plan benefits. The absence of	e for Participating Providers. ION ON THE PROVIDER PORTAL. provider in all places of service require approval. or STAR children)		nformation.
All services outside of the regulatory limit are subject to review. For additional information please contact Molina Healthcare 1-855-322-4080. Molina covers limited gene therapy services in accordance with our medical policies				setting of Lore.	
			Healthcare Services Screening Criteria Link		
		<u>Pric</u>	or Authorization Code Matrix For Outpatient Drug Services		
			Texas Medicaid Provider Procedure Manual		
Obtaining authorization does not guarantee			make benefit coverage determinations. Please review the Texas Medicaid Provider Manual and Texas Medicaid tions and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether th		ffective setting of care.
		•	ing medical decisions. The criteria listed below is generally accurate, but may be different based on factors such as s riteria applied, and Molina's decision of whether to approve or deny a requested service. Please contact Molina or y		
Service Category Notes	Effective Date Co	de Definition	Documentation Requirement	Criteria Utilized	Notes Date of Annual Review
Anesthesia	Prior to 9/1/2019 00:	170 ANESTHESIA INTRAORAL WITH BIOPSY NOS	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent physichoscial history; • Information and consultations with the treating practitioner; • Pertinent physical substrations; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Medicaid(Star) member age 0-6 2/23/2023 y/o, include DMO provider determination letter with PA. Otherwise, PA is waived for all radiology, anesthesiology, and pathology services when billed in POS 19, 21, 22, 23 or 24
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019 09	01 BEHAVIORAL HEALTH TREATMENT/SVCS - Electroshock Treatment	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent path and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	0912	BEHAVIORAL HEALTH TREATMENT/SVCS - Partial Hosp	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalse or behave or behave or participationer; •Pertinent chalse, or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	0913	BEHAVIORAL HEALTH TREATMENT/SVCS - Partial Hosp - intensive therapy	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent publications with the trading practitioner; •Pertinent publications from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluatio	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	1001	BEHAVIORAL HEALTH TREATMENT/SVCS - Accommodations; Residential; Psychiatric	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plxhosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	1002	BEHAVIORAL HEALTH TREATMENT/SVCS - Accommodations; Residential; Chem Dep	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and norgerss notes; •Pertinent playchoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	2106	BEHAVIORAL HEALTH TREATMENT/SVCS - Alternative Therapy Services; Hypnosis	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pythosocial history; •Information and consultations with the treating practitioner; •Pertinent explaudions from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2020	0373T	ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	90867	REPET TMS TX INITIAL W MAP MOTR THRESHLD DEL AND MNG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the relating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the relating practitioner; •Pertinent totaris, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	90869	REPET TMS TX SUBSEQ MOTR THRESHLD W DELIV AND MNG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	90870	ELECTROCONVULSIVE THERAPY (ECT)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent chards; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2022	90901	BIOFEEDBACK TRAINING ANY MODALITY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent agrostic testing results, operative and/or pathological reports; -Pertinent dignostic testing rots; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; and providers; -Pertinent testing, testing store agring the local delivery system; and -Pertinent testing local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Fax to 866-420-3639 Prior authorization is required for biofeedback services. Any combination of procedure codes 90901, 90912, and 90913 are a benefit for biofeedback sessions for urinary or fecal incontinence conditions in clients who are 4 years of age and older.	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2022	90912	BFB TRAING W/EMG and /MANOMETRY 1ST 15 MIN CNTCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent psychosocial history; ePertinent psychosocial history; eInformation and consultations with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Fax to 866-420-3639 Prior authorization is required for biofeedback services. Any combination of procedure codes 90901, 90912, and 90913 are a benefit for biofeedback sessions for urinary or fecal incontinence conditions in clients who are 4 years of age and older.	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2022	90913	90913-BFB TRAING W/EMG and /MANOMETRY EA ADDL 15 MIN CNTCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Fax to 866-420-3639 Prior authorization is required for biofeedback services. Any combination of procedure codes 90901, 90912, and 90913 are a benefit for biofeedback sessions for urinary or fecal incontinence conditions in clients who are 4 years of age and older.	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent paychoscical history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent exclusions from other health care practitioners and providers; • Pertinent exclusions (notographic information, as appropriate; • Rehabilitation evaluations; • Information negarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent dispositic testing results, operative and/or pathological reports; • Pertinent dispositic testing results, operative and/or pathological reports; • Pertinent dispositic testing results, operative and/or pathological reports; • Pertinent exoluations from other health care practitioner; • Pertinent exoluations from other health care practitioner; and providers; • Pertinent exoluations from other health care practitioner; and providers; • Pertinent exoluations; • Information evaluations; • Information evaluation evaluation; • Informat	Texas Medicaid Provider Procedure Manual		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent explanations; • Pertinent explanations; • Information evaluations; • Information evaluations; • Information evaluations; • Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretrament plan and progress notes; • Pertinent provideoscial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent exaluations from other health care practitioner; • Rehabilitation evaluations; • Information evaluations; • Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretrament plan and progress notes; • Pertinent explosical history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioner; • Pertinent explanations; • Information regarding the local delivery system; and • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertiment diagnostic testing results, operative and/or pathological reports; • Pretriment plan and progress notes; • Pretriment psychoscial history; • Information and consultations with the treating practitioner; • Pertiment evaluations from other health care practitioners; • Pertiment evaluations from other health care practitioner; • Pertiment evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretriment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent chards, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

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Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	99366	TEAM CONFERENCE FACE-TO-FAC	E Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretratent diagnostic testing results, operative and/or pathological reports; • Pretratent jan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations; • Information evaluations; • Inform	Texas Medicaid Provider Procedure Manual	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0008	ALCOHOL AND OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0009	ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP IP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0010	ALCOHOL and / DRUG SRVC; SUB- ACUTE DTOX RES PROG IP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent paylasions from ther health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0011	ALCOHOL and / DRUG SERVICES; ACUTE DTOX RES PROG IP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervals or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H0012	ALCOHOL AND DRUG SRVC; SUB- ACUTE DTOX RES PROG OP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0013	ALCOHOL AND DRUG SERVICES; ACUTE DTOX RES PROG OP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the relating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0014	ALCOHOL AND OR DRUG SERVICES; AMB DETOXIFICATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, and providers; •Rehabilitation evaluations.; •Information evaluations.; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2020	H0015	ALCOHOL AND/OR DRUG SRVCS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, and providers; •Rehabilitation evaluations.; •Information evaluations.; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0016	ALCOHOL AND OR DRUG SERVICES; MEDICAL SOMATIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatiment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioner, and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H0017	BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Vilstory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2020	H0018	Programs with 17 or more beds: Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem, per patient	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent totals; graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0019	BHVAL HEALTH; LONG-TERM RES W/O ROOM and BOARD-DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent explaulations from there health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H0035	MENTAL HEALTH PARTIAL HOSP T UNDER 24 HOURS	 X Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent pythosocial history; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rechabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2021	H0040	ASSERT COMM TX PROG - PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent valuations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Resilience and Recovery Utilization Management Guidelines	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2021		MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent characts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019		BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history: •Information and consultations with the treating practitioner; •Pertiment chaluations from other health care practitioners and providers; •Pertiment chaluations from other health care practitioners and providers; •Pertiment chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Resilience and Recovery Utilization Management Guidelines	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019		PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment djagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment syschoscial history; •Information and consultations with the treating practitioner; •Pertiment chaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regulations; •Information regulations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019		COMP COMMUNITY SUPPORT SERVICES PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Information and consultations with the treating practitioner; •Pertinent exhaultions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regulations; •Information regulations; •Information regulations; •Information regulations; •Information regulations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019		PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physioscial history; Information and consultations with the treating practitioner; •Pertinent chalsubors from other health care practitioners and providers; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H2020	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychoscolal history; •Pertinent paychoscolal history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and Information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2020	H2036	ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; *Rehabilitation ergarding the local delivery system; and •Pattent characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	S0201	PARTIAL HOSITALIZATION SERVICES UNDER 24 HR PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical earn; •Perfinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Perfinent psychosocial history; =Information and consultations with the treating practitioner; =Perfinent evaluations from other health care practitioners and providers; =Perfinent charls, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	S5150	HOME CARE TRAINING FAMILY; PER SESSION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent planot donsultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	S5111	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical earn; Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent of the substantiations with the treating practitioner; •Pertinent characteristics or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient regarding the local delivery system; and	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2020	S9480	INTENSIVE OP PSYCHIATRY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsdisons from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	T1025	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL, PHYSICAL, MENTAL AND PSYCHOSOCIAL IMPAIRMENTS, PER DIEM	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretrinent functions with the treating practitioner; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent extra, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prescribed Pediatric Extended Care Center (PPECC) Benefit. Please fax to 866-420-3639.	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	T1026	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL, PHYSICAL, MEDICAL AND PSYCHOSOCIAL IMPAIRMENTS, PER HOUR	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertiment diagnostic testing results, operative and/or pathological reports; • Pertiment plan and progress notes; • Pertiment psychoscial history; • Pertiment psychoscial history; • Pertiment examism from other health care practitioner; • Pertiment examism from other health care practitioner; • Pertiment examisms from other health care practitioner; • Pertiment examisms, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prescribed Pediatric Extended Care Center (PPECC) Benefit. Please fax to 866-420-3639.	2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2021	T2023	TARGETED CASE MANAGEMENT, PER MONTH	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent chalses or the health care practitioners and providers; -Pertinent chards, graphs or photographic information, as appropriate; -Pertinent chards, graphs or photographic information, as appropriate; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Resilience and Recovery Utilization Management Guidelines		2/23/2023
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	T2048	BHVAL HEALTH; LONG-TERM CARE RES W/ROOM and BD-DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Alehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15775 PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations. =Rehabilitation evaluations. =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15776 PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15780 DERMABRASION TOTAL FACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15781 DERMABRASION SEGMENTAL FACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15782 DERMABRASION REGIONAL OTHE THAN FACE	R Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rechabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Ann Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15783 DERMABRASION SUPERFICIAL AN SITE	 Y Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Our content of the service se	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15788 CHEMICAL PEEL FACIAL EPIDERMAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent pythosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/:
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15789 CHEMICAL PEEL FACIAL DERMAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaultations from ther health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23,
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15792 CHEMICAL PEEL NONFACIAL EPIDERMAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23,
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15793 CHEMICAL PEEL NONFACIAL DERMAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15820 BLEPHAROPLASTY LOWER EYELID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Pertinent approximation of the progress notes; •Pertinent explosional history; •Pertinent explosional history from other health care practitioner; •Pertinent exploations from other health care practitioner; •Pertinent exploations; •Pertinent exploations; •Rehabilitation evaluations; •Information eval	Molina Clinical Policy: Blepharoplasty	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15821 BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Blepharoplasty	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15822 BLEPHAROPLASTY UPPER EYELID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regaring the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Blepharoplasty	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15823 BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent explaintons; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Blepharoplasty	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15824 RHYTIDECTOMY FOREHEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15825	RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent glanand progress notes; •Pertinent pythosocial history; elnformation and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15826	RHYTIDECTOMY GLABELLAR FROWN LINES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactoris for photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15828	RHYTIDECTOMY CHEEK CHIN AND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent graphs and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15829	RHYTIDECTOMY SMAS FLAP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15832	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15833 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glangostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Information and consultations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent prohographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15834 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical easm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15835 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
osmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15836 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the host health care practitioners and providers; •Pertinent evaluations from the host health care practitioners and providers; •Pertinent evaluations from the host health care practitioners and providers; •Pertinent evaluations from the host health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
iosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15837 EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15838 EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent explautions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15839 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Perfinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Perfinent psychosocial history: •Information and consultations with the treating practitioner; •Perfinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15847 EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15876 SUCTION ASSISTED LIPECTOMY HEAD AND NECK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15877 SUCTION ASSISTED LIPECTOMY TRUNK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, as appropriate; •Pertinent evaluations; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Pethient charts, tergahs or information information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15878 SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15879 SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	17380 ELECTROLYSIS EPILATION EACH 30 MINUTES	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent pythosocial history; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19300 MASTECTOMY GYNECOMASTIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior authorization required, except with breast cancer diagnoses	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19316 MASTOPEXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent care accurate the care practitioners and providers; •Pertinent careacteristics and information, as appropriate; •Pertinent careacteristics and information.	Third Party Proprietary Criteria	Prior authorization required, except with breast cancer diagnoses	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19318 REDUCTION MAMMAPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations. •Rehabilitation evaluations. •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prior authorization required, except with breast cancer diagnoses	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19325 MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior authorization required, except with breast cancer diagnoses	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19328 REMOVAL INTACT MAMMARY IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Breast Implant Removal	Prior authorization required, except with breast cancer diagnoses	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19330 REMOVAL MAMMARY IMPLANT MATERIAL	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information evaluations; • Informatio	Molina Clinical Policy: Breast Implant Removal	Prior authorization required, except with breast cancer diagnoses	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19340 IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exclusions from other health care practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior authorization required, except with breast cancer diagnoses	2/23/2023

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19342 DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent neralts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior authorization required, except with breast cancer diagnoses	2/23/2023
osmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19350 NIPPLE AREOLA RECONSTRUCTIO	 N Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment pan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	Prior authorization required, except with breast cancer diagnoses	2/23/2023
smetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19355 CORRECTION INVERTED NIPPLES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent polautions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior authorization required, except with breast cancer diagnoses	2/23/2023
osmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19396 PREPARATION MOULAGE CUSTO BREAST IMPLANT	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent polautions from cher health care practitioners and providers; Pertinent chards, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	Prior authorization required, except with breast cancer diagnoses	2/23/2023
osmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30400 RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torks graphs or photographic information, as papropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019		RHINP PRIM COMPLETE XTRNL PARTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychoscolal history; •Pertinent psychoscolal history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019		RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glagnostic testing results, operative and/or pathological reports; •Treatment glagnostic testing results, operative and/or pathological reports; •Pertinent pythosocial history; •Information and consultations with the treating practitioner; •Pertinent chalations from other health care practitioners and providers; •Pertinent chalations from other health care practitioners and providers; •Pertinent chalations graphic or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019		RHINOPLASTY SECONDARY MINOR REVISION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glagnostic testing results, operative and/or pathological reports; •Treatment glagnostic testing results, operative and/or pathological reports; •Pertinent polyhosocial history; •Pertinent polyhosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019		RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glagnostic testing results, operative and/or pathological reports; •Treatment glagnostic testing results, operative and/or pathological reports; •Pertinent pythosocial history; Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent charst, graphs or photographic information, as appropriate; •Information evaluations; •Information evaluations; •Information exaluations; •Information exaluations; •Informatio	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019		RHINOPLASTY SECONDARY MAJOR REVISION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glana and progress notes; •Treatment plan and progress notes; •Pertinent polyhosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Pertinent evaluations; •Nertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30460 RHINP DFRM W COLUM LNGTH TI ONLY	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Ourname and the presenting problem Pertinent diagnostic testing results, operative and/or pathological reports; Pretinent provide and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
osmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30462 RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent totats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
smetic, Plastic & Reconstructive Procedures	1/1/2021	30468 REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reading practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
smetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	67904 RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Blepharoplasty	Prior Authorization required in any setting.	2/23/2023
osmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	67906 RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physiosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent tests, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy: Blepharoplasty	Prior Authorization required in any setting.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	67908	RPR BLPOS CONJUNCTIVO-TARSO- MUSC-LEVATOR RESCJ	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent algonostic testing results, operative and/or pathological reports; -Pertinent algonostic testing results, operative and/or pathological reports; -Pertinent dispositic testing routilations; +Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; and providers; -Pertinent testing, graphs or photographin information, as appropriate; -Rehabilitation evaluations; +Information revaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Blepharoplasty	Prior Authorization required in any setting.	2/23/2023
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	69300	OTOPLASTY PROTRUDING EAR W WO SIZE RDCTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent provisoscial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Durable Medical Equipment (DME)	1/1/2022	0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	1/1/2022	0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physiosocial history; Information and consultations with the treating practitioner; •Pertinent physiosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	1/1/2022		care professional, per calendar month	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent algonostic testing results, operative and/or pathological reports; -Pertinent algonostic testing providents; -Pertinent targonostic testing practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the Item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, - or a brand name/model number 3. Signature of the prescribing physician/practitioner's 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	1/1/2022	98975	(eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners, and providers; • Pertinent evaluations from othorgraphic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Information negarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioners' 4. Prescribing physicia/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	1/1/2022	98976	(eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Prescription of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Signature of the prescripting physician/practitioner identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual
Durable Medical Equipment (DME)	1/1/2022	98977	days	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exats, graphs or photographic information, as appropriate; •Retinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand mane/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		Review 2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	A4554		Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretriment plan and progress notes; - Pertinent plan and progress notes; - Pertinent playchosocial history; - Information and consultations with the treating practitioner; - Pertinent playchosocial history; - Pertinent charts, graphs or photographic information, as appropriate; - Pertinent expanditions; - Information evaluations; - Information evaluations; - Information: CMS DME 5 Elsement Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Septature of the prescribing physician/practitioner's - Percising upsysician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact TenderHeart Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	A9276	GLU MON SYS 1U EQ 1D	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent graphs on photographic information examples in the treating practitioner; •Pertinent chalactors from other health care practitioner; •Pertinent chalactors from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charts: •Pertinet charts, graphs or photographic information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Prescribing physician/practitioner's National Practitioner (MPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	A9277	CONT GLU MON SYS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent pathological history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations in formation, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	A9278	CONT GLU MON SYS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychoscial history; - Information and consultations with the treating practitioner; - Pertinent psychoscial history; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information evaluations; - Information evaluations; - Information evaluations; - Information evaluations; - Information evaluations; - Information evaluations; - Reheficiary's name 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	A9278 CPT Code Replaces CPT Code K0554 on 1/1/2023. Pharmacy authorization should be faxed to: 888-487-9251.	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Information and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient chartscriticis and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent dignostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent explanations from other health care practitioner; •Pertinent explanations from other health care practitioners; •Pertinent explanations from other health care practitioners; •Pertinent explanations from other health care practitioners; •Pertinent explanations; •Information evaluations; •Information evalua	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent good softworks; •Pertinent cyclosocial history; •Information and consultations with the treating practitioner; •Pertinent cyclosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information ev	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4102	ENTRAL FORMULA ADLT REPL FLS AND LYTES 500 ML EQ 1 U	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Information and consultations with the trasting practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent revaluations from other health care practitioners; • Pertinent revaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient charts: existers and information. CMS OME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4103	ENTRAL FORMULA PED REPL FLS AND LYTES 500 ML EQ 1 U	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent disgnostic testing results, operative and/or pathological reports; •Pretinent pathons with the treating practitioner; •Pertinent disgnostic testing subt, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Patient characteristics and information. CMS DMF S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4104	ADDITIVE FOR ENTERAL FORMULA	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Petritent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Petritent physichoscial history; Information and consultations with the treating practitioner; Petrinent evaluations from other health care practitioners and providers; Petrinent evaluations from other health care practitioners and providers; Petrinent evaluations of photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patertinent charts; stand information. CMS DME 5: Element Order Reneficiary's name Adescription of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physical/practitioners Prescribing physical/practitioner identifier (NPI) The date of the order 	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4149	ENTRAL F MANF BLNDRIZD NAT FOODS W NUTRIENTS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretinent psychosocial history; - Pertinent psychosocial history; - Pertinent evaluations from ther health care practitioner; - Pertinent evaluations from thore health care practitioners and providers; - Pertinent evaluations from thore health care practitioners and providers; - Pertinent evaluations from thore health care practitioners and providers; - Pertinent evaluations from thore health care practitioners and providers; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Vatient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4150	ENTRAL F NUTRITIONALLY CMPL V INTACT NUTRIENTS	 W Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent distations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information. CMS OME S Element Order 1. Beneficiary's name 2. A description of the Item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. 4. Prescribing physician/practitioner Station/practitioner Identifier (NPI) 5. The date of the order 	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4152	ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Unical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent physioscial history; • Information and consultations with the treating practitioner; • Pertinent possibulations from other health care practitioner, • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations from the local delivery system; and • Patient characteristics and information. CMS DME S Element Order • Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4153	ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent psychosocial history; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent that the relating testing results, operative and providers; - Pertinent that the relating the regord through the relating testing the second testing testi	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4154	ENTRAL F NUTRITION CMPL NO INHERITED DZ METAB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent dignostic testing face such as a providers; •Pertinent dignostic testing matching practitioner; •Pertinent explanations with the treating practitioner; •Pertinent explanations from other health care practitioners; •Pertinent explanations from other health care practitioners; •Pertinent explanations; •Information aud consultations; •Information required in formation, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed); a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4155	ENTRAL F NUTRITIONALLY INCMP MODULAR NUTRIENTS	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent plan and progress notes; Pertinent plan and progress notes; Pertinent postbookscial history; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS DME 5 Element Order 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicial/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4157	ENTRAL F NUTRITION CMPL INHERITED DZ METAB	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Information and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient chartscritistica and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or s brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4158	ENTRAL F PED NUTRITION CMPL V INTACT NUTRNTS	 V Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent dignostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent dignostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent synchosofic bihstory; Pertinent evaluations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner; appropriate; Rehabilitation evaluations; Information evaluations; Information evaluations; Information evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS DME 5 Element Order I. Beneficiary's name Z. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physician/practitioner Prescribing physician/practitioner identifier (NPI) S. The date of the order 	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4159	ENTRAL F PED NUTRITN CMPL SON BASD INTCT NUTRNTS	 / Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pychosocial history; •Pertinent explosional history preditioner; •Pertinent evoluations from other health care practitioners and providers; •Pertinent evoluations from other health care practitioners and providers; •Pertinent evoluations from other health care practitioners and providers; •Pertinent evoluations from other health care practitioners and providers; •Pertinent evoluations for other health care practitioners and providers; •Pertinent evoluations for other blocal delivery system; and •Pathot charts, graphs or photographic information. CMS OME 5 Element Order 1. Beneficiary's name 2. A description of the term of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4160	ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Treatment plan and progress notes; •Treatment plan and progress notes; •Treatment plan and norgress notes; •Treatment plan and progress notes; •Treatment plan and progress notes; •Treatment plan and progress notes; •Treatment plan and consultations with the treating practitioner; •Pertinent explosional history for photographic information, as appropriate; •Rehabilitation required nealuations; •Information negarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutritionon	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4161		Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment Jplan and progress notes; •Pertinent path and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary frame 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4162	INHERITED DZ METAB	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertituent diagnostic testing results, operative and/or pathological reports; - Pretratment plan and progress notes; - Pertituent typeshoscial history; - Information and consultations with the treating practitioner; - Pertituent evaluations from other health care practitioners; - Pertituent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4164	50PCT LESS - HOM MIX	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical earm; Pertiment packboscial history; Pertiment psychoscial history; Information and consultations with the treating practitioner; Pertiment charan durb health care practitioners; Pertiment charans colluations from other health care practitioners; Pertiment charans colluations from other health care practitioners; Pertiment charans collusions from other health care practitioners and providers; Pertiment characteristics and information, as appropriate; Rehabilitations Information regarding the local delivery system; and Patient characteristics and information. CMS DME 5 Element Order A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physician/practitioner identifier (NPI) The date of the order 	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4168	PARNTRAL NUTRITION SOL; AMINO ACID 3.5PCT -HOM MIX	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent digarostic testing results, operative and/or pathological reports; •Pertinent algonostic testing argostic testing practitioner; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent explanations from other health care practitioners; •Pertinent explanations from other health care practitioners; •Pertinent explanations with the treating practitioner; •Pertinent explanations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand Amar/model number 3. Signature of the prescribing physician/practitioner / 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4172	PARNTRAL NUT SOL; AMINO ACID 5.5 THRU 7PCT -HOM MIX	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent glaan and progress notes; •Pertinent pychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4176	PARNTRAL NUT SOL; AMINO ACID 7 THRU 8.5PCT -HOM MIX	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent testing results, operative and providers; •Pertinent testing providers and providers; •Pertinent testing by or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Signature or the prescribing physician/practitioner 4. Signature or the prescribing physician/practitioner 4. Signature or the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019		ARNTRAL NUTRIT SOL; AMINO CID OVER 85PCT - HOM MIX	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and consultations with the treating practitioner; •Pertinent exclusions with the treating practitioner; •Pertinent exclusions from other health care practitioners; •Pertinent exclusions from other health care practitioners; •Pertinent exclusions with the treating practitioner; •Pertinent exclusions with the treating practitioner; •Pertinent exclusions grow to the relation as papropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		ARNTRAL NUTRITION SOL; CARBS	 information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing routents; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations; •Information evaluation; •Information; •Inform	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		0 GRAMS LIPIDS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent physiosocial history; • Information and consultations with the treating practitioner; • Pertinent explosisocial history and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2020	B4187 Omegaven, 10 g lipids	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	In any setting (Add on for TPN)	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4189 PARNTRAL NUT SOL; AMINO ACID AND CARB 10-51 GMS PROT	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent diagnostic testing results, operative and/or pathological reports; Information and consultations with the treating practitioner; Pertinent diagnostic testing results, appropriate; Pertinent testing, graphs or photographic information, as appropriate; Pertinent testing, graphs or photographic information, as appropriate; Pertinent testing, sample or local delivery system; and Patient characteristics and information. CMS DME S Element Order I. Beneficiary's name Adescription of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number S. The date of the order Perscribing physician/practitioner Prescribing physician/practitioner 	Texas Medicaid Provider Procedure Manual		2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4193 PARNTRAL NUT SOL; AMINO ACID AND CARB 52-73 GMS PROT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations for other health care practitioners; •Pertinent evaluations for other health care practitioner; •Pertinent evaluations for other health care practitioner; •Pertinent evaluations for other health care practitioners; •Pertinent evaluations for other health care practitioners; •Pertinent evaluations for other and information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4197	AND CARB 74-100 GM PROT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent takes, graphs or photographic information, as appropriate; •Pertinent takes, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary is name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner { 4. Prescribing physician/practitioner { 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4199	AND CARB OVER 100 GMS PPAR	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent dagnostic testing results, operative and/or pathological reports; - Pretinent pychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners; - Pertinent evaluations from other health care practitioners; - Pertinent explanations 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; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the Item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4216	HOME MIX PER DAY	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical earm; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent sychosocial history; Information and consultations with the treating practitioner; Pertinent typical profess or photographic information, as appropriate; Pertinent thats, graphs or photographic information, as appropriate; Pertinent chards, graphs or photographic information, as appropriate; Pertinent chards; sing the local delivery system; and Patient characteristics and information. CMS DMS 5 Element Order I. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number S. Signature of the prescribing physician/practitioner identifier (NPI) S. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019			Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations in the tore practitioners and providers; •Pertinent exaluations (information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner 4. Prescribing physician/practitioner 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		ARNTRAL NUT SOL AMINO ACID ND CARB STRSS-BR CHAIN	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretratent plan and progress notes; - Pretriment plan and progress notes; - Pretriment proceeding of the presenting process on the presence of the progress notes; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioner; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's 4. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		LARM	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical easy: • Pertinent gisagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Information regarding the local delivery system; and • Patient characteristics and information. CLM SDM 5: Elsement Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner i dentifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B9002	ENTERAL NUTRITION INFUSION PUMP ANY TYPE	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent dignostic testing results, operative and/or pathological reports; • Pertinent paybosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent exclusions from other health care practitioner; • Pertinent exclusions from other health care practitioner; • Pertinent exclusions from other health care practitioner; • Pertinent exclusions; • Information evaluations; • Information evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order • Beneficiary's name • A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number • Signature of the prescribing physician/practitioner • Perscribing physician/practitioner's National Practitioner identifier (NPI) • The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B9004	PARENTERAL NUTRITION INFUSION PUMP PORTABLE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Information and consultations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicial/practitioners 4. Prescriptions physicial/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	B9006	PARENTERAL NUTRITION INFUSION PUMP STATIONARY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent pand and progress notes; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand mame/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	89998		Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent adjanostic testing practitioner; -Information and consultations with the treating practitioner; -Pertinent diagnostic nesting structures and providers; -Pertinent explanations from other health care practitioners and providers; -Pertinent structures, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information arequiring the local delivery system; and -Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's A Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	89999		Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physioscial history; Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. KMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physical/practitioner's National Practitioner's National Practi	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	4/1/2020	C1734	opposing bone-to-bone or soft tissue-to bone (implantable)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2020	C1839		Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent approach istory; -Pertinent explanostic testing practitioner; -Pertinent explanostic and consultations with the treating practitioner; -Pertinent explanostic networks graphs of the local delivery system; and -Pertinent explanostic starts; graphs or photographic information, as appropriate; -Pertinent characteristics and information. CMS DME 5 Element Order 1. Beeneficary's name 2. A description of the Item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner / 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	4/1/2020	C1982	way valve, intermittently occlusive	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical earm; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent providentiation; Information and consultations with the treating practitioner; Pertinent pash or photographic information, as appropriate; Rehabilitation evaluations; Information and consultations; Information. CMS DME 5 Element Order A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physical/practitioner identifier (NPI) The date of the order 	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	9/1/2019	C2624		Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent adjagnosts notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactors from other health care practitioners; •Pertinent chalactors from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charts(ristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Signature or the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized	Notes Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0194 AIR FLUIDIZED BED	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent distances with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DMF 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0255 HOS BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physioscial history; enformation and consultations with the treating practitioner; •Pertinent physioscial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicial/practitioners i Mentioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0256 HOS BED VARIBL HT ANY TYPE SID RAIL W O MATTRSS	E Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent drafts, graphs or photographic information, as appropriate; • Pertinent order advaltations; • The description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019		E RAIL W MATTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent extra, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekhair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner / 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		L W O MATTRSS	E Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretriment jan and progress notes; • Pertinent typokoscial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand mane/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		E RAIL W MATTRSS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earm; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent early and and consultations with the treating practitioner; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0266	HOS BED TOT ELEC ANY TYPE SIDE RAIL W O MATTRSS	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent dignostic testing results, operative and/or pathological reports; Prestment plan and progress notes; Pertinent dignostic testing results, operative and/or pathological reports; Prestment plan and consultations with the treating practitioner; Pertinent adjanostic testing results, operative and/or pathological reports; Pertinent adjanostic testing results, operative and/or pathological reports; Pertinent paychosocial history; Pertinent exclusions with the treating practitioner; Pertinent exclusions from other health care practitioners; and providers; Pertinent exclusions from other health care practitioners and providers; Pertinent exclusions in the local delivery system; and Patient characteristics and information. CMS DME S Element Order A Beneficiary's name A Adescription of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physician/practitioner Percinent dame/model number S The date of the order D The date of	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physioscial history; •Information and consultations with the treating practitioner; •Pertinent physiolary for the health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Rehabilitation evaluations; •Information evaluations; •Reheficiary's name 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's information physician/practitioner's information in the item of DME ordered-the description information in the item of the item of DME ordered-the description information in the item of the item of DME ordered-the description information in the item of the item of DME ordered-the description information in the item of the item of DME ordered-the description information in the item of the item of DME ordered-the description information in the item of the item of DME ordered-the description information in the item of the item of DME ordered-the description information in the item of the item of DME ordered-the description information is a proving physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0292	HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATTRSS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Original and progress notes; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Information and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E0293 HOS BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent valuations from other health care practitioner; •Pertinent valuations from other health care practitioner; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient charst, graphs can information. CMS DME S Element Order 1. Beneficiarly is name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner? •Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0294 HOSPITAL BED SEMI-ELEC W O SIDE RAILS W MATTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history: information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent teating for photographic information, as appropriate; •Pertinent teating the local delivery system; and •Patient chars, graphs could history system; and •Patient chars, tergins the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 9. Signature of the prescribing physician/practitioner 4. Prescripting physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0295 HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, CMS OMES Selement Order 1. Beneficiary's name 2. Adescription of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescripting of the item of DME ordered-the description reletifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E0296 HOSPITAL BED TOTAL ELEC W SIDE RAILS W MATTRSS	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent textragring the local delivery system; and Pertinent chards; graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient Order Beneficiary's name A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physician/practitioner identifier (NPI) The date of the order 	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0297 HOSP BED TOTAL ELEC W O S RAILS W O MATTRSS		Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0300 PED CRIB HOS GRADE FULLY I W WO TOP ENC	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychoscial history; Information and consultations with the treating practitioner; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations from other health care practitioner; Information regarding the local delivery system; and Patient chartscristics and information. CMS DMF 5 Element Order Beneficiary's name A description of the treatment Signature of the prescription physician/practitioner Signature of the prescription physician/practitioner identifier (NPI) The date of the order 	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	5 Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0301	W WT CAPACTY OVER 350 PDS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent applanostic testing fractions with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent advantions from other health care practitioners and providers; •Pertinent diagnostic testing reporting the formation, as appropriate; •Pertinent characteristics and information. •Pertinent characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner / 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0302	OVER 600 PDS W O MTTRSS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent galan and progress notes; • Pertinent plan and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Information regarding the local delivery system; and • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioners in ational Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	£0303	OVER 350 PDS UNDER EQ TO 600	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history: •Pertinent paychosocial history: •Information and consultations with the treating practitioner; •Pertinent challadions from other health care practitioners and providers; •Pertinent challadions from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charls, for a for formation. CMS DME 5 Element Order 1. Beneficiary's ame 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Signature of the prescribing physician/practitioner identifier (NPI) 5. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0304 HOS BED EXTRA HEAVY DUTY WI CAP OVER 600 PDS MATTRSS	 Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent valuations with the treating practitioner; •Pertinent thats, ragniso prohotographic information, as appropriate; •Pertinent thats, regniso prohotographic information, as appropriate; •Pertinent chards, regnisor prohotographic information, as appropriate; •Pertinent chards; regnisor protect split on the network split on the regnisor of the regnition o	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0328 HOSPITAL BED PEDIATRIC MANUAL INCLUDES MATTRESS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; Pertinent psychoscial history; Information and consultations with the treating practitioner; Pertinent psychoscial history; Information evaluations from other health care practitioners and providers; Pertinent treats, graphs or photographic information, as appropriate; Information regarding the local delivery system; and Patient charts, trainers and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioners 4. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0329 HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent valuations from other health care practitioner; •Information and consultations with the treating practitioner; •Pertinent valuations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order • Reneficiary's name • A description of the tirem of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number • Signature of the prescribing physician/practitioner' • Prescribing physician/practitioner's National Practitioner identifier (NPI) • The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019		IATTRSS STD LEN AND WDTH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		IATTRSS LENGTH AND WIDTH	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretratment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners; - Pertinent evaluations; - Information regarding the local delivery system; and - Patient charst-deristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Septarue of the prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019			Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physhosocial history; Hormation and consultations with the treating practitioner; •Pertinent physhosocial history and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. CMS DMS 5 Element Order 1. Beenflicary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner i Mettioner i dentifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent disponsitic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent disponsitic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent disponsitic testing the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as depropriate; •Pertinent charls, fraphs or photographic information, as appropriate; •Pertinent charls, fraphs or photographic information, as appropriate; •Pertinent charls, fraphs; • Depart charls, fraphs or photographic information, as appropriate; • A secretion 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 • Signature of the prescribing physician/practitioner' Methodican/practitioner' Methodican	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0481	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicial/arcatitioners 4. Prescribing physicial/arcatitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM EA	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent forwation. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2020	E0650		Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent algnostic testing practitioner; •Pertinent explansions with the treating practitioner; •Pertinent explansions from other health care practitioners; •Pertinent explansions from other health care practitioner; •Pertinent explansions; •Information evaluations; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information; •Information; •Information; •Information; •Information; •Information; •Information; •Information; •Information; •Information; •Information; •Information; •Information; •Information; •Information; •Information; •	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	10/1/2020	E0651	NO CALBRTD GRDNT PRSS	L Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history; • Pertinent charts, graphs or photographic information, as appropriate; • Peneficiary's name 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	10/1/2019	E0652		Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent grant and progress notes; • Pertinent sychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners, • Pertinent evaluations from other health care practitioners, appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient charts, graphs or photographic information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescripting physician/practitioners 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized No	tes Date of Annual Review
Durable Medical Equipment (DME)	10/1/2020	E0656 SEG PNEUMAT APPLIA PNEUMAT COMPRS TI	Information generally required to support authorization decision making includes: •CUrrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Fertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Information and consultations sufficient of Left prescribing propriate; •Information end consultations: •Information end consultation: CKD SDMES Element Order • Beneficiarly's name 2. A description of the item of DME ordered-the description can	Third Party Proprietary Criteria	2/23/2023
Durable Medical Equipment (DME)	10/1/2020	E0667 SEG PNEUMAT APPLIN PNEUMAT COMPRS FI		Third Party Proprietary Criteria	2/23/2023
Durable Medical Equipment (DME)	10/1/2020	E0668 SEG PNEUMAT APPLIN PNEUMAT COMPRS FI		Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized No	tes Date of Annual Review
Durable Medical Equipment (DME)	10/1/2020	E0670 SEG PNEU APPLINC PNEU COM IN 2 FULL LEGS TRNK	PPRS Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent charts, graphs to local delivery system; and • Patient charts, graphs to local delivery system; and • Patient chartscreation from ODME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 1. Beneficiary's name 2. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner is	Third Party Proprietary Criteria	2/23/2023
Durable Medical Equipment (DME)	10/1/2020	E0671 SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pychoscial history; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Liement Order 1. Beneficary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner / National Practitioner identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	2/23/2023
Durable Medical Equipment (DME)	10/1/2020	E0673 SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Unical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Retrinent charts, graphs or photographic information, as appropriate; •Retrinent charts, graphs or photographic information, as appropriate; •Retrinent relatarcteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the teem of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescripting physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2020	E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent dignostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent dignostic testing results, operative and/or pathological reports; Information and consultations with the treating practitioner; Pertinent dispostic testing from other health care practitioner; Pertinent exits, graphs or photographic information, as appropriate; Pertinent characteristics and information. CMS DMF S Element Order Beneficiary's name A Bercription's frame/mode number Signature of the prescripting physician/practitioners Perscripting theysican/practitioners Prescripting the of the test of the other contractive, or a brand name/model number Signature of the prescripting physician/practitioner identifier (NPI) The date of the order 	Third Party Proprietary Criteria	2/23/2023
Durable Medical Equipment (DME)	10/1/2020	E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent physioscial history; • Information and consultations with the treating practitioner; • Pertinent physiolations for motor pathological reports; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations for • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a barad name/model number 3. Signature of the prescribing physiciar/practitioner's Motorial and anne/model number 4. Prescription physiciar/practitioner's National Practitioner ledentifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0691	UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Original and progress notes; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Information and consolutions with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioners 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0692	TIMER 4 FT PANEL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent extrast, graphs or photographic information, as appropriate; •Pertinent extrast, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary frame 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019			Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretratment plan and progress notes; - Pretratment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners; - Pertinent tharts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioners 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		W BULB LAMP TMR	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress note; Pertinent sychosocial history; Information and consultations with the treating practitioner; Pertinent topalson for brotographic information, as appropriate; Pertinent chards, graphs or photographic information, as appropriate; Pertinent chards, graphs or photographic information, as appropriate; Pertinent chards, graphs or photographic information, as appropriate; Pertinent chardsteristics and information. CKMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual
Durable Medical Equipment (DME)	4/1/2023	E0637 COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent plan and progress notes; •Pertinent paychossical history; •Pertinent exattors with the treating practitioner; •Pertinent exattors graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekhair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner / 5. The date of the order	Texas Medicaid Provider Procedure Manual		Review
Durable Medical Equipment (DME)	4/1/2023	E0638 STANDING FRAME/TABLE SYS ONI POSITION ANY SZ	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent powers notes; Pertinent evaluations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care yappropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient charsteristics and information. CMS DME 5 Element Order Beneficiary's name A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physician/practitioner's National Practitioner identifier (NPI) The date of the order 	Texas Medicaid Provider Procedure Manual		
Durable Medical Equipment (DME)	4/1/2023	E0641 STANDING FRAME/TABLE SYS MULTI-POSITION ANY SZ	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent providencial information; Pertinent operations with the treating practitioner; •Pertinent explosional history for photographic information, as appropriate; •Pertinent explosion evaluations; •Pertinent exploses or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2023	E0642	STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent paychoscial history; Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekhair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	NEVIEW .
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0747	OTH THAN SP APPLIC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order • Beneficiary's name 3. Sequarties of the prescribing physician/practitioner 4 escription can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioner can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number - Signature of the prescripting physician/practitioner - Prescribing physician/practitioner's National Practitioner Identifier (NPI) - The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0749	SURGICALLY IMPL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent extrast, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beeneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner: 4. Prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0760		Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretratment plan and progress notes; - Pretratment plan and progress notes; - Pretriment powerboscial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioner; - Pertinent explanations; - Information evaluations; - Reshabilitation evaluations; - Information evaluation; - Rescription of the item of DME orderedthe description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand mane/model number - Rescripting physician/practitioner's National Practitioner Identifier (NPI) - The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0762	SYS INCL ALL ACCSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent provisoscial history; Information and consultations with the treating practitioner; •Pertinent expression and consultations with the treating practitioner; •Pertinent expression and consultations with the treating practitioner; •Pertinent expression and providers; •Pertinent expression and consultations with the reating practitioner; •Pertinent expression and consultations appropriate; •Pertinent expression and consultations; •Information regarding the local delivery system; and •Patient characteristics and information. CKM DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physical/practitioner is National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	5 Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019			Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent disponsitic testing apposition of the treating practitioner; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent displays from other health care practitioners; •Pertinent tasks, graphs or photographic information, as appropriate; •Pertinent tasks, graphs or photographic information, as appropriate; •Pertinent characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner? 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		LL ACC ANY TYPE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent playchoscial history; Information and consultations with the treating practitioner; •Pertinent playchoscial history; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent explauditons from the health care practitioners and providers; •Pertinent explauditons from the health care practitioners; •Pertinent explanditions; •Information regarding the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Elsement Order • Beenflicing's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019			Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress note; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charls, frister of Lot delivery system; and •Patient charls, frister of the rescription can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Separature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019		NFUSION PUMP SYSTEM MPLANTABLE PROGRAMMABLE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner' National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		XTERNAL AMBULATORY NFUSION PUMP INSULIN	Information generally required to support authorization decision making includes:: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Petritent cliagnostic testing results, operative and/or pathological reports; - Preatment plan and progress notes; - Preatment plan and progress notes; - Pretinent psychosocial history; - Information and consultations with the treating practitioner; - Petritent exploations from other health care practitioners; - Petritent exploations from other health care practitioners and providers; - Petritent exploations from other health care practitioners and providers; - Petritent exploations or photographic information, as appropriate; - Rehabilitation evaluations; - Information evaluations; - A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a barand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		MPLANTABLE INTRASPINL CATHETER USED W PUMP-REPL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Infor	Molina Clinical Policy:Implanted Intrathecal Pain Pumps Chronic Pain.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent advanced consultations with the treating practitioner; •Pertinent explanation and consultations with the treating practitioner; •Pertinent explanations from other health care practitioners; and providers; •Pertinent explanations from other health care practitioners and providers; •Pertinent explanations; •Information evaluations from other health care practitioners; and providers; •Pertinent explanations; •Information evaluations; •Information evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioners 4. Prescribing physician/practitioners is dual Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	4/1/2020	E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Information generally results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent explauations from other health care practitioners, •Pertinent explauations from other health care practitioners, and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information required the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioner's Autional Practitioner identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient charts: for and information. CMS DMF S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0984 MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent characteristics and information. Substantiation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0986 MNL WHEELCHAIR ACSS PUSH- RIM ACT PWR ASSIST SYS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physiosocial history; •Information and consultations with the treating practitioner; •Pertinent physiosocial history; •Information and consultations with the treating practitioner; •Pertinent physiosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicial/practitioners is physical/practitioner's National Practitioner's is the description releminfier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0988 MANUAL WC ACCESSORY LEVR- ACTIVATD WHL DRIVE PAIR	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earm; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Information and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME S Element Order • Beneficiary's name • Chard Support of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number • Signature of the prescribing physician/practitioner • Perscribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019		WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DMF S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner Valutioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1003	W O SHEAR RDUC	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Preatment plan and progress notes; - Preatment plan and progress notes; - Pretinent explusations with the treating practitioner; - Prefinent explusations from other health care practitioners and providers; - Pretinent explusations from other health care practitioners and providers; - Pretinent explusations from other health care practitioners and providers; - Pretinent explusations from other health care practitioners and providers; - Pretinent explusations from other health care practitioners and providers; - Pretinent explusations from other health care practitioners and providers; - Pretinent explusations from other health care practitioners and providers; - Pretinent explusations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME orderedthe description can be either a general description (e.g., wheekhair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1004	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Dinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physioscial history; Hoformation and consultations with the treating practitioner; •Pertinent physioscial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescriptioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1005	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent explanations with the treating practitioner; •Pertinent explanations from other health care practitioners; •Pertinent explanations from other health care practitioners; •Pertinent explanations information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1006	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioners 4. Prescribing physicia/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DMF S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescription gphysician/practitioner! 4. Prescription gphysician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exploations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as deproviders; •Pertinent charts, graphs or photographic information, as deproviders; •Pertinent maker of the local delivery system; and • Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner is mational Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +lisitory of the presenting problem -Cilicical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Freatment plan and progress notes; -Pertinent explosional history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from different of the second sec	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E1014	RECLIN BACK ADDITION PEDIATRI SIZE WHEELCHAIR	C Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + Vistory of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent oral consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent charts, graphs or photographic information, as appropriate; • Information evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1020	RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent physical/parabitory; Information and consultations with the treating practitioner; Pertinent possibilitation expanding the relating practitioner; Pertinent parks or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information. CMS DME S Element Order Ascription of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physicial/practitioners identifier (NPI) The date of the order 	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	10/1/2019	E1028	WHEELCHAIR ACCESSORY, MANUAL SWING AWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSOR	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Unitical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent paychosocial history; • Information and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioners 4. Prescribing physician/practitioners' National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1029		Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent examples in the program information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the Item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent explosional history; +Information and consultations with the treating practitioner; -Pertinent explosional history from other health care practitioners; -Pertinent explosing from other health care practitioners; -Pertinent characteristics and information, -Pathent characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1035	PT WT UNDER EQ 300 LBS	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; Pertiment psychosocial history; Pertiment psychosocial history; Pertiment than drogress notes; Pertiment that the relating practitioner; Pertiment that the relating the practitioners and providers; Pertiment that the relating the practitioners; Pertiment thats, graphs or photographic information, as appropriate; Pertiment thats, graphs or photographic information, as appropriate; Pertiment characteristics and information. CKM SUM 55 Element Order 1. Beenficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1036	WIDE PT OVER 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignorstic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent dignorstic testing problem information and consultations with the treating practitioner; •Pertinent explanations with the treating practitioner; •Pertinent explanations from other health care practitioners and providers; •Pertinent explanations from other health care practitioners; •Pertinent explanations with the treating practitioner; •Pertinent explanations; •Information evaluations; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1161		Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earm; • Pertinent psychoscial history; • Pertinent psychoscial history; • Information and consultations with the treating practitioner; • Pertinent psychoscial history; • Pertinent psychoscial history; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information. CLM SUM 52 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's Mational Practitioner's Mational Practiser Mational Practices Prac	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1225		Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gagnostic testing results, operative and/or pathological reports; •Pertinent gagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners; •Pertinent that, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner! 4. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1226	RECLINING BACK EACH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignorstic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent dignorstic testing fractions with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent extrastics and thortographic information, as appropriate; •Rehabilitation evaluations; •Information evaluation; •Information evalu	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1227		Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earm; • Pertinent gives notes; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history; • Pertinent chards, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekhair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner's (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1230	NAME AND MODEL NUMBER	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gagnostic testing results, operative and/or pathological reports; •Pertinent gagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner! 4. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent reading the local delivery system; and •Pratent characteristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Olinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Prestinent diagnostic testing results, operative and/or pathological reports; -Prestinent pala and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts, graphs or photographic information, as deproviders; -Pertinent maker status and information. CMS DME 5 Element Order - A description of the tern of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number - Signature of the prescribing physician/practitioners - Prescribing physician/practitioner's National Practitioner Identifier (NPI) - The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Idnical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from the health care practitioners; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioners 4. Prescribing physician/practitioners Mational Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner S National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent cliagnostic testing results, operative and/or pathological reports; - Pretratent plan and progress notes; - Pertinent exploascial history; - Information and consultations with the treating practitioner; - Pertinent exploascial history of photographic information, as appropriate; - Rehabilitation evaluations; - Information evaluations; - A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioners 4. Prescribing physicia/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1237	WHICHAIR PED SZ RIGD ADJUSTBI W O SEATING SYSTEM	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Cilicical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent psychosocial history; Information and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent pashs or photographic information, as appropriate; Pertinent tharts, graphs or photographic information, as appropriate; Pertinent results and information. CMS DME 5 Element Order Element Order L Beneficiary's name L Adescription of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number S. Signature of the prescribing physician/practitioner identifier (NPI) S. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1238	WHLCHAIR PED SZ FOLD ADJUSTB W O SEATING SYSTEM	L Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem Clinical exam; - Pertinent dignostic testing results, operative and/or pathological reports; - Freatment plan and progress notes; - Pertinent dignostic testing results, operative and/or pathological reports; - Freatment plan and consultations with the treating practitioner; - Pertinent dignostic testing the real constraints of the real constraints of the real treatment plan and consultations with the treating practitioner; - Pertinent discussions from other health care practitioners; - Pertinent discussions from other health care practitioners; - Pertinent discussions from other health care practitioners; - Pertinent discussions in horomation, as appropriate; - Rehabilitation evaluations; - Information and information, as appropriate; - Rehabilitation evaluations; - Information and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or or a brand name/model number 3. Signature of the prescripting physician/practitioner 4. Prescribing physician/practitioner 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluatio	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1298	SPECIAL WHLCHAIR SEAT DEPTH AND OR WIDTH CONSTRUCT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and corgens notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient chartscritistica and information. CMS DME S Element Order 1. Beneficiary is nume 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E1310 WHIRLPOOL NONPORTABLE	Information generally required to support authorization deckion making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Vistory of the presenting problem •Cilicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestiment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent diagnostic testings in the treating practitioner; •Pertinent darks; graphs or photographic information, as appropriate; •Nerthient chards; since and the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order • Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1700 JAW MOTION REHABILITATION SYSTEM	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from ther health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rethabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order • Resenficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physical/practitioners' 4. Prescribing physical/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	1/1/2023	E2102 ADJUNCTIVE NONIMPLANTED CGM/RECEIVER	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Iclinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from tother health care practitioners and providers; •Pertinent evaluations from tother health care practitioners; •Pertinent evaluations from tother health care practitioners; •Pertinent evaluations from tother health care practitioners; •Pertinent evaluations reparing the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the Item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescription physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	1/1/2023	E2103	or receiver	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent dignorstic testing results, operative and/or pathological reports; • Pretinent plan and progress notes; • Pertinent plangorstic testing results, operative and/or pathological reports; • Pretinent plan and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent exists, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2201		Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Official agencies of the presenting problem • Pertinent gasses notes; • Pretriment gasses notes; • Pretriment gasses notes; • Pretriment gasses notes; • Pretriment gasses of photographic information; • Pertriment gasses or photographic information, as appropriate; • Pertriment drafts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner is Mational Practitioner is Automating and practitioner is a priori between the information of the item of DME ordered-the description can be either (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2202	FRME WIDTH 24-27 IN	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent testing results, operative and /or pathological; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Signature of the prescribing physician/practitioner! 4. Sprescription of the item of DME ordered—the description relevant information. 5. Signature of the prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019		MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 UNDER 22 IN	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •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 is or hotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		FRME DEPTH 22-25 IN	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretrainent diagnostic testing results, operative and/or pathological reports; - Pretrainent plan and progress notes; - Pretrainent plan and progress notes; - Pertinent exoluations with the treating practitioner; - Pertinent exoluations from other health care practitioners and providers; - Pertinent exoluations from other health care practitioners and providers; - Pertinent exoluations or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent pixehosocial history; • Pertinent pixehosocial history; • Pertinent pixehosocial history; • Information and consultations with the treating practitioner; • Pertinent pixehosocial history is or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient charst; graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient charsteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. Adsectription of the item of DME ordered—the description can be either a general description (e.g., wheekhair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2291	ATTCHING HARDWARE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent dignostic testing fractions with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent extra, graphs or photographic information, as appropriate; •Pertinent extra, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME S Element Order 1. Beneficiary is name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	£2292	ATTCHING HARDWARE	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earm; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent physhosoical history; • Information and consultations with the treating practitioner; • Pertinent physhosoical history and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Information negarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's 4. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2293	FIX ATTCH HARDWARE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent genomes notes; •Pertinent psychosocial history; •Information 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 revaluations from other health care practitioner; •Pertinent revaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charts/fisca and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Sprature of the prescribing physician/practitioner? 4. Sprature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2294	SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent advances of the treating practitioner; •Pertinent explanations with the treating practitioner; •Pertinent explanations from other health care practitioners; •Pertinent explanations from other health care practitioners; •Pertinent explanations from other health care practitioners; and providers; •Pertinent explanations; •Information evaluations; •Information evaluatio	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physiosocial history; •Information and consultations with the treating practitioner; •Pertinent physiosocial history; •Pertinent explauations from other health care practitioner; •Pertinent explauations from other health care practitioner; •Pertinent explauations from other health care practitioner; •Pertinent explauations from explauations appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioner's 4. Prescribing physicia/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	10/1/2019	E2300	WHEEL CHAIR ACCESSORY - PWR SEAT ELEVATION SYS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DMF S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	4/1/2023	E2301	STANDING SYS ANY TYPE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2310	WC CNTRLLER AND ONE PWR	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent plan and progress notes; • Pertinent plan and progress notes; • Pertinent plan and consultations with the treating practitioner; • Pertinent exhaustons from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Elsement Order 1. Beneficiary's name 2. A description of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2311	WC CNTRLLER AND TWO MORE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information. CMS DMF 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Preatment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent disclosed history; •Pertinent exclusions from other health care practitioners; and providers; •Pertinent exclusions from other health care practitioners and providers; •Pertinent exclusions from other health care practitioners and providers; •Pertinent exclusions; •Information evaluations; •Information evaluations; •Info	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent psychoscial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Pathet characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's Automal Practitioner's National Practitioner's Nationa	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2321	PWR WC ACSS HND CNTRL REMO	 T Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical easm; Pertinent diagnostic testing results, operative and/or pathological reports; Pretinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent revaluations from other health care practitioner; Pertinent charts, graphs or photographic information, as appropriate; Perbation tharts. Pertinent revaluations from other health care practitioner is a partice of the prescription formation. CMS DME S Element Order I. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheekhair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physician/practitioner Signature of the prescribing physician/practitioner identifier (NPI) S. The date of the order 	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent dignostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent explanations from other health care practitioner; •Pertinent explanations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioners 4. Prescribing physicia/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2326	PWR WC ACSS BREATH TUBE KIT SIP AND PUFF INTERFCE	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Information and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent revaluations from other health care practitioners; • Pertinent revaluations from other health care practitioners; • Pertinent revaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS OME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019		WR WC ACSS HEAD CNTRL NTERFCE MECH PROPRTNAL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent part and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exalts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		WR WC ACSS HEAD CNTRL EXT NTRL ELEC PRPRTNL	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent synchosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		WTCH MECH NOPRPRTNL	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent gisagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioner's National Practitioner's (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2330	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Dinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pan and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DMF S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner' National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Prestment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Rehabilitation evaluations; - Information requiring the local delivery system; and - Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physioscial history; •Information and consultations with the treating practitioner; •Pertinent physioscial history; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts (from the lead delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheekhair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioners Mational Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	Information generally required to support authorization deckion making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent diagnostic testing results, operative and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Nethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from tother health care practitioners and providers; -Pertinent evaluations from the local delivery system; and -Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioners 4. Prescribing physicia/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations rom other health care practitioners; • Pertinent evaluations form other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient charts. • Beneficiary's name 1. Beneficiary's name 2. Adescription of the Item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Prescribing physician/practitioner 5. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2361	PWR WC ACSS 22NF SEALED LEAD ACID BATTRY EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent disponsite testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent disponsite testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent disponsite testing the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the Item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioners 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2366	PWR WC ACSS BATTRY CHRGR 1 MODE W ONLY 1 BATTRY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physioscial history; enformation and consultations with the treating practitioner; •Pertinent physioscial history; enformation and consultations with the treating practitioner; •Pertinent physioscial history; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations from the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicial/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2367	PWR WC ACSS BATT CHRGR DUL MODE W EITHER BATT EA	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent revaluations from other health care practitioners; • Pertinent revaluations from other health care practitioners; • Pertinent carls; graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019			Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exats, graphs or photographic information, as appropriate; •Pertinent exats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beeneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019			Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertituent diagnostic testing results, operative and/or pathological reports; - Pretratment plan and progress notes; - Pertituent disphosical history; - Information and consultations with the treating practitioner; - Pertituent explosional history ophotographic information, as appropriate; - Pertituent systems on photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CLMS DMF 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Segnature of the prescribing physician/practitioners National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		ND GR BOX COMB REPL ONLY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physhosoical history; Hormation and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rebabilitation regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner i dentifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pand consultations with the treating practitioner; •Pertinent exclusions from other health care practitioners; •Pertinent exclusions; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME orderedthe description can be either a general description (e.g., wheekhair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2374	PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent tokychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tokst, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information requiring the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent traductions from other health care practitioners; Pertinent traductions from other health care practitioners; Pertinent traductions from other health care practitioners; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information. CMS DME 5 Element Order A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physician/practitioner identifier (NPI) The date of the order 	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	£2376		Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent algnostic testing fractitioner; -Information and consultations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent tasks, graphs or photographic information, as appropriate; -Pertinent tasks, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2377		Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent plan and progress notes; •Pertinent phosocial history; Information and consultations with the treating practitioner; •Pertinent charand consultations with the treating practitioner; •Pertinent charands consultations with the treating practitioner; •Pertinent charands of the health care practitioners and providers; •Pertinent charats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioners National Practitioners (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2378		Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent thats, graph or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent or evaluations; •Information regarding the local delivery system; and •Patient charciteristics and information. CMS DME 5 Element Order • Beneficiany's name 2. Signature of the prescribing physician/practitioner 4. Signature of the prescribing physician/practitioner 5. Signature of the prescribing physician/practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2397	POWER WHICHAIR ACCESSORY LITHIUM-BASED BATTRY EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent glan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exats, graphs or photographic information, as appropriate; •Pertinent characteristics and information. •Patient characteristics and information. CMS DME 5 Element Order • Beneficiary's name • A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand nare/model number • Signature of the prescribing physician/practitioner • Perscribing physician/practitioner / • Prescribing physician/practitioner / • Perscribing physician/practitioner / • Perscribing physician/practitioner / • Perscribing physician/practitioner / • Perscribing physician/practitioner / • Prescribing physician/practition	Texas Medicaid Provider Procedure Manual	Review 2/23/2023
Durable Medical Equipment (DME)	4/1/2020	E2398	Wheelchair accessory, dynamic positioning hardware for back	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent orearding the local delivery system; and •Pattent characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioners 4. Prescribing physicia/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2500	SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Unicial earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations; • Pertinent evaluations from other health care practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient charts/stream of information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2502	SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MINS REC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and progress notes; •Pertinent part and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations in the treating practitioner and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations (from the free system; and •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2504	MINS UNDER EQ 40 MINS REC	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Petrinent diagnostic testing results, operative and/or pathological reports; Pretratent plan and progress notes; Petrinent diagnostic testing results, operative and/or pathological reports; Pretratent plan and progress notes; Petrinent psychosocial history; Information and consultations with the treating practitioner; Petrinent evaluations from other health care practitioners and providers; Petrinent evaluations or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patter characteristics and information. CMS DME 5 Element Order Beneficiary's name A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physician/practitioner's Identifier (NPI) The date of the order 	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2506	SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioners' 4. Prescribing physicia/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychossical history; Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations given brotographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. Adscription of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pretinent disphosocial history; - Information and consultations with the treating practitioner; - Pertinent excluations from other health care practitioner; - Pertinent texts, graphs or photographic information, as poproriate; - Rechabilitation evaluations; - Information evaluations; - A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand mane/model number - Signature of the prescribing physician/practitioner identifier (NPI) - S. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2511	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pxychosocial history; Hoformation and consultations with the treating practitioner; •Pertinent pxychosocial history for photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient charst, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient charsteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner i 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2605	PSTN WHEELCHAIR SEAT CUSHN WIDTH UNDER 22 IN DEPTH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychossical history; Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations in the local delivery system; and •Pertinent characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand mane/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Review 2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2606	PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN GT DEPTH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluation; •Information evaluation; •Infor	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2607	SKN PROTECT AND PSTN WC SEAT CUSHN WDTH UNDER 22 IN DEPTH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gignostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent testing results of photographic information, as appropriate; •Rehabilitation evaluations; Information negarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner! 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2608	SKN PROTCT AND PSTN WC SEAT CUSHN WDTH 22 IN GT DPTH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent dignostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent explanations from other health care practitioner; •Pertinent explanations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioners 4. Prescribing physicia/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2611	GEN WC BACK CUSHN WDTH UNDER 22 IN HT MOUNT HARDWARE	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Original and approgress notes; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretiment psychosocial history; • Information and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent revaluations from other health care practitioners; • Pertinent revaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient chartscritistics and information. CMS DMF S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2612	GT HT MOUNT HARDWRE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Tratement plan and progress notes; •Pertinent paychoscial history: •Information and consultations with the treating practitioner; •Pertinent explanations from other health care practitioners; •Pertinent explanations from other health care practitioners; •Pertinent explanations; •Pertinent explanations; •Information evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2613		Information generally required to support authorization decision making includes: - Current (µ to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical earm; - Pertinent gytosocial history; - Information and consultations with the treating practitioner; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent psychosocial history; - Pertinent chards; graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient chards; sind information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2614		Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history: • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient charts; for an ther for the prescription can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Signature of the prescripting physician/practitioner 5. Signature of the prescripting physician/practitioner 5. Signature of the prescripting physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019		BACK CUSHN POSTLAT JNDER 22 IN ANY HT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Dinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •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 in prographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescripting physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		EBACK CUSHN POSTLAT 2 IN OR GRT ANY HT	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Petrinent diagnostic testing results, operative and/or pathological reports; • Pretratent plan and progress notes; • Pretratent plan and progress notes; • Information and consultations with the treating practitioner; • Petrinent explusations from other health care practitioner; • Petrinent explusations; • Information evaluations; • A seconflow of the time of DME orderedthe description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code enarrative, or a brand mane/model number • Signature of the prescribing physician/practitioner's National Practitioner Identifier (NPI) • The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		B WC BACK CUSHN ANY 10UNT HARDWARE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Pertinent psychosocial history; Hoffmation and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019			Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent pathogonstic testing fractitioner; •Information and consultations with the treating practitioner; •Pertinent explanand consultations with the treating practitioner; •Pertinent explanations from other health care practitioners; •Pertinent explanations from other health care practitioners; •Pertinent explanations from other health care practitioners; •Pertinent explanations; •Information evaluations; •Information evaluations; •Information regaring the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary is mane 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019			Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Pertinent plan and consultations with the treating practitioner; •Pertinent exclusions from there health care practitioners and providers; •Pertinent exclusions from there health care practitioners and providers; •Pertinent exclusions from there health care practitioners and providers; •Pertinent exclusions from the local delivery system; and •Information revaluations for local delivery system; and •Patient charsteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physical/practitioners 4. Prescribing physical/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019			Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gaponstic testing results, operative and/or pathological reports; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient charts/fisc and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Signature or the prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2623		Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent takon and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations; •Information evaluations; •Information evaluation evaluation; •Information evaluation evaluation; •Information evaluation; •Information evaluation evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information; •Information; •Information; •Information; •Information; •Information; •Informatio	Texas Medicaid Provider Procedure Manual		2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2624	WC CUSH WIDTH UNDER 22 IN	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earm; • Pertinent glagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent plan and progress notes; • Pertinent plan and progress notes; • Pertinent plan and consultations with the treating practitioner; • Pertinent planations for unter health care practitioners and providers; • Pertinent chards, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicial/practitioner's Mational Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2625	WC CUSH WIDTH 22 IN OR GRT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tasks graphs or photographic information, as appropriate; •Pertinent tasks, graphs or photographic information, as appropriate; •Pertinent tasks, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent sequencies and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Signature or the prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019		VC ACCESS SHLDR ELB MOBIL RM SUPP WC ADJUSTBLE	Information generally required to support authorization deckison making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent substrates granks or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner is National Practitioner (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		VC ACCESS SHLDR ELB MOBIL IRM SUPP WC RECLINING	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent paychoscial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations regarding the local delivery system; and -Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 3 4. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		VC ACCESS SHLDR ELB M ARM UPP FRICTION ARM SUPP	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and -Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the time of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0008	BASE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent chards; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient chards; Stement Order 1. Beneficiary's name 2. Adsecription of the tier of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Review 2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0009	OTHER MANUAL WHEELCHAIR BASE	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent taignostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient charts: for and formation. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescription glaysician/practitioner 4. Prescription of the item of DME ordered-the description relentifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0010		Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient charts, graphs or photographic information. CMS PMO 7 Element Order 1. Beneficiary's name 2. Earce to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's ingnature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face. or 22 completion. Documented the Face to Face evaluation include a detailed, narrative note in the patient's medical record'. The record found include relevant information. Document the decision to prescribe a PMD. 3. Equipment Recommended 4. Alagnosis or conditions related to the need for the power mobility device 5. Length of need 6. Physician's signature The physician's signature The physician's signature. Ink or valid electronic signatures only	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0011	STD-WT FRME MOTRIZD PWR WHICHAIR W PROG CNTRL	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information. CMS PMD 7 Element Order • Reference Completion Date • Reneficiary's name • Zerace to Face Completion Date The inperson visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. • The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or F2F completion date. The documented the Face to Face evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or F2F completion date. The documented the Face to Face evaluation is undul include a detailed, narrative note in the patient's signature • Ablagnosis or conditions related to the need for the power mobility device • Lingent face-to-face are for the power mobility device • Lingent of need • Chrysician's signature • Rehysician's signature • Rehysician's signature • The physician who performed the face-to-face endite words in (ordering physician) must complete	Texas Medicaid Provider Procedure Manual		2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIF	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretrainent plan and progress notes; • Pertinent physicoscial history; • Information and consultations with the treating practitioner; • Pertinent physician and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physiciar) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Elther the date of the physiciary's visit, or the date of the physiciary's signature and concurrence with the Herapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or PAE completion to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician's asign end the PMD order	Texas Medicaid Provider Procedure Manual		2/23/2023

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Durable Medical Equipment (DME)	10/1/2022	K0013 CUSTOM MOTORIZE WHEELCHAIR BASE	POWER Information generally required to support authorization decision making includes: • Urrerut (up to 6 months), adequate patent history related to the requested services such as: office and hospital records; • Information generally required to support authorization decision making includes: • Urrerut (up to 6 months), adequate patent history related to the requested services such as: office and hospital records; • Information generally required to support authorization decision making includes: • Outrient of Ligensoft testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS PMD 7 Element Order • Iseneficiary? anme 2.Face to Face Completion Date The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion date. The document of the face-to-face vace. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended <td>Texas Medicaid Provider Procedure Manual</td> <td>2/23/2023</td>	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0014 OTHER MOTORIZED WHEELCHAIR BASE	OWER Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent polyboscial history; •Information and consultations with the treating practitioner; •Pertinent explsystory threating repartitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information and information. CKS MDD 7 Element torder •Lace to face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are co	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0108 OTHER ACCESSORIE	3.Equipment Recommended	Texas Medicaid Provider Procedure Manual	2/23/2023

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Durable Medical Equipment (DME)	Prior to 9/1/2019	K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Prestinent glangostic testing results, operative and/or pathological reports; - Pertinent diagnostic testing results, operative and/or pathological reports; - Prestinent plan and progress notes; - Pertinent charls, graphs or photographic information, as appropriate; - Pertinent charls, graphs or photographic information, as appropriate; - Rehabilitation equalitations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 5 Element Order . Beneficiary's name . A description of the time of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioners' National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	К0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Teratment plan and progress notes; • Pertinent paylobsocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations reparating the local delivery system; and • Patient characteristics and information. CMS PMD 7 Element Order • Baeneficary's name 2 Face to Face Completion Date The in-preson visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the face of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3 Equipment Recommended 4 Diagnosis or conditions related to the need for the power mobility device S Length of need 6 Mprivican's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7 Jaset the	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definit	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0801 PWR OP VEH GRP 1 PT 301 TO 450 LBS	Y DUTY Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Teatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent thans, organise or protein propriate; -Pertinent thans, organise or photographic information, as propriate; -Pertinent characteristics and information, as propriate; -Rehabilitation evaluations; -Information and collevery system; and -Patient characteristics and information. CMS PMD 7 Element Order -Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation sub- is considered to be the completion of the face-to-face, or F2E completion date. The documented the face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. -Biggingent Record Patient of the face-to-face, or F2E completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. -Biggingent Recordmended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician's signature The physician's signature The physician's signature The physician's signature The physician's signature the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD o	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0802 PWR OP VEH GRP 1 DUTY PT 451-600 L	 HEAVY Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem Clinical exam; Pertiment fulganostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; Pertiment plan and progress notes; Pertiment evaluations with the treating practitioner; Pertiment evaluations from other health care practitioner; Pertiment evaluations from other health care practitioner; Pertiment evaluations from other health care practitioner; Pertiment charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name Zface to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or PZE completion date. The document of the Face-to-face with the order in shoul include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Dagnosis or conditions related to the need for the power mobility device S.Length of need 6.Physician's signature The physician signet the fAce-to-face mobi	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0806 PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Olinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertatement plan and progress notes; • Pertatement plan and progress notes; • Pertinent opsychosocial history; • Information and consultations with the treating practitioner; • Pertinent opsychosocial history; • Pertinent charls, graphs or photographic information, as appropriate; • Pertinent charls, graphs or photographic information, CMS PMD 7 Element Order 1. Beneficiary's name 2. Face to face. Completion Date The in-person visit (with the physician] and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion, Daceument the decision to prescribe a PMD. 3. Equipment Recommended 4. Diagnosis conditions related to the need for the power mobility device 5. Length of need 6. Physician's signat	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0807 PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Olinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent graphosocial history; -Pertinent polychosocial history; -Pertinent polychosocial history; -Pertinent polychosocial history; -Pertinent charls, graphs or photographic information, as appropriate; -Pertinent charls, graphs or photographic information,	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019		WR OP VEH GRP 2 VERY HEAVY JUTY PT 451-600 LBS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent dignostic testing results, operative and/or pathological reports; • Pertinent gingonostic testing results, operative and/or pathological reports; • Pertinent dignostic testing results, operative and/or pathological reports; • Pertinent picknoscial history; • Pertinent explansions from other health care practitioner; • Pertinent explansions from other health care practitioners; • Pertinent explansion regarding the local delivery system; and • Patient characteristics and information. CMS PMD 7 Element Order 1. Beneficiary; name 2. Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2E completion date. 1. Equipment Recommended 4. Diagnosis or conditions related to the need for the power mobility device 5. Length of need 6. Orbyicions' signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only- no stamps. 7. Date the physician signed the	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		WR WC GRP 1 STD PORT SLING EAT PT TO 300 LBS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent dagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent dynchoscial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information. CMS PMO 7 Element Order 1. Beneficiary's name 2. Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Ether the date of the physiciar's visit, or the date of the physician's signature and concurrence with the terapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or Face completion date. The documented the Face to Face evaluation in-whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or Face completion. Document the decision to prescribe a PMD. 3. Equipment Recommended 4. Jalagnosis or conditions related to the need for the power mobility device 5. Length of need 6. ExplayLind signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7. Joate the physician signed the PMD order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0814 PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate pattent history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertatent plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the trasting practitioner; - Pertinent operations with the trasting practitioner; - Pertinent operations of the healt care practitioners and providers; - Pertinent operations of the healt care practitioners and providers; - Pertinent operations of the healt care practitioners and providers; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation regarding the local delivery system; and - Pattent charts(sta and information. CMS PMD 7 Element Order 1. Beneficiary's name 2. Face to face Completion Date The in-person visit (with the physician] and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or FZP completion date. The documented the Face to Face evaluation should include elevant information. 3. Equipment Recommended 4. Diagnosis conditions related to the need for the power mobility device 5. Length of need 6. Physician's signature - Martines's parture - The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. - 7. Dote the physician signed the PMD order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0815 PWR WC GRP 1 STD SLING SEAT I UP TO AND EQ 300 LBS	PT Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Unical earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent plan and progress notes; • Pertinent plan subtroy; • Information and consultations with the treating practitioner; • Pertinent explosional history; • Information regarding the local delivery system; and • Partinent dualutions; • Information regarding the local delivery system; and • Patient characteristics and information. CMS PMD 7 Element Order 1. Beneficiary's name 2. Face to face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation should include a detailed, narrative note in the patient of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation should include a detailed, narrative note in the patient of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation should include a detailed, narrative note in the patient's conditions related to the need for the power mobility device 3. Length of need 6. Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0816 PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Cilicial exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Teratment plan and progress notes; • Pertinent diagnostic testing results, operative and/or pathological reports; • Teratment plan and progress notes; • Pertinent evolusations from other health care practitioner; • Pertinent evolusations from other health care practitioners and providers; • Pertinent evolusations from other health care practitioners and providers; • Pertinent charats, graphs or photographic information, as appropriate; • Pertinent charats, graphs or photographic information, as appropriate; • Pertinent charats; graphs or photographic information, as appropriate; • Pertinent charateristics and information. CMS PMD 7 Element Order • Jeeneticary's name 2 Face to Face Completion Date 2 Face to Face Completion Date 2 Face to Face Completion of the physician's different evolution (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's usit, or the date of the physician's signature and concurrence with the Herapist's evaluation - whichever date is the latest in sequence - is is considered to be the completion of the face-to-face, er 22F completion date. 1 Equipment Recommended 4 .Diagnosis or conditions related to the need for the power mobility device 3 .Equipment The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0820 PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent pathon and consultations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts, straphs or photographic information, as appropriate; -Pertinent charts, straphs or photographic information, as appropriate; -Pertinent charts, straphs or photographic information, as appropriate; -Pertinent charts exists and information. CMS PMD 7 Element Order -Pertinent charts exists and information. CMS PMD 7 Element Order -Pertinent charts exists and information. -CMS PMD 7 Element Order -Pertinent of both components are combined to address power mobility algorithm in its entirety. Effect the date of the physician's with, or the date of the physician's signature and concurrence with the therapist's evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. -Record The record The record -Record -	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0821	PWR WC GRP 2 STD PORT CAPT CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: • Current (up to 6 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; • Pertent diagnostic testing results, operative and/or pathological reports; • Pertinent polynoscial history; • Information and consultations with the treating practitioner; • Pertinent polynoscial history; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information. CMS PMO 7 Element Order 1. Beneficiary's name 2. Face to face. Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. CMS PMO 7 Eloment Order 1. Beneficiary's name 2. Face to face. Completion Date The in-person visit (with the physician) and the mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or 2P completion date. The documented the Face to Face evaluation is undial include a detailed, narrative note in the patient's evaluation related to the need for the power mobility device 3. Equipment Recommended 4. Diagnosis conditions related to the need for the power mobility device 5. Length of need 6. Physician's signature The physician with performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7. Joate the physician signad the PMD order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0822	PWR WC GRP 2 STD SLING SEAT P TO AND EQ 300 LBS	T Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent postbaccial history; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts; stand information. CMS PMD 7 Element Order Lement Corder Lement Corder Leeneticary's name Z-face to face. Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirely. Ether the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or ZP completion. Document the decision to prescribe a PMD. Jupigment Recommended A. Diagnostis related to the need for the power mobility device Slength of need Firsphysician	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0823 PWR WC GRP 2 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + ilistory of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Teatment plan and progress notes; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent dynosocial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent charts esclosed in the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of bot components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or 27: completion date. The documented the Face to Face evaluation is nuclei algorithm, anrative note in the patient's medical record's the recor face, or 27: completion. Documented the face to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician who performed	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0824 PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertent diagnostic testing results, operative and/or pathological reports; Pertinent pian and progress notes; Pertinent dispositic testing results, operative and/or pathological reports; Pertinent exploations from other health care practitioner; Pertinent exploations from other health care practitioner; Pertinent tests, graphs or photographin information, as appropriate; Pertinent tests, graphs or photographin information, as appropriate; Pertinent characteristics and information. CMS PMD 7: Element Order Parent characteristics and information. CMS PMD 7: Element Order Parent of Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The re-sults of both components are combined to address power mobility algorithm in its entirety. Elther the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face. or F2F completion. Document the decision to prescribe a PMD. Singment Recommended A Diagnostis related to the need for the power mobility device Singh of need Fryscian's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. Date the physician sign	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0825 PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes: • Gurnet (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent plan and progress notes; • Pertinent physicoscial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Information are consultations for • Information regarding the local delivery system; and • Patient characteristics and information. CMS PMO 7 Element Order 1. Beneficiary's name 2. Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the Herapist's evaluation - whichever date is the latest in sequence - is conditions related to the need for the power mobility device 1. Beneficiar's medical record. The record should include relevant information. Duration the decision to prescribe a PMD. 3. Equipment Recommended 4. Aliagnosis or conditions related to the need for the power mobility device 5. Length of need 6. Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures nohy - no stamps. 7. Date the physician signed the PMD order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0826 PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent of pan and progress notes; Pertinent of pan and progress notes; Pertinent of pan 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 appropriate; Pertinent charts; surgands or blocal delivery system; and Patient charts is and information. CMS PMD 7 Element Order Leeneficiary's name Leeneficiary's name Leene Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Ether the date of the physician's visit, or the date of the physician's ignature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, 0.7 2P completion. Document the decision to prescribe a PMD. Linginment Recommended Aliagnostic related to the need for the power mobility device Leingth of need Gentypicalar's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019		451-600 LBS	Information generally required to support authorization decision making includes: <urrent (up="" 6="" adequate="" and="" as:="" history="" hospital="" months),="" office="" patient="" records;<br="" related="" requested="" services="" such="" the="" to="">+listory of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent glan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners; Pertinent evaluations from other health care practitioners; Pertinent evaluations; Information regarding the local delivery system; and Petation regarding the local delivery system; and Petateric thracteristics and information. CMS PMD 7 Element Order 1.Beneficiary? and 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, pr 272 completion date. The documented the face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. Stephysician Signature 4.Diagnosis or conditions related to the need for the power mobility device Stephysician signature Aphysician Signature The physician's signature The physician's signature. Ink or valid electronic signatures on ordivide signature. Ink or valid electronic signatures on ordivi</urrent>	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		SEAT PT 601LB OR GRT	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent physicoscial history; • Pertinent physician diagnostic testing results, operative and/or pathological reports; • Pertinent physician discover the alth care practitioner; • Pertinent of and consultations with the trating practitioner; • Pertinent charats, graphs or photographic information, as appropriate; • Pertinent charateristics and information. • Deschied information consultations with the physical and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of bot components are combined to address power mobility algorithm in its entirety. Either the date of the physician's sign, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or E2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 3.Guipment Recommended 3.Guipment Recommended 3.Guipment Recommended 3.Guipment Recommended 3.Guipment Recommended 3.Guipment Recommended 3.Guipment Recommended 3.Guipment Signature The physician signate the PMD order 3.Date the physician signed the PMD order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0829 PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Teratment plan and progress notes; • Pertinent pathosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners and providers; • Pertinent transf, graphs or photographic information, as appropriate; • Nethabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS PMD 7 Element Order • Liseneficingy is name 2.Face to Face Completion Date The in-person visit (with the hysician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is is considered to be the completion of the face-to-face. PERC Ompletion date. • Reporting is considered to be the completion of the face-to-face. PERC Ompletion date. • Reporting is considered to be the completion of the face-to-face. • Sequence of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is is considered to be the completion of the face-to-face. • Replay of need • Disposis or conditions related to the need for the power mobility device • SLength of need • Disposis or conditions related to the need for the power mobility device • SLength of need • Disposician's signature •	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0830 PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Oriented seam; -Pertinent gason; -Increate seam; -Increate seam;	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0831 PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychoscial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient charts, graphs or photographic information. CMS PMD 7 Element Order 1. Beneficiary's name 2. Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation should include a detailed, narrative note in the patient's medical fector. The record bance in Information. Document the decision to prescribe a PMD. 3. Equipment Recommended 4. Diagnosis or conditions related to the need for the power mobility device 5. Length of need 6. EPhysician's signature The physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7. Date the physician wing the PMD order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0835 PWR WC GRP 2 STD 1 PWR SLI SEAT PT TO 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pyshosocial history; 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; •Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the face to face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Doze the physician signed the PMD order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0836 PWR WC GRP 2 STD 1 PWR CHAIR PT TO 300 LBS	CAPT Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent tanks of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent tanks, reports or photographic information, as appropriate; - Pertinent charst, graphs or photographic information, as appropriate; - Pertinent charst, graphs or photographic information, as appropriate; - Pertinent charst, graphs or photographic information, as propriate; - Pertinent for local delivery system; and - Patient characteristics and information. CMS PMD 7 Element Order - LBeneficiary's name - Z-Face to Face Completion Date - The in-person visit (with the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-Face mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-Face or F2 completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD Stapingment Recormended - Ablagnosis or conditions related to the need for the power mobility device - SLength of need - Physician's signature - The physician's signature.	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0837 PWR WC GRP 2 HVY 1 PWR SEAT PT 301-450 LBS	 SLING Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; Pertiment graph and progress notes; Pertiment pand consultations with the treating practitioner; Pertiment revaluations from other health care practitioners and providers; Pertiment charts, graphs or photographic information, as appropriate; Pertiment charts, graphs or photographic information, as appropriate; Pertiment charts, graphs or photographic information, as appropriate; Pertiment charts, straphs or photographic information, as appropriate; Pertiment charts, graphs or photographic information, as appropriate; Pertiment charts, graphs or photographic information, as appropriate; Pertiment charts, graphs or photographic information, as appropriate; Pertiment charts, straphs or photographic information, as appropriate; Pertiment charts, straphs, and Patient charts, straphs, and Patien	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0838 PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Teratment plan and progress notes; Pertinent diagnostic testing results, operative and/or pathological reports; Teratment plan and progress notes; Pertinent diagnostic testing results, operative and/or pathological reports; Teratment plan and progress notes; Pertinent charts; graphs or photographic information, as appropriate; Patient characteristics and information. CMS PMD 7 Element Order LiBeneficiary's name Zace to face Completion Date Patient characteristics and information. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's using or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, erzErompletion date. Sequipment Recommended Abignosis or conditions related to the need for the power mobility device Sequipment Recommended Abignosis or conditions related to the need for the power mo	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0839 PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Rehebilitation evaluations; - Rehebilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to face Completion Date The in-person visit (with the physician's only evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation shuid include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid sig	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0840 PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR GRT	 Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Linical exam; •Information algonostic testing results, operative and/or pathological reports; •Teratment glan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent evoluations from other health care practitioner; •Pertinent charts; graphs or photographic information, as appropriate; •Nethiotic regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order LBeneficiary's name ZFace to Face Completion Date ZFace to Face Completion Date The in-person wisk (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face. PER Completion date. Stepuiromen Recommended Algonosis or conditions related to the need for the power mobility device SLength of read Slengto's reading signature. The results of conditions related to the need for the power mobility device SLength of read Oblagnosis or conditions related to the need for the power mobi	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0841 PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertament plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the trasting practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from ther health care practitioners and providers; - Pertinent evaluations from ther health care practitioners and providers; - Pertinent evaluations from the health care practitioners and providers; - Pertinent evaluations from evaluations; - Information evaluations; - Information evaluations; - Information evaluations; - Information evaluations; - Information evaluations; - Reneficiary's name - Zeace to face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or FZF completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's readical record. The record should include relevant information. Document the decision to prescribe a PMD. - Stepuyment Recommended - ADiagnosis related to to the need for the power mobility device - SLength of need - SPhysician's signature - The phy	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0842 PWR WC GRP 2 STD MX PWR CA CHR PT TO AND EQ 300 LBS	pr Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertament plan and progress notes; • Pertinent paychoscical history; • Information and consultations with the trating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Reneficiary's name 2. Face to Face Completion Date The in-person visit (with the physician) and the mobility valuation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medicial record. The record should include relevant information. Document the decision to prescribe a PMD. 3. Equipment R	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0843 PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent characteristics and hospital constraints of the providers; •Pertinent characteristics and information, as appropriate; •Pertinent characteristics and information, as appropriate; •Pertinent characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person wisit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's wisit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is is considered to be the completion of the face-of-face, or F2C completion date. Stepuient Recommended 4.Diagnosis or conditions related to the need for the power mobility device 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 3.Equipment Signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Note	s Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019		EQ 300 LBS	nformation generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diganostic testing results, operative and/or pathological reports; Pretriment plan and progress notes; Pertinent plan and progress notes; Pertinent of an and progress notes; Pertinent evaluations from other health care practitioner; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners; Pertinent evaluations from other health care practitioners; Pertinent chars; graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. MS PMD 7 Element Order Liseneficiary: name 2.Face to Face Completion Date The in-person visit (with the physician] and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - sonsidered to be the completion of the face-to-face, or F2E completion date. The documented the Face to Face evaluation should include a detailed, narrative note in he patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. Signipment Recommended Libagnosis or conditions related to the need for the power mobility device Licength of need Shysician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures nop. – no stamp.	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0849 PWR WC G CHAIR PT T	TO AND EQ 300 LBS	nformation generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent glan and progress notes; Pertinent plan and progress notes; Pertinent plan and progress notes; Pertinent plan and progress notes; Pertinent plan consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Hoffmation regarding the local delivery system; and Hoffmation regarding the local delivery system; and Patient charst-cristics and information. MSP MD 7 Element Order Elementicary's name Element Order Elementicar's is and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation subice a detailed, narrative note in he patient's meetor detail record. The record should include relevant information. Document the decision to prescribe a PMD. Elementical record. The record should include relevant information. Document the decision to prescribe a PMD. Elemented Larcord. The record should include relevant information. Document the decision to prescribe a PMD. Elemented Larcord. The record should include relevant information. Document the decision to prescribe a PMD. Elemented a final physical signature Physician's signature The physician's signature The physician signature. Ink or valid electronic signatures signatures and provides a signature. Ink or valid electronic signatures signatures and provides a signature. Ink or valid electronic signatures signatures and provides a signature. Ink or valid electronic signatures and provides a signature. Ink or valid electronic signatu	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0850 PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Teratment plan and progress notes; • Pertinent galonsotic testing results, operative and/or pathological reports; • Teratment plan and progress notes; • Pertinent evoluations from other health care practitioner; • Pertinent evoluations from other health care practitioner; • Pertinent tarks: graphs or photographic information, as appropriate; • Pertinent characteristics and information. • Pertinent characteristics and information. CMS PMD 7 Element Order • Liseneficity's name 2.Face to Face Completion Date 2.Face to Face Completion Other • Liseneficity's name 2.Face to Face Completion of the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is is considered to be the completion of the acce ofrapetion of the acce of care purpletion of the face-to-face. • Explores the Recommended 4.Diagnosis or conditions related to the need for the power mobility algorithm in its entirety. Either the date of the physician's using or the date of the physician's signature and concurrence with the Herapist's evaluation - whichever date is the latest in sequence - is is considered to be the completion of the face-to-face. • Albagnosis or conditions related to the need for the power mobility device 3.Equipment • Albagnosis or conditions related to the need for the power mobility device 5.Length of need • Physician's signature The physician with performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only — no starps. • Date the physician signed the PMD order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0851 PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent orealizations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to face Completion Date The in-person visit (with the physician] and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0852 PWR WC GRP 3 V HVY D SEAT PT 451-600 LB	ITY SLING Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pay constructions from other health care practitioner; •Information and consultations with the treating practitioner; •Pertinent chards, regarable or hoter graphs or photographic information, as propriate; •Pertinent chards, regarable or photographic information, as propriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient chards, regarding the local delivery of the monthilty evaluation (with the therapist) are often referred to as the complete face-to-face examination. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or 725 completion date. The documented the Face to-face examination. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device S.Length of need 6.Physician's signature The physician wing performed the face-to-face mobility device S.Length of need 6.Physician's signature The physician signated the PMD order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0853 PWR WC GRP 3 HVY DU CHAIR PT 451-600 LBS	 Y CAPT Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations; Information regarding the local delivery system; and Patient charcteristics and information. CMS PMD 7 Element Order Laeneficiary's name Eare for a completion Date The in-person visit (with the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face on face completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record's hould include relevant information. Document the decision to prescribe a PMD. Leguipment Recommended Apapois or conditions related to the neeed for the power mobility device	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0854 PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	Information generally required to support authorization decision making includes: • Gurrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent plan and progress notes; • Pertinent physioloscial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information. CMS PMO 7 Element Order 1. Beneficiary's name 2. Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or 22 completion. Ducemented the Face to Face evaluations outlinclude a detailed, narrative note in the patient's regulation subtin (include relevant information. Ducement the decision to prescribe a PMD. 3. Equipment Recommended 4. Jalagnosis or conditions related to the need for the power mobility device 5. Length of need 5. Length of need 5. Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7. Date the physician signed the PMD order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0855 PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • Listory of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent plan and progress notes; • Pertinent physioloscial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations from the healt care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations from the local delivery system; and • Patient characteristics and information. CMS PMD 7 Element Order 1. Beneficiary's name 2. Face to face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Elther the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion. Document the decision to prescribe a PMD. 3. Equipment Recommended 4. Diagnosis or conditions related to the need for the power mobility device 5. Length of need 6. Physician's signature The physician's signature The physician's originature in the date-to-face, or F2F completion (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7. Dates the physician is ginature	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0856 PWR WC GRP 3 STD 1 PW SEAT PT TO AND EQ 300	SLIM Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: Information support Information generally required to support authorization decision making includes: Information support Information generally required to support authorization decision making includes: Information support Information generally required to support authorization decision making includes: Information feasibility of the presenting problem Information authorization support Information authori	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0857 PWR WC GRP 3 STD 1 PW CHAIR PT TO AND EQ 30		Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0858 PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent dignostic testing results, operative and/or pathological reports; • Pertament plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations reporting to producgraphic information, as appropriate; • Pertinent characteristics and information. CMS PMD 7 Element Order 1. Beneficiary's name 2. Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physiciari's visit, or the date of the physiciar's signature and concurrence with the Herapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or FZC completion data. 1. Equipment Recommended 4. Diagnosis or conditions related to the need for the power mobility device 5. Length of need 6. Physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures nol - no starps. 7. Date the physician signed the PMD order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0859 PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertent diagnostic testing results, operative and/or pathological reports; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent physicoscial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information. CMS PMD 7 Element Corder 1. Beneficiary's name 2. Face to face. Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face. r2F2 completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record'. 1. Alguipment Recommended 4. Obignosis or conditions related to the need for the power mobility device 5. Length of need 6. Physician who performed the face-to-face mobility deving hysician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7. Joase the physician signed the PMD order	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0860 PWR WC GRP 3 V HD 1 PWR SLI SEAT PT 451-600 LB	Kg Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertent dualuations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts; scaphs or photographic information, as appropriate; Pertinent charts; scaphs or photographic information, as appropriate; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts; cash information. CMS PMO 7 Element Ordet Perention to advect as combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or FZF completion date. The documented the Face to Face evaluation should include elevant information. Equipment Recommended Abignomended Abignomended Abignomended Abignomended Abignomended Abignomended to read the physician's signature and information. Expertinent Recommended Abignomic related to the need for the power mobility device Chart the physician's singnature Abignomic related to the need for	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0861 PWR WC GRP 3 STD MX PWR SL SEAT PT TO AND EQ 300 LB	 NG information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent charts, graphs or photographic informationer; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts, graphs or photographic information, as appropriate; Pentinent charts cristics and information. CMS PMO 7 Element Order LementGiary's name Z-face to Face Completion Date The in-person visit (with the physician' signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to the completion of the face-to-face or FZF completion date. The documented the Face to Face evaluation should include elevation information. Z-face to Face Completion Date The in-person visit (with the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or FZF completion date. The documented the Face to Face evaluation should include elevation information. Z-face to Face is considered to be the end for the power mobility device Leignipment Recommended Ablagnosis related to the need for the power mobility device Leignipment R	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0862 PWR WC GRP 3 HD MX PWR SLII SEAT PT 301-450 LBS	 WG Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Teatment plan and progress notes; Pertinent diagnostic testing results, operative and/or pathological reports; Teatment plan and progress notes; Pertinent transt, graphs or photographic information, as appropriate; Pertinent transt, graphs or photographic information, as appropriate; Pertinent transt, graphs or photographic information, as appropriate; Pertinent characteristics and information. CMS PMD 7 Element Order Elseneficiary's name Zace to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the Herapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or ZZ completion Ats. Equipment Recommended Ablagnosis or conditions related to the need for the power mobility device Stepuipment Rengina's signature The physician's signature Ablagnosis or conditions related to the need for the power mobility device Stepuipment Respiration's signature The physician's signature The physician's singnature. Ink or valid electronic signatures only -no stamps.<	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0863 PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; Pertinent psychoscial history; Information and consultations with the treating practitioner; Information evaluations from the healt care practitioners and providers; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Pertinent evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2E completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician's signature The physician's signature in the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.D	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0864 PWR WC GRP 3 XTR SLNG SEAT PT 601 LF		Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0868 PWR WC GRP 4 STD TO AND EQ 300 LB	NG SEAT PT Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +itistory of the presenting problem -Clinical exam; -Pertinent plan and progress notes; -Pertinent valuations from other health care practitioners; -Pertinent evaluations from other evaluations; Information regarding the local delivery system; and -Patient charst; graphs or photographic information. CMS PMO 7 Element Order 1.Beneficiary's name Z-Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician visinganture The physician who performed the face-to-face endolity evanination (ordering physician) must complete and sign with a valid signature	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0869 PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Lisitory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teatment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teatment plan and progress notes; •Pertinent explosocial history; •Information and consultations with the treating practitioner; •Pertinent transts, graphs or photographic information, as appropriate; •Pertinent transts, graphs or photographic information, as appropriate; •Pertinent transts, graphs or photographic information, as appropriate; •Pertinent characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person wisit (with the hysician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's wisit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is is considered to be the completion of the face-to-face, or 272 completion date. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 3.Equipment The physician's signature The physician's signature The physician's signature The physician's signature the face-to-face examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0870 PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent pythosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Pethetinet tharts evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS PMD 7 Element Order Beneficiary's name Scace to face Completion Date The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's singature and concurrence with the therapist's evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. Scalupiment Recommended Abaigment Record in the one of the power mobility device Scalupiment Record. The record should include relevant information. Scalupiment Record. The record should induce relevant information. Scalup	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0871 PWR WC GRP 4 V HVY DUTY SLIN SEAT PT 451-600 LB	 G Information generally required to support authorization decision making includes: Gurrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Teratment plan and progress notes; Pertinent ophychoscial history; Information and consultations with the treating practitioner; Pertinent ophychoscial history; Pertinent ophychistical history; Pertinent ophychistical history; Pertinent ophychistical history; Pertinent ophychistical history; Pertinent ophychistical	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0877 PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Testament plan and progress notes; Pertinent dyschoscial history; Information and consultations with the treating practitioner; Pertinent polychoscial history; Information evaluations; Pertinent evaluations from ther health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rethabilitation evaluations; Information evaluations; Information evaluations; Pertinent charts; graphs or photographic information, as appropriate; Rethabilitation evaluations; Information ecaluations; Information ecaluations; Information ecaluations; Information ecaluations; Pertinent charts; graphs or photographic information, as appropriate; Rethabilitation evaluations; Information and components are combined to address power mobility algorithm in its entirety. Ether the due of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the ace of the physician's signature and concurrence with the therapist's evaluation should include a detailed, narrative note in the patient's is genature and concurrence with the therapist's evaluation should include a detailed, narrative note in the patient's is genature and concurrence variant the decision to prescribe a PMD. Stepriment Recommended Abignisen related to the the decint of the power mobili	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0878 PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Teratment plan and progress notes; Pertinent pythosocial history; Information and consultations with the trasting practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS PMD 7 Element Order Leenet Conde Leenet Cond	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0879 PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Teratment plan and progress notes; -Pertinent psychoscial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations related to local delivery system; and -Patient charts, graphs or photographic information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. -Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or £2C completion date. The ecourd should includ	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0880 PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	 G Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent polynoscial history; • Information and consultations with the treating practitioner; • Pertinent polynoscial history; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Pathet characteristics and information. CMS PMD 2 Telement Order 1. See Completion Date The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - Is socialered to be the completion of the face-to-face or 72F completion date. The documented the Face to Face evaluation is multiplication and individe relevant information. Bate to face is conditions related to the need for the power mobility device Signifier Medical eccord. A Diagnosis conditions related to the need for the power mobility device Signifier Medical eccord. Physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. A Diagnosis conditions related to the PMD order 	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0884 PWR WC GRP 4 STD MX PWR SLN SEAT PT TO AND EQ 300 LB	G Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Olinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertatement plan and progress notes; • Pertatement plan and progress notes; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertatement plan and progress notes; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent charts, strain difformation. CMS PMD 7 Element Order 1. Beneficiary's name 2. Jace to face. Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Elther the date of the physician's visit, or the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's evaluation should include a detailed, narrative note in the patient's evaluation related to the need for the power mobility device 3. Leginpent Recommended 4. Obigonsiso readical record. The record should include relevant information. Document the decision to prescribe a PMD	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0885 PWR WC GRP 4 STD MX PWR CAP CHR PT TO AND EQ 300 LBS	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent dignostic testing results, operative and/or pathological reports; Pertinent gingonstic testing results, operative and/or pathological reports; Pertinent paylosocial history; Pertinent paylosocial history; Pertinent evaluations from other health care practitioner; Pertinent evaluations is for botographic information, as appropriate; Pertinent haracteristics and information. CMS PMD 7 Element Drder Liseneficary; same Zace to Face Completion Data The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of tha face-to-face, or FAC completion other face-to-face, or FAC completion other face-to-face, or FAC completion data. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of tha face-to-face, or FAC completion data. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0886 PWR WC GRP 4 HD MX PWR SLIN SEAT PT 301-450 LBS	G Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exem; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent plan and progress notes; Pertinent plan and progress notes; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts; straht information evaluations; Information requiring the local delivery system; and Patient characteristics and information. CMS PMD 7 Element Order LenentGrary is name Less Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or 2P completion. Document the decision to prescribe a PMD. Linguinnent Recommended A Diagnosis related to the need for the power mobility device Lingth of need Flynycian's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. Date the physician signature is physician signature and sign with a valid signature. Ink or valid	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0890 PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB	Information generally required to support authorization deckion making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Olinical exam; • Pertinent dignostic testing results, operative and/or pathological reports; • Pertinent pagnostic testing results, operative and/or pathological reports; • Pertinent testing, Egnological testing results, and providers; • Pertinent testing, Egnological testing, Egnological reports; • Pertinent testing, Egnological testing, Egnological testing, Egnological reports; • Pertinent testing, Egnological testi	Texas Medicaid Provider Procedure Manual	Review 2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0891 PWR WC GRP 5 PED MX PWR SLN SEAT PT TO AND EQ 125 LB	G Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Officient diagnostic testing results, operative and/or pathological reports; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent carls, graphs or photographic information, as appropriate; • Pertinent order 1 Ageneficarly; aname 2 Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the Herapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2C completion date. 1 Equipment Recommended 4 Abagnosis or conditions related to the need for the power mobility device 5 Length of need 6 APhysician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures noly — no starps. 7.Date the	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0900 CUSTOMIZED DME OTHER THAN WHEELCHAIR	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Olinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertatment plan and progress notes; • Pertatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history; • Pertinent explusations from other health care practitioners and providers; • Pertinent thords graphs or photographic information, as papropriate; • Pertinent thords graphs or photographic information, as papropriate; • Rehabilitation evaluations; • Information evaluation; • Information and evalued; • Zrace to Face Completion Date • The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face evaluation. • The results of both components are combined to address power mobility algorithm in its entirety. Ether the date of the physician' sist, or the date of the physician's signature and conc	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized	Notes Date of Annual Review
Durable Medical Equipment (DME)	4/1/2020	K1001 Electronic positional obstruct sleep apnea treatment, with sensor, includes all compone and accessories, any type	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the norsenting enablement	Third Party Proprietary Criteria	2/23/2023
Durable Medical Equipment (DME)	4/1/2020	K1002 Cranial electrotherapy stimu (CES) system, includes all sup and accessories, any type	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS OME 5 Element Order Beneficiary's name Adecription of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physician/practitioner Signature of the prescribing physician/practitioner Prescribing physician/practitioner identifier (NPI) The date of the order 	Third Party Proprietary Criteria	2/23/2023
Durable Medical Equipment (DME)	4/1/2020	K1003 Whirlpool tub, walk in, porta	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioner; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patienent Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner* 4. Prescribing physician/practitioner's National Practitioner (NPI) 5. The date of the order	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2020		diathermy treatment device for home use, includes all components and accessories	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent advances in a do consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information and consultations; •Information revaluations; •Information revaluations; •Information evaluations; •Information of the titem of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	7/1/2021	K1014		Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical easin; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent grand progress notes; • Pertinent plan and progress notes; • Pertinent paychosocial history: • Information and consultations with the treating practitioner; • Pertinent characteristics and information, as appropriate; • Pertinent characteristics and information, as appropriate; • Pertinent characteristics and information. CMS DME 5 Element Order • Beneficiary's name • A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number • Signature of the prescribing physician/practitioner is • Persing physician/practitioner's National Practitioner Identifier (NPI) • The date of the order	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	7/1/2021	K1016		Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychoscolal history: •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations; from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent for explaints of the information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekhair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2021	K1017		Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; *Pertinent plan and progress notes; *Pertinent paychoscial history; •Pertinent exaluations from other health care practitioner; •Pertinent exaluations from other health care practitioner; •Pertinent exaluations from other health care practitioner; and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations information. as appropriate; •Rehabilitation evaluations information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand mane/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner' National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	7/1/2021	K1018		Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretriment gian and progress notes; • Pertinent proceeding problem • Pertinent proceeding problem • Pertinent proceeding problem • Pertinent proceeding problem • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations? • Information and consultations • Information regarding the local delivery system; and • Patient charateristics and information. CMS DME 5 Element Order • LementGrap's name • A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number • Signature of the prescribing physician/practitioner's National Practitioner Identifier (NPI) • The date of the order	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	7/1/2021	K1019		Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 4. Signature of the prescripting physician/practitioner 5. Signature of the prescription fractitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2021	K1020		Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent extra, graphs or photographic information, as appropriate; •Rehabilitation evaluations •Information and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	10/1/2022	K1022		Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand mane/model number 3. Signature of the prescribing physician/practitioners is a discussioner identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	10/1/2022	К1023	PERIPH NRV UP ARM	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychoscial history; Information and consultations with the treating practitioner; Pertinent psychoscial history; Information and consultations with the reating practitioner; Pertinent tharts, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information. CMS DME 5 Element Order A description of the item of DME orderd—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physican/practitioners Instrain of the prescribing physical practitioners identifier (NPI) The date of the order 	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2022	K1024	NONPNEUMATIC COMPR CONTRL W/SEQ CALIBR GRDNT PRS	Information generally required to support authorization deckion making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent disgnostic testing results, operative and/or pathological reports; •Prestment plan and progress notes; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations regarding the local delivery system; and •Patient characteristics and information. CMS DMF 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	10/1/2022	K1025	NONPNEUMATIC SEQUENTIAL COMPRES GARMENT FULL ARM	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Initical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners, and providers; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners, and providers; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioners 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	10/1/2022	K1027	ORAL DEV/APPL RED U AW COL WO F MCH HNG CSTM FAB	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent thats, graphs or photographic information, as appropriate; • Pertinent thats, graphs or photographic information, as appropriate; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent formation regarding the local delivery system; and • Patienc characteristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescripting physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2022	K1028	PS and CTRL ELEC U O DVC/APPL NM ELEC STIM TNG M	Information generally required to support authorization decksion making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent diagnostic testing results, operative and/or pathological reports; • Information and consultations with the treating practitioner; • Pertinent diards, graphs or photographic information, as appropriate; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	10/1/2022	K1029	ORAL DEVICE/APPL NM ELEC STIM TONGUE MUSCLE	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Prentinent diagnostic testing results, operative and/or pathological reports; Pertinent pythosocial history; Information and consultations with the treating practitioner; Pertinent pythosocial history; Information and consultations with the treating practitioner; Pertinent paths or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Paterit characteristics and information. CMS DME 5 Element Order Adscription of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physicial/practitioners Prescribine physicial/practitioners is autional Practitioner identifier (NPI) The date of the order 	Third Party Proprietary Criteria		2/23/2023
Durable Medical Equipment (DME)	10/1/2022	К1031	NONPNEU CPRSN CTR W/O CALIBRATED GRADIENT PRS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Unicial exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent 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 certains graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME S Element Order 1. Beenflicary's name 2. A description of the ter of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2022	К1032	NONPNEU SEQUENTIAL COMPRESSION GARMENT FULL LEG	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent giagnostic testing results, operative and/or pathological reports; •Pertinent giagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent testing, graphs or photographic information, as papropriate; •Pertinent testing, graphs or photographic information, as papropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner s 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	2/23/2023
Durable Medical Equipment (DME)	10/1/2022	К1033	knee-ankle-foot (KAF) device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), cu	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicial/practitioners' 4. Prescribing physicial/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria	2/23/2023
Durable Medical Equipment (DME)	4/1/2020	L2006	Knee-ankle-foot (KAF) device, any material, single or double upright swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical easm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the traing practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent nervalues on the subtory appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	L3761 ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB OTS	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history: • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	L7700 GASKET SEAL USE PROS SOCKE INSERT ANY TYPE EA	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations; Pertinent evaluations; Information evaluations; Information evaluations; Information evaluations; Information evaluations; Information evaluations; Information evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	4/1/2020	L8033 Nipple prosthesis, custom fabricated, reusable, any mate any type, each	Information generally required to support authorization decision making includes, but not limited to: 	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	L8625	EXT RECHARGING SYS BATT CI AO DEVC REPL ONLY EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	L8694	AUD OSSEOINTEG DEVC TRANSDUCER ACTR REPL ONLY EA	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	7/1/2020	Q0480	DRIVER PNEUMATIC VAD, REP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torists, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	S1034 ARTIF PAN CMNCT W		Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent digarostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent digarostic testing the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations or photographic information, as appropriate; -Renhabilitation evaluations; Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	S1035 SENSOR; IN PANCREAS		Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent thats, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	S1036 TRANSMIT PANCREAS		Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretiment pathon and progress notes; -Pertinent psychosocial history; -Pertinent psychosocial history; -Pertinent evaluations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations or photographic information, as appropriate; -Phethilitation evaluations; -Information negarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019		PANCREAS DEVC SYS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 mounts), adequate patient history related to the requested services such as: office and hospital records; +iistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent pathosocial history; -Pertinent evaluations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		BRF DIAPER SM EA	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -Ilistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent paychosscial history; -Pertinent paychosscial history; -Pertinent evaluations with the treating practitioner; -Pertinent exams, graphs or photographic information, as appropriate; -Pertinent stars, graphs or photographic information, CMS DME 5 Element Order 1. Beneficity's anne 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner / 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		BRF DIAPER MED EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilization evaluations; •Information regarding the local delivery system; and •Patient chardsteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicaln/practitioner 4. Prescribing physicaln/practitioner S National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-682 (CHIP RSA) to make this request	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4523	ADLT SIZED DISPBL INCONT PROD BRF DIAPER LG EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Uinical exam; •Pertinent disponsite testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent testing, graphs or photographic information, as appropriate; •Pertinent testing, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information; •Information; •Information; •Information; •Information; •Information; •Information; •	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4524	ADLT SZD DISPBL INCONT PROD BRF DIAPER X-LG EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physioscial history; •Information and consultations with the treating practitioner; •Pertinent physioscial history; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations from the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a band name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4525	ADLT SZD DISPBL INCONT PROD UNDWEAR PULLON SM EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Oriented taignostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME Stelement Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioners 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4526 ADLT SZD DISPBL INCONT P UNDWEAR MED EA	OD Information generally required to support authorization deckion making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pain and progress notes; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1 Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner's National Practitioner (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4527 ADLT SZD DISPBL INCONT P UNDWEAR PULLON LG EA	 Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Information requarding the local delivery system; and •Pertinent charls, graphs or photographic information. CMS DME 5 Element Order I. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physician/practitioner Perscribing physician/practitioners' Signature of the prescribing physician/practitioner Perscribing physician/practitioners' Stational Practitioner (NPI) S. The date of the order 	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4528 ADLT SZD DISPBL INCONT P UNDWEAR XTRA LG EA	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Contract of the presenting problem Contract of the results, operative and/or pathological reports; Pretrinent plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent characteristics and providens; appropriate; Pertinent characteristics and information, as appropriate; Pertinent characteristics and information. CMS OME 5 Element Order Beneficiary name Acception of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physician/practitioner Prescribing physician/practitioner's National Practitioner (NPI) The date of the order 	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4529	PED SZD DISPBL INCONT PROD BR DIAPER SM MED EA	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent dignostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent dignostic testing results, operative and/or pathological reports; Prestinent psychosocial history; Pertinent dignostic testing results, operative and/or pathological reports; Prestinent psychosocial history; Pertinent disgnostic testing results, appropriate; Pertinent disclosed patholic information, as appropriate; Pertinent charts; graphs or photographic information, as appropriate; Pertinent charts; graphs or photographic information, as appropriate; Pettent characteristics and information. CMS DMF 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order 	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4530	PED SZD DISPBL INCONT PROD BR DIAPER LG SZ EA	 F Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent dynabilitations; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information requiring the local delivery system; and Patient characteristics and information. CMS DME 5 Element Order Beneficiary's name A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physician/practitioner's National Practitioner's National Practiti	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-682 (CHIP RSA) to make this request	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4531	PED SZD DISPBL INCONT PROD UNDWEAR SM MED EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations for other health care practitioners; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioners 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019		PED SZD DISPBL INCONT PROD UNDWEAR PULLON LG EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment pain and progress notes; •Pertinent spikanostic and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent exatts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		YOUTH SIZED DISPBL INCONT PRODUCT BRF DIAPER EA	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Official agency is the presenting problem • Pertinent gases notes; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history; • Pertinent psychosocial history; • Pertinent psychosocial history; • Pertinent psychosocial history; • Pertinent chards, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order • Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-682 (CHIP RSA) to make this request	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019		YOUTH SZD DISPBL INCONT PROD UNDWEAR PULLON EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient chardscristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4535	DISPBL LINER SHIELD GUARD PAD UNDGRMNT INCONT EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent disgnostic testing results, operative and/or pathological reports; •Pretinent pathosocial history; •Information and consultations with the treating practitioner; •Pertinent disgnostic testing results, operative and/or pathological reports; •Pertinent advalcons: •Information and consultations with the treating practitioner; •Pertinent testing, reparks or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4536	INCONT PROD PROTVE UNDWEAR PULLON REUSBL SIZE EA	 Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent dynability of the relation are practitioner; Pertinent possibulations with the treating practitioner; Pertinent possibulations for motor health care practitioner, and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations for Information requiring the local delivery system; and Patient charcteristics and information. CMS DME 5 Element Order Beneficiary's name A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Signature of the prescribing physician/practitioner's National Practitioner's National Practis National Practitioner's	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4537	INCONT PROD PROTVE UNDPAD REUSABLE BED SIZE EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information and information. as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescripting physician/practitioners 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4539	INCONTINENCE PRODUCT DIAPER BRF REUSABLE SIZE EA	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner? 4. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4540	INCONT PROD PROTVE UNDPAD REUSABLE CHAIR SIZE EA	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Official agenetic testing results, operative and/or pathological reports; • Treatment diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Reheficiary's name 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheekchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-682 (CHIP RSA) to make this request	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4541	INCONTINENCE PRODUCT DISPOSABLE UNDPAD LARGE EA	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Information and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient charts. Cristical endinetry system; and • Patient chartscristics and information. CMS DME S Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		ate of Annual eview
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4542	INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent dignostic testing problem information and consultations with the treating practitioner; •Pertinent explanations with the treating practitioner; •Pertinent explanations from other health care practitioners; •Pertinent explanations from other health care practitioners; •Pertinent explanations with the treating practitioner; •Pertinent explanations is and providers; •Pertinent explanations from other health care practitioners; and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME S Element Order 1. description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioner's National Practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4543	PROD ABOVE XL EA	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent gisagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449- 6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	V2530	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information. CMS DMS Elsement Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physicia/practitioners is ational Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2023
Durable Medical Equipment (DME)	Prior to 9/1/2019	V2531	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent polychoscial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent totarts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME S Element Order • Reneficiancy name.	Texas Medicaid Provider Procedure Manual		2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0071T US ABLATJ UTERINE LEIOMYOMATA UNDER 200 CC TISSUE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as papropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0072T US ABLATJ UTERINE LEIOMYOMA OR MOREEQUAL 200 CC TISS	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0075T TCAT PLMT XTRC VRT CRTD STEN RS AND I PRQ 1ST VSL	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent clausitons from there health care practitioners and providers; Pertinent clausions; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0085T BREATH TEST HEART TRANSPLAN REJECTION	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent potention evaluations; Pertinent paths or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0100T PLMT SCJNCL RTA PROSTH AND PLS AND IMPLTJ INTRA-OC RTA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations (sino reparalle information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Categor	ry Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Inv	vestigational	Prior to 9/1/2019			Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent pathosocial history; -Information and consultations with the treating practitioner; -Pertinent explosical history from other health care practitioner; -Pertinent explosing in from other health care practitioner; -Pertinent explositions; -Pertinent explositions; -Retinent characteristics and providers; -Retinent characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Inv	vestigational	Prior to 9/1/2019		LAT HUMERL EPICONDYLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation regarding, the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Inv	vestigational	Prior to 9/1/2019		INTERPJ XTR W TOUCH STIMULI	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent chards, graphs or photographic information, as appropriate; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Inv	vestigational	Prior to 9/1/2019		INTERPJ XTR W VIBRJ STIMULI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalkations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Inv	vestigational	Prior to 9/1/2019		INTERPJ XTR W COOL STIMULI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent chars, graphs or photographic information, as appropriate; •Pertinent chars, graphs or photographic information, as appropriate; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0109T	QUANT SENAORY TEST AND INTERPJ XTR W HT-PN STIMULI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent approximation and consultations with the treating practitioner; •Pertinent exoluations from other health care practitioner; •Pertinent exoluations; •Information evaluations; •Information evalua	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0110T	QUANT SENSORY TEST AND INTERPJ XTR OTHER STIMULI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0184T	RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent that such as the practitioner and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0198T	MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent grand progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0200T	PERQ SAC AGMNTJ UNI W WO BALO MCHNL DEV 1 OR GRT NDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gaponts on the presenting problem •Information and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0201T PERQ SAC AGMNTJ BI W WO I MCHNL DEV 2 OR GRT NDLS	ALO Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs to local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0202T POST VERT ARTHRPLSTY W W BONE CEMENT 1 LUMB LVL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	10/1/2020	0206U NEURO ALZHEIMER CELL AGG	 FEGJ Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charact, sgraphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	10/1/2020	0207U NEURO ALZHEIMER QUAN IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0207T EVAC MEIBOMIAN GLNDS AU HT AND INTMT PRESS UNI	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent paychoscial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Information regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Beview
Experimental and Investigational	Prior to 9/1/2019	0208T	PURE TONE AUDIOMETRY AUTOMATED AIR ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0209T	PURE TONE AUDIOMETRY AUTOMATED AIR AND BONE	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent orealizations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0210T	SPEECH AUDIOMETRY THRESHOL	D Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Include aream; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0211T	SPEECH AUDIOM THRESHLD AUT W SPEECH RECOGNITION	O Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Inclinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history: - Information and consultations with the reating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations (monther health care practitioners and providers; - Pertinent evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0212T	COMPRE AUDIOM THRESHOLD EVAL AND SPEECH RECOG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Include aream; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent nervaling and set of the se	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0214T	NJX DX THER PARAVER FCT JT W US CER THOR 2ND LVL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations; -Rethabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy 030: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0215T	NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy 030: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0216T	NJX DX THER PARAVER FCT JT W US LUMB SAC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 030: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0217T	NJX DX THER PARAVER FCT JT W US LUMB SAC LVL 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; endomation and consultations with the treating practitioner; •Pertinent psychosocial histors; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 030: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0218T	NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent genomes notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent treaduations from other health care practitioners; •Pertinent treaduations from other health care practitioners; •Pertinent revaluations (in other health care practitioners); •Pertinent chards; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 030: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0219T	W IMG AND GRFT CERV	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment pain and progress notes; -Pertiment psychoscial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment examples, graphs or photographic information, as appropriate; -Refinent evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	10/1/2020	0219U	NFCT AGT HIV GNRJ SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pana drogress notes; •Pertinent pychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsacions from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0220T	IMG AND GRFT THOR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent and progress notes; -Pertinent psychosocial history; -Pertinent psychosocial history; -Pertinent of audioations with the treating practitioner; -Pertinent chards, graphs or photographic information, as appropriate; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0221T	IMG AND GRFT LUMB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progres notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	10/1/2020	0221U		Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent agenostic testing results, operative and/or pathological reports; - Pertinent psychosocial history; - Pertinent psychosocial history; - Pertinent evaluations from other health care practitioner; - Pertinent chars, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information negarding the local delivery system; and - Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	10/1/2020	0222U		Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +iistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent path and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations; -Pertinent evaluations; -Information evaluation; -Informati	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0234T	ATHERECTOMY RENAL ARTERY EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0235T	ATHERECTOMY VISCERAL ARTERY EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0236T	I ABDOM AORTA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent chauditons from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0237T	I BRCHIOCPHL EA VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earny •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychoscolal history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	4/1/2020	0238T	TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0253T	INSERT ANT SGM DRAINAGE DEV W O RESERVR INT APPR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent totaris, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0263T	AUTO BONE MARRW CELL RX COMPLT BONE MARRW HARVST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pan dn progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent toris, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0264T	AUTO BONE MARRW CELL RX COMP W O BONE MAR HARVST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0265T	BONE MAR HARVST ONLY FOR INTMUSC AUTOLO CELL RX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testings for photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019		IM REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +iistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent polyhosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations; -Pertinent evaluations; -Refinent evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		IM REPL CARTD SINS BAROREFLX ACTIV DEV LEAD ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; Pertinent psychosocial history; •Information and consultations with the treating practitioner; Pertinent chast, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		IM REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent pana dn progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent chalkations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		REV REMVL CARTD SINS BARREFLX ACT DEV TOT SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		ACT DEV LEAD ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent genostic testing results, operative and/or pathological reports; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characts graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019		CARTD SINS BARREFLX PLS GEN ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		TION DEV EVAL CARTD REFLX W I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaultations from other health care practitioners; •Pertinent exaultations from other health care practitioners; •Pertinent exaultations for othotographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Potient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		TION DEV EVAL CARTD REFLX W PRGRM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations from othotographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		AINO- LAMINECTOMY JIDE CERV THORAC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions for othotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		AINO- LAMINECTOMY AG GUIDE LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0278T	TRNSCUT ELECT MODIATION PAIN REPROCES EA TX SESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Pertinent evaluations; •Information evaluation; •Information evaluation; •I	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0329T	MNTR INTRAOCULAR PRESS 24HRS OR GRT UNI BI W INTERP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0330T	TEAR FILM IMAGING UNILATERAL OR BILATERAL W I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0333T	VISUAL EVOKED POTENTIAL ACUITY SCREENING AUTO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaustions from other health care practitioners and providers; •Pertinent chaustions from other health care practitioners and providers; •Pertinent chaustions or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0335T	INSERTION OF SINUS TARSI IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychoscolal history; •Pertinent paychoscolal history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations is or photographic information, as appropriate; •Pertinent evaluations is or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0338T	TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teatment plan and progress notes; •Teatment plan and progress notes; •Pertinent asphosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0339T	TRANSCATHETER RENAL SYMPATH DENERVATION BILAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the realing practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0342T	THERAPEUTIC APHERESIS W SELECTIVE HDL DELIP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions for othotographic information, as appropriate; •Pertinent chalactions; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0347T	PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions from there health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0348T	SPINE EXAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019		RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent dispositic testing results, operative and/or pathological reports; =Pertinent dispositic testing results, operative and/or pathological reports; =Pertinent texiloxitosical history; =Pertinent texiloxitosis from other health care practitioner; =Pertinent texiloxitosis from other health care practitioners and providers; =Pertinent tharts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsultations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, and providers; •Pertinent evaluations from other health care practitioners, and providers; •Pertinent evaluations from othorgraphic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		OCT BREAST OR AXILL NODE SPECIMEN I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exhalications from there health care practitioners and providers; •Pertinent exhalications from other health care practitioners and providers; •Pertinent exhalications from there health care practitioners and providers; •Pertinent exhalications from childen exhalication as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		OCT OF BREAST SURG CAVITY REA TIME INTRAOP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent genostic strong results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tavaluations from other health care practitioners and providers; •Pertinent revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0354T	OCT BREAST SURG CAVITY REAL TIME REFERRED I AND R	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent dispositic testing routers; -Pertinent explosical history; -Pertinent explosical history from other health care practitioner; -Pertinent exploations from other health care practitioner; -Pertinent exploations; -Pertinent exploations; -Rehabilitation evaluations; -Information evaluations; -Information regaring the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0358T	BIA WHOLE BODY COMPOSITION ASSESSMENT W I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0362T	BEHAVIOR ID SUPPORT ASSMT EA 15 MIN TECH TIME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatmont plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from othorgraphic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0394T	HDR ELECTRONIC BRACHYTHERAPY SKIN SURFACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from othorgraphic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0395T	HDR ELECTRONIC BRACHYTHERAPY NTRSTL INTRCAV	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the trating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations (second tell events) in the trating practitioners and providers; • Pertinent chards, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information negarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0397T	ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent extra, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0398T	MRGFUS STEREOTACTIC ABLATIO	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatiment plan and progress notes; Pertinent psychosocial history; Information and consultations with the reating practitioner; Pertinent evaluations from other health care practitioners; Pertinent evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0402T	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; Pertinent psychosocial history; Hoformation and consultations with the realing practitioner; Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; enformation evaluations; en	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0404T	TRANSCERVICAL UTERINE FIBROID	 Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent that, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. 	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0408T	INSI RPLC CAR MODULI SYS PLS GEN TRANSVNS ELTRD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment ganostic testing results, operative and/or pathological reports; +Pretiment psychosocial history; Information and consultations with the trating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; #Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019		GENERATOR ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosoial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Information evaluation; •Informatio	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		ELECTRODE ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical earny; Pertinent diagnostic testing results, operative and/or pathological reports; •Freatment plan and progress notes; Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalations from other health care practitioners and providers; •Pertinent chalations from other health care practitioners and providers; •Pertinent chalations for other health care practitioners and providers; •Pertinent chalations for other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		TRODE ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gaponstic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent chaluations from other health care practitioners and providers; •Pertinent charst, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		SENERATOR ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical earn; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations; =Pertinent evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		NSVENOUS ELECTRODE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Iistory of the presenting problem •Clinical earns; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychoscial history: •Pertinent psychoscial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charst, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019		RMVL AND RPL CARDIAC MODUL SYS PLS GENERATOR ONLY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Oertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Treatment plan and progress notes; +Treatment plan and progress notes; +Treintent syschoscial history; +Information and consultations with the treating practitioner; +Pertinent tracks, graphs or photographic information, as appropriate; +Rethabilitation evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information regaring the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		REPOS CARDIAC MODULI SYS TRANSVENOUS ELECTRODE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		RELOC SKIN POCKET CARDIAC MODULJ PULSE GENERATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent grand progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from otholographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		PRGRMG DEVICE EVALUATION CARDIAC MODULI SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		INTERRO DEVICE EVALUATION CARDIAC MODULI SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent genostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the trating practitioner; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations (j); Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019		DSTRJ NEUROFIBROMAS XTNSV FACE HEAD NECK OVER 50	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent gradingostic testing results, operative and/or pathological reports; •Pertinent synchosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations. •Pertinent evaluations. •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		DSTRJ NEUROFIBROMAS XTNSV TRNK EXTREMITIES OVER 100	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent that the relating the repart practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		TACTILE BREAST IMG COMPUTER- AIDED SENSORS UNI BI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		INSJ RPLC NSTIM SYSTEM SLEEP APNEA COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretiment genometry is and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations (s); •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019		INSJ RPLC NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent extracts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluation	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		INSJ RPLC NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the relating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Pottient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		INSJ RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the relating practitioner; •Pertinent chaist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		REMOVAL NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatiment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		REMOVAL NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earns; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent giagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0430T	REMOVAL NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent approximations with the treating practitioner; +Information and consultations with the treating practitioner; -Pertinent exaluations from other health care practitioners and providers; -Pertinent exaluations from other health care practitioners; and providers; -Pertinent exaluations: -Information evaluations; -Information evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0431T	RMVL RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes, portative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners, and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0432T	REPOS NSTIM SYSTEM SLEEP APNEA STIMI LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0433T	REPOS NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, and providers; •Pertinent charst, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0434T	INTERRO DEV EVAL NSTIM PLS GEN SYS SLEEP APNEA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactors from other health care practitioners and providers; •Pertinent chals, or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019		SLEEP APNEA 1 SESS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +iistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent pain and progress notes; -Pertinent psychoscial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations; -Refinent evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		SLEEP APNEA STUDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		FASC RNFCMT ABDL WALL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charks, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		UXTR PERPH NERVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		LXTR PERPH NERVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnostic strong results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019		ABLTJ PERC CRYOABLTJ IMG GDN NRV PLEX TRNCL NRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Pertiment dynohossical history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioner; •Pertiment extra, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		R-T SPCTRL ALYS PRST8 TISS FLUORESCENC SPCTRSCPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with ther health care practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		INITIAL PLMT DRUG ELUTING OCULAR INSERT UNI BI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		SBSQ PLMT DRUG ELUTING OCULAR INSERT UNI BI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chals.graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		SENSOR SYS TRAIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Def	inition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0447T RMVL IMPLTBL 0 SUBQ POCKET V	SLUCOSE SENSOR Information generally required to support authorization decision IA INC Current (up to 6 months), adequate patient history related to t History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathologi Treatment plan and progress notes; Pertinent exoluations from other health care practitioner; Pertinent evaluations from other health care practitioners; Pertinent charts, graphs or photographic information, as appro Rehabilitation regarding the local delivery system; and Patient characteristics and information.	the requested services such as: office and hospital records; ical reports; providers;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0469T RTA POLARIZE S ONSITE AUTO R		the requested services such as: office and hospital records; ical reports; providers;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0472T DEV INTERR PRO ELTRD RA W AD		the requested services such as: office and hospital records; ical reports; providers;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0473T DEV INTERR REP ELTRD RA W REF		the requested services such as: office and hospital records; ical reports; providers;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0474T INSJ ANT SEG AO W IO RSVR	QUEOUS DRG DEV Information generally required to support authorization decision -Current (up to 6 months), adequate patient history related to t +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathologi •Treatment plan and progres notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and •Pertinent traductions; •Information regarding the local delivery system; and •Patient characteristics and information.	the requested services such as: office and hospital records; ical reports; providers;	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent approximations with the treating practitioner; +Pertinent exolutions from other health care practitioners; -Pertinent exolutions from other health care practitioners; -Pertinent exolutions from other health care practitioner; -Pertinent exolutions; -Pertinent exolutions; -Information evaluations; -Information evaluati	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0481T	NJX AUTOL WBC CONCENTR INC IMG GDN HRV AND PREP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0483T	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information aclusions; •Information aclusions; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0484T	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; Information and consultations with the treating practitioner; •Pertiment charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0485T	OCT MIDDLE EAR WITH I AND R UNILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0486T	OCT MIDDLE EAR WITH I AND R BILATERAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment pan and progress notes; -Pertiment psychosocial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioners; -Pertiment evaluations; -Retinent example in the programic information, as appropriate; -Retinent evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0488T	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent panda progress notes; •Pertinent synchoscial history: •Information and consultations with the treating practitioner; •Pertinent chast, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0489T	AUTOL REGN CELL TX SCLERODERMA HANDS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0490T	AUTOL REGN CELL TX SCLDR MLT INJ 1 OR GRT HANDS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalkations from other health care practitioners and providers; •Pertinent chalks, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0494T	PREP AND CANNULI COVR DON LNG ORGN PRFUJ SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0495T	INIT AND MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diganostic testing results, operative and/or pathological reports; •Pertiment diganostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment explosical history; •Information and consultations with the treating practitioner; •Pertiment explosical history from other health care practitioner; •Pertiment explositions from other health care practitioner; •Pertiment explosition strong applications and providers; •Pertiment explositions; •Information evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0500T	IADNA HPV 5 PLUS SEP REPRT HIGH RISK HPV TYPES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0505T	EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF AND CLSR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the reating practitioner; •Pertinent dualations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0506T	MAC PGMT OPTICAL DNS MEAS HFP UNI BI W I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent chalactors for anther health care practitioners and providers; •Pertinent chals, scaphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0507T	MEIDOMIAN GLIND ONI BITAND K	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Beview
Experimental and Investigational	Prior to 9/1/2019		PLS ECHO US B1 DNS MEAS INDIC AXL B1 MIN DNS TIB	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent agrostic testing results, operative and/or pathological reports; -Pertinent dignostic testing rots; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; and providers; -Pertinent testing, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		REMOVAL OF SINUS TARSI IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Potient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners, and providers; •Pertinent evaluations from clinoter health care practitioners, and providers; •Pertinent evaluations from clicker health care practitioners, and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners, and providers; •Pertinent evaluations from other health care practitioners, and providers; •Pertinent evaluations from other health care practitioners, and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent that, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0516T	INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONI	Information generally required to support authorization decision making includes, but not limited to: y -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent paychosscial history; =Pertinent psychosscial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners; and providers; =Pertinent evaluations from other health care practitioners; and providers; =Pertinent evaluations. =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0517T	INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychoscial history; •Pertinent paychoscial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the local delivery system; and +Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0518T	REMOVAL PG COMPNT ONLY WRLS CAR STIMULATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0519T	REMOVAL AND RPLCMT WRLS CA	R Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0520T	REMOVAL AND RPLCMT WRLS CA STIMULATOR W NEW ELTRD	 R Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Pertinent diagnostic testing results, operative and/or pathological reports; Prestment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent chars, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019		INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Pertinent gragnostic testing results, operative and/or pathological reports; •Pertinent synchosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent exaluations from other health care practitioner; •Pertinent exaluations from other health care practitioner; •Pertinent exaluations; •Information evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realting practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		INTRAPROCEDURAL CORONARY FFP W 3D FUNCIL MAPPING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		EV CATHETER DIR CHEM ABLTJ INCMPTNT XTR VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		INSERTION REPLACEMENT COMPLETE IIMS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent genometry of the presenting problem •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019		INSERTION REPLACEMENT IIMS ELECTRODE ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		INSERTION REPLACEMENT IIMS IMPLANTABLE MNTR ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		PRGRMG DEVICE EVAL IIMS IN PERSON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		INTERROGATION DEVICE EVAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		REMOVAL COMPLETE IIMS INCL IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	1/1/2021	0531T	REMOVAL IIMS ELECTRODE ONLY INCL IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment pachoscial history; -Pertiment pachoscial history; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations; -Referiment evaluat	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0532T	REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent grant and progress notes; •Pertinent psychosocial history; Information and consultations with the trating practitioner; •Pertinent chalactors from other health care practitioners and providers; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0533T	CONTINUOUS REC MVMT DO SX 6 D UNDER 10 D	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent chards, graphs or photographic information, as appropriate; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0534T	CONT REC MVMT DO SX 6 D UNDER 10 D SETUP AND PT TRAINJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; =Information and consultations with the treating practitioner; •Pertinent chalactors from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	0535T	CONT REC MVMT DO SX 6 D UNDER 10 D 1ST REPRT CNFIG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019		CONT REC MVMT DO SX 6 D UNDER 10 D DL REVIEW I AND R	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent approximations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners; and providers; -Pertinent evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, broading the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent exaluations from the relatit care practitioner, and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020		Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment charts, graphs or photographic information, as appropriate; •Information regaring the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020		Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalduations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	4/1/2020	0565T Autologous cellular implant derived from adipose tissue for treatment of osteoarthritis of th knees; tissue harvesting and cellular implant creation		Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0566T Autologous cellular implant derived from adipose tissue for treatment of osteoarthritis of th knees; injection of cellular impla into knee joint including ultrasound guidance, unilateral	History of the presenting problem e-Clinical exam; e-Clinical exam; e-Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0567T Permanent fallopian tube occlusion with degradable biopolymer implant, transcervic approach, including transvagina ultrasound		Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0568T Introduction of mixture of saline and air for sonosalpingography confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasoun and pelvic ultrasound		Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0569T Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	4/1/2020	0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations: •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0571T	Insertion or replacement of implantable cardioverter- defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0572T		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations: •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0573T	Removal of substernal implantable defibrillator electrode	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment chards, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the reating practitioner; •Pertiment chaistory for photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	4/1/2020	0575T	person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exclusions from other health care practitioners; •Pertinent exclusions; •Information evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0576T	Interrogation device evaluation (ir person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent toulations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information actions; •Information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0577T	Electrophysiological evaluation of implantable cardioverter- defibrillator system with substernal electrode (includes defibrillation threshold evaluation induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0578T	Interrogation device evaluation(s) (remote), up to 90 days, substerna lead implantable cardioverter- defibrillator system with interim analysis, review(s) and report(s) b a physician or other qualified health care professional	History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0579T	(remote), up to 90 days, substerna lead implantable cardioverter-	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychoscial history; - Information and consultations with the treating practitioner; - Pertinent chards, graphs or photographic information, as appropriate; - Renthabilitation evaluations; - Information evaluations; - Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	4/1/2020	0580T	Removal of substernal implantable defibrillator pulse generator only	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychoscial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations; -Pertinent evaluations; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plagnostic testing results, operative and/or pathological reports; •Treatment plagnostic testing results, operative and/or pathological reports; •Pertinent publications with the treating practitioner; •Pertinent publications from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Retabilitation evaluations; •Information regulations; •Information regulations; •Informa	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0582T	Transurethral ablation of malignant prostate tissue by high- energy water vapor thermotherapy, including intraoperative imaging and needle guidance	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polyhosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations for other health care practitioners; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polyhosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date Co	ode Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	4/1/2020 05	88T Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Pertinent psychosocial history;	Texas Medicaid Provider Procedure Manual	Keview 2/23/2023
Experimental and Investigational	4/1/2020 05	89T Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (H2), on/off cycling, burst, dose lockout, patient- selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent treats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020 05	90T Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (H2), on/off cycling, burst, dose lockout, patient- selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment 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 harts, graphs or photographic information, as appropriate; •Aenabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020 05	94T Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations. # Information evaluations.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020 05	96T Temporary female intraurethral valve-pump (i.e., voiding prosthesis); initial insertion, including urethral measurement	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent prohosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from tother health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	7/1/2020	0597T Temporary female intraureth valve-pump (i.e., voiding prosthesis); replacement	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charls, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020	0598T Noncontact real-time fluores wound imaging, for bacterial presence, location, and load, session; first anatomic site (e lower extremity)	History of the presenting problem er efinical exam:	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020	0599T Noncontact real-time fluores wound imaging, for bacterial presence, location, and load, session; each additional anat site (e.g., upper extremity) (I separately in addition to cod primary procedure)	per eristory or the presenting problem Clinical exam; eristory or the presenting problem eristor	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020	0600T Ablation, irreversible electroporation; 1 or more tu per organ, including imaging guidance, when performed, percutaneous	History of the presenting problem	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020	0601T Ablation, irreversible electroporation; 1 or more tu including fluoroscopic and ultrasound guidance, when performed, open	Information generally required to support authorization decision making includes, but not limited to: IMONS, •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Istory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosical history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	7/1/2020	0602T Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose o fluorescent pyrazine agent		Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020	0603T Glomerular filtration rate (GFR) monitoring, transdermal, includi sensor placement and administration of more than one dose of fluorescent pyrazine age each 24 hours	History of the presenting problem Clinical exam;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020	0604T Optical coherence tomography (OCT) of retina, remote, patient- initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision set-up and patient education on use of equipment	"History of the presenting problem "Clinical exam; "Pertiment diagnostic testing results, operative and/or pathological reports; "Pertiment plan and progress notes; "Pertiment psychosocial history;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020	0605T Optical coherence tomography (OCT) of retina, remote, patient- initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	History of the presenting problem Clinical exam; ertiment diagnostic testing results, operative and/or pathological reports;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020	0606T Optical coherence tomography (OCT) of retina, remote, patient- initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified heal care professional of remote surveillance center data analyse each 30 days	History of the presenting problem Clinical exam; e-trinent diagnostic testing results, operative and/or pathological reports; • Pretiment plan and progress notes; • Pretiment psychosocial history; • Information and consultations with the treating practitioner; • Information and consultations with the treating and crouder;	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date C	ode Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Beview
Experimental and Investigational	7/1/2020 04	continuous pulmonary fluid monitoring system, including measurement of radiofrequency- derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (e.g., ECG data), transmitted to a remote 24- hour attended surveillance center;	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characteristics and hotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020 04	continuous pulmonary fluid monitoring system, including measurement of radiofrequency- derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (e.g., ECG data), transmitted to a remote 24-	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charac, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020 04	509T Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (i.e., lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	 Pertinent diagnostic testing results, operative and/or pathological reports; 	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020 06	510T Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; 	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020 04	511T Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	 Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; 	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	7/1/2020		Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; 	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020		Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent explaudions from other health care practitioners; - Pertinent charts, graphs or photographic information, as appropriate; - Rethabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020	0614T	Removal and replacement of substernal implantable defibrillator pulse generator	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tays; or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020	0615T	Eye-movement analysis without spatial calibration, with interpretation and report	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polychoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020		Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens	•History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports;	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	7/1/2020	0617T Insertion of iris prosthesis, including suture fixation and repa or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	Information generally required to support authorization decision making includes, but not limited to: iir •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertainent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information equalutions; •Information equalutions; •Information equalutions; •Information equalutions; •Information equalutions;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020	O618T Insertion of iris prosthesis, including suture fixation and repa or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange	Information generally required to support authorization decision making includes, but not limited to: iir •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Perfinient diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Perfinent psychosocial history; •Information and consultations with the treating practitioner; •Perfinient charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2020	0619T Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2021	0620T ENDOVASCULAR VENOUS ARTERIALIZATION, TIBIAL OR PERONEAL VEIN, WITH TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT GRAFT(S) AND CLOSURE BY ANY METHOD, INCLUDING PERCUTANEOUS OR OPEN VASCULAR ACCESS, ULTRASOUND GUIDANCE FOR VASCULAR ACCESS WHEN PERFORMED, ALL CATHETERIZATION(S) AND	Treatment plan and progress notes; Pertinent psychosocial history;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2021	0621T TRABECULOSTOMY AB INTERNO BY LASER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	1/1/2021	0622T TRABECULOSTOMY AB INTERNO BY LASER; WITH USE OF OPHTHALMIC ENDOSCOPE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2021	0627T PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH FLUOROSCOPIC GUIDANCE, LUMBAR; FIRST LEVEL		Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2021	0628T PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH FLUOROSCOPIC GUIDANCE, LUMBAR; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioner, appropriate; •Rethabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2021	0629T PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH CT GUIDANCE, LUMBAR; FIRST LEVEL	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rethabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2021	0630T PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH CT GUIDANCE, LUMBAR; EACH ADDITIONAL LEVEI (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	1/1/2021	0631T TRANSCUTANEOUS VISIBLE LIGH HYPERSPECTRAL IMAGING MEASUREMENT OF OXYHEMOGLOBIN, DEOXYHEMOGLOBIN, AND TISSU OXYGENATION, WITH INTERPRETATION AND REPORT, PER EXTREMITY	 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; 	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2021	0632T PERCUTANEOUS TRANSCATHETE ULTRASOUND ABLATION OF NERVES INNERVATING THE PULMONARY ARTERIES, INCLUDING RIGHT HEART CATHETERIZATION, PULMONARY ARTERY ANGIOGRAPHY, AND ALL IMAGING GUIDANCE		Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2021	0639T WIRELESS SKIN SENSOR THERMA ANISOTROPY MEASUREMENT(S) AND ASSESSMENT OF FLOW IN CEREBROSPINAL FLUID SHUNT, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; eInformation and consultations with the treating practitioner; ePertinent chards, graphs or photographic information, as appropriate; ePertinent chards, graphs or photographic information, as appropriate; eInformation regarding the local delivery system; and ePatient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0640T NCNTC NR IFR SPCTRSC WND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0641T NCNTC NR IFR SPCTRSC WND IM	G Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from therher health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	7/1/2021	0642T	NCNTC NR IFR SPCTRSC WND I&R	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Preatment plan and progress notes; -Pertinent exploascial history; -Information and consultations with the treating practitioner; -Pertinent exploations from other health care practitioner; -Pertinent exploations from other health care practitioner; -Pertinent exploations; -Pertinent exploations; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0643T	TCAT L VENTR RSTRJ DEV IMPLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with ther health care practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0644T	TCAT RMVL/DBLK ICAR MAS PERQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realting practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characteristics and information as appropriate;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0645T	TCAT IMPLTJ C SINS RDCTJ DEV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the reating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0646T	TTVI/RPLCMT W/PRSTC VLV PERQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent aganostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	7/1/2021	0647T	INSJ GTUBE PERQ MAG GASTRPXY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent applications with the treating practitioner; -Pertinent explosional history; -Information and consultations with the treating practitioner; -Pertinent explosions from other health care practitioner; -Pertinent explosions from other health care practitioner; -Pertinent explosions from other health care practitioner; -Pertinent explosions in the local delivery system; and +Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0648T	QUAN MR ALYS TISS W/O MRI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent ganoatic progress notes; •Pertinent pychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0649T	QUAN MR ALYS TISS W/MRI	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent chalsdisons from other health care practitioners and providers; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0650T	PRGRMG DEV EVAL SCRMS REMOTE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chalsdisons from other health care practitioners; •Pertinent chalsdisons from other health care practitioners; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information negarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0651T	MAG CTRLD CAPSULE ENDOSCOPY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment paychosocial history; -Pertiment psychosocial history; -Pertiment evaluations; from other health care practitioner; -Pertiment charts, graphs or photographic information, as appropriate; -Pertiment charts, graphs or photographic information, and -Patient charts, graphs or photographic information, as appropriate; -Pertiment charts, graphs or photographic information, and -Patient charts, graphs or photographic information, as appropriate; -Pertiment charts, graphs or photographic information, as appropriate; -Pertiment charts, graphs or photographic information; -Pertiment charts, graphs or photographic information; -Pertime	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	7/1/2021	0652T	EGD FLX TRANSNASAL DX BR/WA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •ilistory of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent pythosocial history; •Information and consultations with the treating practitioner; •Pertinent explanations from other health care practitioner; •Pertinent explanations; •Pertinent explanations; •Pertinent explanations; •Information evaluations; •Information evaluations; •Info	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0653T	EGD FLX TRANSNASAL BX 1/MLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalshos or photographic information, as appropriate; •Pertinent chars, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0654T	EGD FLX TRANSNASAL TUBE/CATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsnos from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0655T	TPRNL FOCAL ABLTJ MAL PRST8	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent chalaxions from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0656T	VRT BDY TETHERING ANT <7 SEG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent paychoscolal history; -Pertinent psychoscolal history; -Pertinent evaluations from other health care practitioner; -Pertinent call, graphs or photographic information, as appropriate; -Pertinent chars, graphs or photographic information, as appropriate; -Pertinent characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	7/1/2021	0657T	VRT BDY TETHERING ANT 8+ SEG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent pathosocial history; -Pertinent pathosocial history; -Pertinent explosional history; -Pertinent explosional history from other health care practitioner; -Pertinent explosional histors; -Pertinent explosions; -Pertinent explosions; -Pertinent explosions; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0658T	ELEC IMPD SPECTRSC 1+SKN LES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsons from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0660T	IMPLT ANT SGM IO NBIO RX SYS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical seam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent chalsions from other health care practitioners and providers; -Pertinent chalsions from other health care practitioners and providers; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0661T	RMVL&RIMPLTJ ANT SGM IMPLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chalsdison from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0662T	SCALP COOL 1ST MEAS&CALBRJ	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical esam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent agnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Pertinent evaluations with the treating practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	7/1/2021	0663T	SCALP COOL PLMT MNTR RMVL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment gala and progress notes; -Pertiment psychoscial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations; -Information evaluations; -Information evaluations; -Information regaring the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0664T	DON HYSTERECTOMY OPEN CDVR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladiosn from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0665T	DON HYSTERECTOMY OPEN LIV	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent chards, graphs or photographic information, as appropriate; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0666T	DON HYSTERECTOMY LAPS LIV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0667T	DON HYSTERECTOMY RCP UTER	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent tharts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Def	inition Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	7/1/2021	0668T BKBENCH PREP I	DON UTER ALGRFT Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent charls, graphs or photographic and providers; Pertinent charls, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0669T BKBENCH RCNST	FJ DON UTER VEN Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charts, tests and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2021	0670T BKBENCH RCNST	If JON UTER ARTL Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent plan and progress notes; - Pertinent evaluations from other health care practitioner; - Information evaluations or photographic information, as appropriate; - Rectinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2022	tissue, target str	(non- ncluding adreport, adreport, adreport, expression grandsitic esting results, operative and/or pathological reports; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment plan and progress notes; -Pertiment para and progress notes; -Pertiment psychosocial history; -Pertiment estudiosis on di consultations with the treating practitioner; -Pertiment charts, graphs or photographic information, as appropriate; -Pertiment charts, graphs or photographic information, as appropriate;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2022	computed tomo vertebral fractur	(c), including -(c), including one density when - preparation, - preparation, - Treatment plan and progress notes; - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes;	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	1/1/2022	0693T Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from thother health care practitioners and providers; •Pertinent evaluations from the hoalth care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2022	0694T 3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation interpretation and report, real- time intraoperative	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2022	0695T Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) t optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement	Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Partinent availations from other health care or activitioner and provider:	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2022	0696T Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) t optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation	Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2022	0697T Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of th same anatomy (eg, organ, gland, tissue, target structure) during th same session; multiple organs	•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent starks senaks or obtoeranghic information accountate:	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	1/1/2022	0698T Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	-Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and provides; -Pertinent extra, graphs or photographic information, as appropriate; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners and provides; -Pertinent evaluations from other health care practitioners and provides; -Pertinent evaluations from other health care practitioners and provides; -Pertinent evaluations from other health care practitioners and provides; -Pertinent evaluations from other health care practitioners and provides; -Pertinent evaluations from other health care practitioners and provides; -Pertinent evaluations from other health care practitioners and provides; -Pertinent evaluations from other health care practitioners and provides; -Pertinent evaluations from other health care practitioners and provides; -Pertinent evaluations from other health care practitioners and provides; -Pertinent evaluations from other health care practitioners and provides; -Pertinent evaluations from other health care practice provides; -Pertinent evaluations from other health evaluations	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2022	0700T Molecular fluorescent imaging of suspicious nevus; first lesion	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pretinent physioscial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient chartseristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2022	0701T Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Retabilitation evaluations; Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0717T ADRC THER PRTL THICKNESS RC TEAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0718T ADRC THER PRTL THICKNESS RC TEAR NJX TENDON UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	1/1/2023	0738T	TX PLANNING MAG FLD INDCTJ ABLTJ MAL PRST8 TISS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0739Т	ABLATION MAL PRST8 TISS MAGNETIC FIELD INDUCTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0740T	REM AUTON ALG INSULIN DOSE 1ST SETUP& PT EDUCAJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent gapostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial history ePertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0741T	REM AUTON ALG NSLN DOS CAL SW DATA COLL TRANSMIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0744T	INSERTION BIOPROSTHETIC VALVI OPEN FEMORAL VEIN	E Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations of photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	1/1/2023	0745T	CAR FCL ABLTJ RADJ ARRHYT N- INVAS LOCLZJ & MAPG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent darks, regalso grouphotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0746T	CAR FCL ABLTJ RADJ ARRHYT CONV LOCLZJ & MAPG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0747T	CAR FCL ABLTJ RADJ ARRHYT DLV RADJ THER	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent sychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations; Pertinent evaluation; Pertinent evalua	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0748T	NJX STEM CLL PRDCT PERIANAL PERIFISTULAR SFT TIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; Hoffmantion regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0766T	TC MAG STIMJ FCSD LW FRQ EMGNT PLS PN 1STTX 1NRV	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Teratiment plan and progress notes; • Pertinent pay-chose clai history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent evaluation regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	1/1/2023	0767T	TC MAG STIMJ FCSD LW FRQ EMGNT PLS PN 1STTX EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pipan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0768T	TC MAG STIM FCSD LW FRQ EMGNT PLS PN SBSQTX 1NRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Iclinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0769T	TC MAG STIM FCSD LW FRQ EMGNT PLS PN SBSQTX 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 •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Renhabilitation evaluations; •Information regarding the local delivery system; and •Patient charts, and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0770T	VIRTUAL REALITY TECHNOLOGY	TO Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Tratment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the trating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Pertinent relation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0771T	VR PX DISSOC SVC SAME PHYS/QHP 1ST 15 MIN 5YR/>	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	1/1/2023		VR PX DISSOC SVC SAME PHYS/QHP EA ADDL 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023		VR PX DISSOC SVC OTH PHYS/QHP 1ST 15 MIN SYR/>	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023		VR PX DISSOC SVC OTHER PHYS/QHP EA ADDL 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chainstory for the relating tractitioner; •Pertinent chaits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023		ARTHRD SI JT PERQ IMG GDN INCI PLMT IARTIC IMPLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and propriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023		THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychoscial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from the health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	1/1/2023	0777T R-T PRESSURE SENSIN GUIDANCE SYSTEM	EPIDURAL Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent synchoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations; •Pertinent evaluations; •Information eard leavelow; •Pertinent charts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0778T SMMG CNCRNT APPL MEAS ROM POST GAIT		Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0779T GI MYOELECTRICAL AC STUDY STMCH-COLON		Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0781T BRNCHSC RF DSTRJ PL MAINSTEM BRONCHI	M NRV BJ Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent pains and progress notes; •Pertinent pains and consultations with the treating practitioner; •Information and consultations with the treating practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	0782T BRNCHSC RF DSTRJ PL MAINSTEM BRONCHU	 VINV UNI Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Information and consultations with the treating practitioner; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	4/1/2020	34717	EVASC RPR ILAC ART BIFUR ENDGRFT CATHJ RS AND I UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestment path and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other lealth care practitioners; •Pertinent evaluations from other subtorgraphic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2023	43290	ESPHGGSTRDUDNSCPY, FLXIBL, TRNSORAL; WITH DPLYMNT OF INTRGASTRIC BARIATRIC BALLON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsdoors from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	46948	LIGATION HEMORRHOID BUNDLE W US	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Pertinent audiations from other health care practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	83987	PH EXHALED BREATH CONDENSATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent chals, scaphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2021	93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Measurement of Carotid Artery Intima Thickness	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	1/1/2023	TH DV D/ PF M	IRPY ADHRNCE, THRPY RSPNSE); VCE(S) SPPLY WTH SCHDLD (EG, AILY) RCRDNG(S) AND/OR RGRMMD ALRT(S) TRNSMSSN TO NTR CGNTV BHVRL THRPY, EACH D DAYS	Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		NALYSIS I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial histor; Information and consultations with the treating practitioner; •Pertinent chalactions from other health care practitioners and providers; •Pertinent chals, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and •Pattent characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019		SE ANY TYPE EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: =Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	C1823 GF	ECHRGABL TV S AND STIM LEADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chaluations from other health care practitioners and providers; •Pertinent evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020		odulation (implantable)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earns; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychoscial history; •Pertinent psychoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	4/1/2020	C2596	Probe, image guided, robotic, waterjet ablation	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent data, consultations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent character, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	C9751	BRONCHOSCOPY RIGID FLEXIBLE TRANSBRON ABL LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent publications with the treating practitioner; •Pertinent publications for unter health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Retinent chards, graphs or photographic information, as appropriate; •Retinent evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	C9752	DESTRUC IO BASIVERTEB NERV 1ST 2 VERT B LUMB SAC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent plxoboscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	Prior to 9/1/2019	C9753	DESTRUC IO BASIVERTEB NERV EA ADD VERT BODY L S	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent physhoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	4/1/2020	C9758	Blinded procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt on placebo control, including right heart catheterization, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption	-Pertiment diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertiment pychosocial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioners; and providers; -Pertiment thats, zenahs or nhotorenzahic information, as anomoraite:	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	7/1/2022	C9782 BLD PROC NYHA CLS II/III HF/CCS CLS III/IV CRA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioner and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	7/1/2022	C9783 BLINDED PROC TC IMP CS RD DVCE/PLACEBO CONTROL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2021	K1006 SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC, ANY TYPE, FOR USE WITH EXTERNAL URINE MANAGEMENT SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/2023
Experimental and Investigational	1/1/2021	K1007 BILATERAL HIP, KNEE, ANKLE, FOOT DEVICE, POWERED, INCLUDES PELVIC COMPONENT, SINGLE OR DOUBLE UPRIGHT(S), KNEE JOINTS ANY TYPE, WITH OR WITHOUT ANKLE JOINTS ANY TYPE, INCLUDES ALL COMPONENTS AND ACCESSORIES MOTORS, MICROPROCESSORS, SENSORS	Pertinent psychosocial history; Information and consultations with the treating practitioner; Defense to the second	Texas Medicaid Provider Procedure Manual	2/23/202
Experimental and Investigational	1/1/2021	K1009 SPEECH VOLUME MODULATION SYSTEM, ANY TYPE, INCLUDING ALL COMPONENTS AND ACCESSORIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing services and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Texas Medicaid Provider Procedure Manual	2/23/202

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	L8608 MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0005U ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent guaran; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Information evaluations; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0006M ONCOLOGY HEP MRNA 161 GENE RISK CLASSIFIER	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent gravits, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent dualations from ther health care practitioners and providers; Pertinent charls, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0007M ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0008U HPYLORI DETECTION AND ANTIBIOTIC RESISTANCE DNA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Perfinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Perfinent psychosocial history: •Information and consultations with the treating practitioner; •Perfinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019		FETAL ANEUPLOIDY 21 18 SEQ ANALY TRISOM RISK	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Preatment plan and progress notes; -Pertinent psychoscial history; +Information and consultations with the treating practitioner; -Pertinent tarks, graphs or photographic information, as appropriate; -Rechambilitation evaluations; +Rechambilitation evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the relating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent valuations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent valuations from othors pathological information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		RX MNTR DRUGS PRESENT LC-MS MS ORAL FLUID PR DOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from othorgraphic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	0014M	LIVER DS ALYS 3 BMRK SRM ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	0015M ADRNL CORTCL TUM BCHM ASY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations. •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	0016M ONC BLADDER MRNA 209 GEN ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychoscial history; •Pertinent paychoscial history; •Information and consultations with the reating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0016U ONC HMTLMF NEO RNA BCR ABL1 BLD BNE MARROW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2021	0017M ONC DLBCL MRNA 20 GENES ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent exploadiations; •Pertinent explauations from ther health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0017U ONC HMTLMF NEO JAK2 MUTATION DNA BLD BNE MARROW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the traing practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues or solutions; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2019	0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment plan and progress notes; -Pertiment psychoscial history; -Information and consultations with the treating practitioner; -Pertiment exaluations from other health care practitioner; -Pertiment exaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0026U	ONC THYR DNA AND MRNA 112 GENES FNA NDUL ALG ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions for other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0027U	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions for photographic information, as appropriate; •Rehabilitation evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0029U	RX METAB ADVRS RX RXN AND RSPSE TRGT SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0030U	RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladions from other health care practitioners and providers; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	0031U CYP1A2 GENE ANALYSIS COMMO VARIANTS	N Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent explosical history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0032U COMT GENE ANALYSIS C.472G OVER A VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0033U HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0034U TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0037U TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent plan and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitiones and providers; • Pertinent evaluations from other health care practitiones, a appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	0045U	GENES ALG RSK SCOR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +iistory of the presenting problem -Clinical exam; -Pertinent glana and progress notes; -Pertinent physhoscial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations; -Pertinent evaluations; -Pertinent evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0046U	VARIANTS QUANTITATIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem (Clinical easm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history: •Pertinent psychosocial history: •Pertinent charactoris with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0047U	17 GEN ALG RSK SCOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalusions from other health care practitioners and providers; •Pertinent chalts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0048U	CANCER ASSOCIATED GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalutions from other health care practitioners and providers; •Pertinent chalutions from other health care practitioners and providers; •Pertinent chalutions for other health care practitioners and providers; •Pertinent chalutions for other health care practitioners and providers; •Pertinent chalutions; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0049U	QUANTITATIVE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Pertinent evaluations with the treating practitioner; -Pertinent calculations with the treating practitioner; -Pertinent calculations from other health care practitioners and providers; -Pertinent calculations for photographic information, as appropriate; -Rehabilitation evaluations; -Information negarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019		TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		ONC PRST8 CA FISH ALYS 4 GENES NDL BX SPEC ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		CARD HRT TRNSPL 96 TARGET DN SEQUENCES PLASMA	A Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		ONC SLD ORG NEO MRNA 51 GENES ALG NML PCT RANK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		ONC MERKEL CELL CARC DETCJ ANTB SERUM QUAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	0059U	ONC MERKEL CELL CARC DETCJ ANTB SERUM REPRTD PLUS -	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Treatment plan and progress notes; •Pertinent explosical history; •Information and consultations with the treating practitioner; •Pertinent explosical history from other health care practitioner; •Pertinent explositions from other health care practitioner; •Pertinent explositions; •Rehabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	0060U	TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent sychosocial history; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Pottient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	10/1/2020	0070U	CYP2D6 GENE ANALYSIS COMMOI AND SELECT RARE VRNTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent total statistic or practitioner and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	10/1/2020	0101U	HERED COLON CA DO GEN SEQ ALYS PNL 15 GENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	10/1/2020	0102U	HERED BRST CA RLTD DO GEN SEC ALYS PNL 17 GENE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent aganostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Pertinent evaluations from other health care practitioner; =Pertinent charts, graphs or photographic information, as appropriate; =Pertinent charts, graphs or photographic information, as appropriate; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Beview
Genetic Counseling and Testing	10/1/2020	0103U	HERED OVARIAN CA GEN SEQ ALYS PANEL 24 GENE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +iistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent path and progress notes; -Pertinent psychoscial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations; -Refinent evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	0141U	positive bacterial targets, 4 resistance genes, 1 pan gram- negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent playhosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram- negative bacterial targets, 6 resistance genes, 1 pan gram- positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	-Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent extra, graphs or photographic information, as appropriate; -Pertinent chars, graphs or photographic information, as appropriate; -Pertinent charse and providers	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem (-Clinical easi); •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations;	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	0144U Drug assay, definitive, 160 or mor drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent dignostic testing instructions with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent extra.s, rephs or photographic information, as appropriate; •Rechabilitation evaluations; •Information evaluations; •Informat	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	0145U Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent chards, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	0146U Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	-Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes;	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	0147U Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	- Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Treatment plan and progress notes; - Treatment plan and progress notes; - Clinical exam; - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Clinical exam; - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Clinical exam; - Clinical exam; - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Clinical exam; - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent diagnostic testing results, operative and/or pathological reports; - Clinical exam; - Clinical exam; - 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 diagnostic testing results, operative and/or pathological reports; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent diagnostic testing results, operative and progress; - Pertinent diagnost; - Pertinent diagnost; - Pert	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	0148U Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Hoformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exats, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020		Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatograph with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; +Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	<u>Keview</u> 2/23/2023
Genetic Counseling and Testing	4/1/2020		Drug assay, definitive, 120 or morr drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earny: •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners; •Pertinent explauditons from other health care practitioners and providers; •Pertinent explauditons from other health care practitioners and providers; •Pertinent explauditons from other health care practitioners and providers; •Pertinent explanditions; •Information evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020		Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and next-generation sequencing, plasma, detection of >1,000 potential microbial organisms for significant positive pathogens	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	0153U	ONC BREAST MRNA 101 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; elnformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020		FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.5249C [c.746C>G], p.G370C [c.11086>T], p.Y373C [c.1118A>G], FGFR3- TACC3v1, and FGFR3-TACC3v3)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; endomation and consultations with the treating practitioner; •Pertiment chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Potient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	0155U	PIK3CA (phosphatidylinositol-4,5- bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545K, p.E545K, p.C546E, p.C946R, p.H1047L, p.H1047R, p.H1047Y)	 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem 	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	0156U	COPY NUMBER SEQUENCE ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	0157U	APC MRNA SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pan da progress notes; •Pertinent psychosocial history; Hofrmation and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	0158U	MLH1 MRNA SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	0159U	MSH2 MRNA SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations relations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	0160U	MSH6 MRNA SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	0161U	PM52 MRNA SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	0162U	HERED COLON CA TRGT MRNA PN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	0172U	by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent paulations from other health care practitioners; Pertinent psychosocial history information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy: Genetic Testing	2/23/2023

Service	e Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Co	unseling and Testing	7/1/2020	0174U	formalin fixed paraffin-embedded	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent packocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Co	unseling and Testing	7/1/2020	0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Co	unseling and Testing	7/1/2020	0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical earn; •Perfinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Perfinent psychosocial history; •Information and consultations with the treating practitioner; •Perfinent chautions from other health care practitioners and providers; •Perfinent charts, graphs or photographic information, as appropriate; •Rehabilization evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Co	unseling and Testing	7/1/2020	0177U	PIK3CA (phosphatidylinositol -4,5- bisphosphate 3- kinase catalytic subunit alpha) gene analysis of 11	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earn; Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent planot consultations with the trating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent valuations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Co	unseling and Testing	7/1/2020	0178U	linked immunosorbent assay (ELISA), blood, report of minimum	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earn; •Perfinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Perfinent psychosocial history; •Information and consultations with the treating practitioner; •Perfinent charts, graphs or photographic information, as appropriate; Rehabilitation erganding the local delivery system; and •Patient negating the local delivery system; and	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	7/1/2020	c s (! ir v p v v v v	Incology (non-small cell lung ancer), cell-free DNA, targeted equence analysis of 23 genes single nucleotide variations, sertions and deletions, fusions <i>i</i> thout prior knowledge of artner/breakpoint, copy number arilations), with report of ignificant mutation(s)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exclusations from other health care practitioners and providers; •Pertinent exclusations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	g S tı S N a g	enotyping (ABO), gene analysis anger/chain ermination/conventional	 o) Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent polychoscial history; •Information and consultations with the treating practitioner; •Pertinent polychoscial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. 	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	g	ed cell antigen (Colton blood roup) genotyping (CO), gene nalysis, AQP1 (aquaporin 1 Colton blood group]) exon 1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	g	ed cell antigen (Cromer blood roup) genotyping (CROM), gene nalysis, CD55 (CD55 molecule Cromer blood group]) exons 1-10	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	g a fa	ed cell antigen (Diego blood roup) genotyping (DI), gene nalysis, SLCAA1 (solute carrier amily 4 member 1 [Diego blood roup]) exon 19	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent explautions from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	7/1/2020	gro ana rib	ed cell antigen (Dombrock blood oup) genotyping (DO), gene halysis, ART4 (ADP- oosyltransferase 4 [Dombrock ood group]) exon 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pach and progress notes; •Pertinent pach and progress notes; •Pertinent pach and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information regulations; •Information regu	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	gei FU	ed cell antigen (H blood group) enotyping (FUT1), gene analysis, JT1 (fucosyltransferase 1 [H ood group]) exon 4	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; Pertinent psychosocial history: Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; Information evaluations; In	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	gei	ed cell antigen (H blood group) enotyping (FUT2), gene analysis, JT2 (fucosyltransferase 2) exon 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical exam; •Pertinent plagnostic testing results, operative and/or pathological reports; •Treatment plagnostic testing results, operative and/or pathological reports; •Pertinent polyhosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	gro ani che	ed cell antigen (Duffy blood oup) genotyping (FY), gene Iałysis, ACKR1 (atypical iemokine receptor 1 [Duffy blood oup]) exons 1-2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polyhosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for obtographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	gro ani	ed cell antigen (Gerbich blood oup) genotyping (GE), gene alysis, GYPC (glycophorin C ierbich blood group]) exons 1-4	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment plan and progress notes; •Pertiment physhoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	7/1/2020	0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Information and consultations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Retabilitation evaluations; Information revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 (Kidd blood group]) gene promoter, exon 9	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2- 26	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	7/1/2020	0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent approximations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent exaluations from other health care practitioner; -Pertinent exaluations from other health care practitioner; -Pertinent exaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	0195U	KLF1 (Kruppel-like factor 1), targeted sequencing(ie, exon 13)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent chalaudions from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent plxohoscial history; enformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	0197U	Red cell antigen (Landsteiner- Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1		Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5	•History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports;	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	7/1/2020	0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent approximation and consultations with the treating practitioner; •Pertinent explosional history form other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent explastions; •Pertinent explastions; •Rehabilitation evaluations; •Information evaluation evaluation evaluation evalu	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (Xlinked Kx blood group) exons 1 - 3	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	7/1/2020	0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rentabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	10/1/2020	0203U	AI IBD MRNA XPRSN PRFL 17	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and pogress notes; •Pertinent psychosocial history; endomation and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners and providers; •Pertinent explauditons from other health care practitioners and providers; •Pertinent explantions or photographic information, as appropriate; •Rehabilitation evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	10/1/2020	0204U	ONC THYR MRNA XPRSN ALYS 593	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chals. So the health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2020	0205U OPH AMD ALYS 3 GENE VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent exolusitations with the treating practitioner; •Pertinent exolusitations from other health care practitioners and providers; •Pertinent exolusitons from other health care practitioner, and providers; •Pertinent exolusitons; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information exolusitons; •Information exolusitons; •Information exolusitons; •Information exolusitons; •Information evaluations; •Information exolusitons; •Information evaluations; •Information exolusitons; •Information evaluations; •Information exolusitons; •Information exolusiton	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	10/1/2020	0209U CYTOG CONST ALYS INTERROG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exhaustions from ther health care practitioners and providers; •Pertinent exhaustions from other health care practitioners and providers; •Pertinent exhaustions from there health care practitioners and providers; •Pertinent exhaustions from there health care practitioners and providers; •Pertinent exhaustions from there health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	10/1/2020	0211U ONC PAN-TUM DNA&RNA GNRJ SEQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	10/1/2020	0212U RARE DS GEN DNA ALYS PROBANE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent chainst, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Potient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	10/1/2020	0213U RARE DS GEN DNA ALYS EA COMP	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical example -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent gangostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2020	0215U RARE DS XOM DNA ALYS EA COMP	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent dignostic testing results, operative and/or pathological reports; =Pretinent giagnostic testing results, operative and/or pathological reports; =Pertinent dignostic testing results, operative and/or pathological reports; =Pertinent explosional history; =Information and consultations with the treating practitioner; =Pertinent exploations from other health care practitioners; and providers; =Pertinent exploations; =Refabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	10/1/2020	0216U NEURO INH ATAXIA DNA 12 COM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	10/1/2020	0217U NEURO INH ATAXIA DNA 51 GENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; Information evaluations; Information evaluations;	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	10/1/2020	0218U NEURO MUSC DYS DMD SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent dualitons from ther health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	10/1/2020	0220U ONC BRST CA AI ASSMT 12 FEAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s) Hoformation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	MUL PROF DETE MAC ON N W ITI UTILI VOID REPC	COLOGY (PROSTATE), LTIANALYTE MOLECULAR PILE BY PHOTOMETRIC ECTION OF CROMOLECULES ADSORBED NANOSPONGE ARRAY SLIDES IT MACHINE LEARNING, LZING FIRST MORNING DED URINE, ALGORITHM ORTED AS LIKELIHOOD OF ISTATE CANCER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +iistory of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent polyhosocial history; entriment operations with the treating practitioner; •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 for hotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	ACID (IKAF (EG, PROF	T1 (BRANCHED CHAIN AMINO D TRANSAMINASE 1) OR IKZF1 (ROS FAMILY ZINC FINGER 1) (COLORECTAL CANCER) MOTER METHYLATION LLYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gana do rogress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	SPIN ATRC CHRC FULL INCL CHAI INTR DUPI REPE MOB	NAL AND BULBAR MUSCULAR OPHY, KENNEDY DISEASE, X	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent and progress notes; -Pertinent psychoscial history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations; -Pertinent evaluations; Information regarding the local delivery system; and -Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	GATE 1A) (ATA) INCL CHAI INTR DUPI REPE MOB AND	ED CHANNEL SUBUNIT ALPHA (EG, SPINOCEREBELLAR XIA), FULL GENE ANALYSIS, LUDING SMALL SEQUENCE INGES IN EXONIC AND RONIC REGIONS, DELETIONS, FULCATIONS, SHORT TANDEM EAT (STR) GENE EXPANSIONS, BLE ELEMENT INSERTIONS,	History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertiment psychosocial history; Information and consultations with the treating practitioner; Pertiment evaluations from other health care practitioners; Pertiment evaluations from other health care practitioners; Pertiment evaluations from other health care practitioners; Pertiment evaluations from other practitioners and providers; Pertiment evaluations from other practitioners and providers;	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	0232U CSTB PROC EPILE LUNE ANAI SEQL AND DELE SHOI EXPA INSE	B (CYSTATIN B) (EG, IGRESSIVE MYOCLONIC LEPSY TYPE 1A, UNVERRICHT- IDBORG DISEASE), FULL GENE ILVSIS, INCLUDING SMALL UENCE CHANGES IN EXONIC D INTRONIC REGIONS, ETTONS, DUPLICATIONS, INT TANDEM REPEAT (STR)	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment Johan and progress notes; -Pertinent payhosocial history: -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations; -Pertinent characteristics and information -Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	0233U	ATAXIA), GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MORE E ELEMENT, INSERTIONS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent plan and consultations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations, from other health care practitioners and providers; -Pertinent evaluations; -Retinent evaluations; -Retailitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	0234U	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG,RETT SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON- UNIQUELY MAPPABLE REGIONS	History of the presenting problem Cilnical exam; Pertinent diagnostic testing results, operative and/or pathological reports;	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	0235U	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COW DEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON- UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent plagnostic testing results, operative and/or pathological reports; •Treatment plagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	0236U	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) AND SMN2 (SURVIVAL OF MOTOR NEURON 2, CENTROMERIC) (EG, SPINAL MUSCULAR ATROPHY) FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DUPLICATIONS AND DELETIONS, AND MOBILE ELEMENT INSERTIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polyhosocial history; Information and consultations with the treating practitioner; •Pertinent explaudions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	0237U	(EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA), GENOMIC SEQUENCE ANALYSIS PANEL INCLUDING ANK2, CASQ2, CAV3,	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polyhosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for obtographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	0238U	ONCOLOGY (LYNCH SYNDROME), GENOMIC DNA SEQUENCE ANALYSIS OF MLH1, MSH2, MSH6, PMS2, AND EPCAM, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	0239U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE DNA, ANALYSIS OF 311 OR MORE GENES, INTERNGATION FOR SEQUENCE VARIANTS, INCLUDING SUBSTITUTIONS, INSERTIONS, DELETIONS, SELECT REARRANGEMENTS, AND COPY NUMBER VARIATIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling & Testing	4/1/2022	0306U	ONC MRD NXT-GNRJ ALYS 1ST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling & Testing	4/1/2022	0307U	ONC MRD NXT-GNRJ ALYS SBSQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling & Testing	4/1/2022	0308U	CRD CAD ALYS 3 PRTN PLSM ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladosis from other health care practitioners and providers; •Pertinent chaladosis from othorgraphic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling & Testing	4/1/2022	0309U	CRD CV DS ALY 4 PRTN PLM ALG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent providoscial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling & Testing	4/1/2022	0310U	PED VSCLTS KD ALYS3 BMRKS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatiment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling & Testing	4/1/2022	0311U	NFCT DS BCT QUAN ANTMCRB SC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, and providers; •Pertinent evaluations from the health care practitioner, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling & Testing	4/1/2022	0312U	AI DS SLE ALYS 8 IGG AUTOANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling & Testing	4/1/2022	0313U	ONC PNCRS DNA&MRNA SEQ 74	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Treatiment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling & Testing	4/1/2022	0314U ONC CUTAN MLNMA MRNA 3 GENE	5 Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertiment diagnostic testing results, operative and/or pathological reports; • Teratiment plan and progress notes; • Pertiment plan and progress notes; • Pertiment evaluations from other health care practitioner; • Information and consultations with the treating practitioner; • Pertiment evaluations from other health care practitioners and providers; • Pertiment chards, graphs or photographic information, as appropriate; • Retiment chards, graphs or photographic information, as appropriate; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling & Testing	4/1/2022	0315U ONC CUTAN SQ CLL CA MRNA	40 Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; +Pertinent cliana of progress notes; -Pertinent plan and progress notes; -Pertinent plan and progress notes; -Pertinent evaluations from other health care practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Retinent taion evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling & Testing	4/1/2022	0316U B BRGDRFERI LYME DS OSPA E	VL Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Teratiment plan and progress notes; •Pertiment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient charts, tests and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling & Testing	4/1/2022	0317U ONC LUNG CA 4-PRB FISH ASS	 AY Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient charts, certiscis can information. 	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling & Testing	4/1/2022	0318U PED WHL GEN MTHYLTN ALYS	 50+ Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; Pertiment plan and progress notes; Pertiment psychosocial history; Information and consultations with the treating practitioner; Pertiment charactions from other health care practitioners and providers; Pertiment charactions; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling & Testing	4/1/2022	0319U	NEPH RNA PRETRNSPL PERPH BLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent providencial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent texts, graphs or photographic information, as papropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling & Testing	4/1/2022	0320U	NEPH RNA PSTTRNSPL PERPH BLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Pertinent paychosocial history; •Information and consultations with the relating practitioner; •Pertinent totals.graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling & Testing	4/1/2022	0321U	IADNA GU PTHGN 20BCT&FNG ORG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling & Testing	4/1/2022	0322U	NEURO ASD MEAS 14 ACYL CARN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2023	0355U	APOL1 RISK VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioner as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2023	0356U	ONC OROPHARYNGEAL 17 BMRK CLL FREE DNA DDPCR ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent extra, graphs or photographin information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2023	0357U	ONC MLNMA AI QUAN MASS SPECTROMETRY ALYS 142	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2023	0358U	NEURO MLD COG IMPAIRMNT ALYS βAMYLOID 1-42&1-40	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Retabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2023	0359U	ONC PRST8 CA ALYS ALL PSA STRUCTURAL ISOFORMS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2023	0360U	ONCOLOGY LUNG ELISA 7 AUTOANTIBODIES PLASMA ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and propriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	1/1/2023	0361U	NEUROFILAMENT LIGHT CHAIN DIGITAL IA PLASMA QUAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2023	0362U	ONC PAP THYR CA RNA SEQ 82 CNT&10 HSKP GEN ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2023	0363U	ONC URTHL MRNA GEN XPRSN PRFLG RT QUAN PCR 5 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	80145	Adalimumab	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent posultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	80187	Posaconazole	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent nervalians; =Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	4/1/2020	80230 Infliximab	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestiment pan and progress notes; •Pertinent polychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	80235 Lacosamide	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioner, and providers; •Pertinent evaluations from ther health care practitioner, and providers; •Pertinent evaluations from the local delivery system; and •Information evaluations;	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	80280 Vedolizumab	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from tother health care practitioner and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information erganding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	80285 Voriconazole	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent caluations; •Pertinent chards, graphs or photographic information, as appropriate; #Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81105 HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Hoformation and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81106 HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	Review 2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81107 HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Include aream; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81108 HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81109 HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; #Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81110 HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical eavam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the hosel delivery system; and •Information evaluations;	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81111 HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent datalations from other health care practitioners and providers; •Pertinent evaluations from other health care practitiones and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81112 HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81120 IDH1 COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent explautations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photograp	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81121 IDH2 COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Patient charts, graphs or photographic information, a	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81161 DMD DUPLICATION DELETION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertrinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertrinent sychosocial history: Information and consultations with the treating practitioner; •Pertrinent evaluations from other health care practitioners and providers; •Pertrinent evaluations from other health care practitioners and providers; •Pertrinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81162 BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent testrs, graphs or photographic information, as appropriate; •Rehabilitation evaluations; the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81163 BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81164 BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81165 BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81166 BRCA1 GENE ANALYSIS FULL DI DEL ANALYSIS	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent plan and progress notes; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner; Rethabilition evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedure Manual	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychoscial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; and providers; -Pertinent evaluations from other health care practitioners; and providers; -Pertinent evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	1/1/2021	81168	CCND1/IGH (T(11;14)) (EG, MANTLE CELL LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT, QUALITATIVE AND QUANTITATIVE IF PERFORMED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from ther health care practitioner, and providers; •Pertinent evaluations from ther health care practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81171	AFF2 GENE ANALYSIS EVAL DETECT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent polychoscial history; elnformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; adproviders; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient chartsertsitiss and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81174 AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	<u>koview</u> 2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81175 ASXL1 GENE ANALYSIS FULL GEN SEQUENCE	E Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81176 ASXL1 GENE ANALYSIS TARGETEI SEQ ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent dyschoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent duations; •Information evaluations; •Pertinent evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81177 ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent gala and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient charts, and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81178 ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from consts; •Pertinent evaluations from consts; •Pertinent evaluations from consts; •Pertinent evaluations from forther health care practitioners and providers; •Pertinent evaluations from consts; •Pertinent evaluations; •Pertinent evaluations	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81179 ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	Review 2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81180 ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent caluations from other health care practitioners and providers; •Pertinent evaluations; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81181 ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent grychoscial history; •Information and consultations with the treating practitioner; •Pertinent expluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Retnabilitation evaluations; •Information regarding the local delivery system; and •Patient charts, and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81183 ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent explauations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient chartscristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81185 CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81186 CACNA1A GENE ANALYSIS KNOW FAMILIAL VARIANT	N Information generally required to support authorization decision making includes, but not limited to: •Ourrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	Review 2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81188 CSTB GENE ANALYSIS EVAL DETEC ABNORMAL ALLELES	 T Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the reating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation revaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81189 CSTB GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81190 CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	81191 NTRK1 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent care carditions; •Pertinent carditions carditions for the relation of the practitioners and providers; •Pertinent carditions carditions for the practitioner is a proper the practice of t	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	81192	NTRK2 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 2) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 mounts), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent plan and progress notes; -Pertinent pythosocial history; -Pertinent pythosocial history; endimention and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations for hotographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	81193	NTRK3 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Pertinent autiations with the treating practitioner; -Pertinent chalsdions from other health care practitioners and providers; -Pertinent chals, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information negarding the local delivery system; and -Patient characteristics and information	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	81194	TROPOMYOSIN RECEPTOR TYROSINE KINASE 1, 2, AND 3) (EG,	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physioscial history; Information and consultations with the treating practitioner; •Pertinent exhauitations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Reinbilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81203	DELETION VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaudisons from other health care practitioners; •Pertinent chaudisons from other health care practitioners; •Pertinent chauses replays or photographic information, as appropriate; •Anhalitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

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Genetic Counseling and Testing	10/1/2019	81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the Ical delivery system; and •Information regarding the Ical delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	Review 2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81210	BRAF GENE ANALYSIS V600 VARIANT(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent targers or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81218 CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81219 CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaints, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Information evaluations; •Information evaluations;	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	10/1/2019	81221 CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical evam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81222 CFTR GENE ANALYSIS DUPLICATION DELETION VARIANT	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretriment plan and progress notes; - Pertinent plan and progress notes; - Pertinent polychoscial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent tharts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and + Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81223 CFTR GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent grant and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exalter exaluations from the relation and providers; •Pertinent exalter exalter for the formation, as appropriate; •Rehabilitation formation, example the local delivery system; and •Patient charateristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exclusions from other health care practitioners and providers; •Pertinent exclusions; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment charts, graphs or photographic information, as appropriate; •Rentabilitation evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; enformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent test, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81228	CYTOGENOM CONST MICROARRA COPY NUMBER VARIANTS	y Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent task, graphs or photographic information, as appropriate; •Renhabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81229	CYTOGENOM CONST MICROARRA COPY NUMBER AND SNP VAR	y Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent good progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exaluations from tother lead information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019		CYP3A4 GENE ANALYSIS COMMO VARIANTS	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretinent process notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information evaluations; Information evaluations; Information evaluations; Information evaluations; 	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		CYP3A5 GENE ANALYSIS COMMO VARIANTS	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent clausitons from other health care practitioners and providers; Pertinent evaluations from other health care practitioners, and providers; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		DYPD GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		BTK GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient chartscriteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81235 EGFR GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	Review 2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81236 EZH2 GENE ANALYSIS FULL GEN SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81237 EZH2 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81238 F9 FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Senetic Counseling and Testing	Prior to 9/1/2019	81239 DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertiment psychosocial history; -Information and consultations with the treating practitioner; -Pertiment thats, graphs or photographic information, as appropriate; -Pertiment charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81243 FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	<u>Review</u> 2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81244 FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychoscial history; Hormation and progress notes; •Pertinent paychoscial history; Hormation and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81246 FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81247 G6PD GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81248 G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitione, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019		G6PD GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic storing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Pertinent autiations with the treating practitioner; -Pertinent chards, graphs or photographic information, as appropriate; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	<u>Keview</u> 2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		HBA1 HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pand progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards constant information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information sealundsion; •Information evaluations;	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		HBA1 HBA2 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tays; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		COMPARATIVE ANAL STR MARKERS PATIENT AND COMP SPEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Senetic Counseling and Testing	Prior to 9/1/2019		COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsubaris for mother health care practitioners; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81269 HBA1 HBA2 GENE ANALYSIS DUP DEL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the traing practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testings for photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81272 KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts; graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81273 KIT GENE ANALYSIS D816 VARIANT(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81274 HTT GENE ANALYSIS CHARACTERIZATION ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exploations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	81275 KRAS GENE ANALYSIS VARIANTS I EXON 2	N Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tests, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Beview
Genetic Counseling and Testing	1/1/2021		(RAS GENE ANALYSIS ADDITIONAL (ARIANT(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Genetic Counseling and Testing	1/1/2021		CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Retinent chards, graphs or photographic information, as appropriate; •Retinent chards, graphs or photographic information, and •Patient chardsteristics and information	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	F T M (1 R	GH@/BCL2 (T(14;18)) (EG, OLLICULAR LYMPHOMA) RANSLOCATION ANALYSIS, MAJOR BREAKPOINT REGION MBR) AND MINOR CLUSTER REGION (MCR) BREAKPOINTS, QUALITATIVE OR QUANTITATIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent physioscial history; Information and consultations with the treating practitioner; •Pertinent explausions from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Reinformation revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019			Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent playchoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		XN GENE ANALYSIS HARACTERIZATION ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient chartseristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81286 FXN GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the trating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81287 MGMT GENE PROMOTER METHYLATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81289 FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial histors is and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81291 MTHFR GENE ANALYSIS COMMO VARIANTS	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent pythosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81292 MILH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial history information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81294 MLH1 GENE ANALYSIS DUPLICATION DELETION VARIANT	Information generally required to support authorization decision making includes, but not limited to: 15 • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Peratment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81295 MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81297 MSH2 GENE ANALYSIS DUPLICATION DELETION VARIANT	Information generally required to support authorization decision making includes, but not limited to: To - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent pain and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from ther health care practitioners and providers; Pertinent evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81298 MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history: • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81300 MSH6 GENE ANALYSIS DUPLICATION DELETION VARIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerving evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81306 NUDT15 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent valuations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent toharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	<u>Review</u> 2/23/2023
Genetic Counseling and Testing	4/1/2020	81307 PALB2 GENE ANALYSIS (FULL GE SEQ)	NE Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	81308 PALB2 GENE ANALYSIS (KNOWN FAMILIAL VARIANT)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	81309 PIK3CA (phosphatidylinositol-4, biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal ar breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	-Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports;	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81311 NRAS GENE ANALYSIS VARIANT: IN EXON 2 AND 3	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Preatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent tevaluations from other health care practitioners and providers; -Pertinent tevaluations from other health care practitioner and providers; -Pertinent tevaluations from other health care practitioner, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81312 PABPNI GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81313 PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inclinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81314 PDGFRA GENE ANALYS TARGETEI SEQUENCE ANALYS	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent chards, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81317 PMS2 GENE ANALYSIS FULL SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; #Rehabilitation evaluations; •Information erganding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81319 PMS2 GENE ANALYSIS DUPLICATION DELETION VARIAN	Information generally required to support authorization decision making includes, but not limited to: T5 - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem - Unical earne; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history: - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations (Finder Distor); - Pe	Texas Medicaid Provider Procedure Manual	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81320 PLCG2 GENE ANALYSIS COMMO VARIANTS	N Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent valuations from other health care practitioners and providers; •Pertinent dualations (and one valuations, signed) in formation, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	Keview 2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81321 PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81323 PTEN GENE ANALYSIS DUPLICATION DELETION VARIAN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient chartsceristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81324 PMP22 GENE ANAL DUPLICATIO DELETION ANALYSIS	N Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertiment psychoscial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent charts, graphs or photographic information, as appropriate; - Information regarding the local delivery system; and - Patient characteristics and information Construction - Constructio	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81325 PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81328 SLCO1B1 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization deckion making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testings for photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	kevrew 2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81333 TGFBI GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent totals. Franks or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81334 RUNX1 GENE ANALYSIS TARGETE SEQUENCE ANALYSIS	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent providencial function; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81335 TPMT GENE ANALAYSIS COMMOI VARIANTS	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Cilinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent prochosocial history; Pertinent prochosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81336 SMN1 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent that, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81337 SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent or evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81343 PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inficial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Retabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81344 TBP GENE ANALYSIS EVAL DETEC ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: Urrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent psychosocial history; Pertinent charls, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information equalations; Pertinent charls, graphs or photographic information, as appropriate; Pertinent psychosocial history; Pertinent charls, graphs or photographic information, as appropriate; Pertinent charls, graphs or aphotographic information, as appropriate; Pertinent charls, graphs or photographic photographic photographic photograph	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81345 TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from therhe health care practitioners and providers; •Pertinent evaluations from therhe health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81346 TYMS GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history into the health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	1/1/2021	81347 SF3B1 (SPLICING FACTOR [3B] SUBUNIT B1) (EG, MYELODYSPLASTIC SYNDROME/ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, A672T, E622D, L833F, R625C, R625L)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	81348 SRSF2 (SERINE AND ARGININE- RICH SPLICING FACTOR 2) (EG, MYELODYSPLASTIC SYNDROME, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, P95H, P95L)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaultations from other health care practitioners; •Pertinent exaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Andhalth care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Andhalth characteristics and information	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2022	81349 Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of- heterozygosity variants, low-pass sequencing analysis	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rentabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	81351 TP53 (TUMOR PROTEIN 53) (EG, LI FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	81352 TP53 (TUMOR PROTEIN 53) (EG, LI FRAUMENI SYNDROME) GENE ANALYSIS; TARGETED SEQUENCE ANALYSIS (EG, 4 ONCOLOGY)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent exaultations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	1/1/2021	81353	TP53 (TUMOR PROTEIN 53) (EG, LI FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent agnostic strong results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Pertinent psychosocial history; =Pertinent chards, graphs or photographic information, as appropriate; =Rehabilitation regarding the local delivery system; and =Pottient characteristics and information	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021		AUXILIARY FACTOR 1) (EG, MYELODYSPLASTIC SYNDROME,	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent provisoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regaring the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	81360	ZRSR2 (ZINC FINGER CCCH-TYPE, RNA BINDING MOTIF AND SERINE/ARGININE-RICH 2) (EG, MYELODYSPLASTIC SYNDROME, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANT(S) (EG, E65FS, E122FS, R448FS)		Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81361	HBB COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tayling or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81362	HBB KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gapostocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from there health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	Keview 2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		HBB DUPLICATION DELETION VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81364	HBB FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent tasks, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent exoluations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations (nor photographic information, as appropriate; •Rehabilitation evaluations; •Information required the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent synchaotical history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rechabilitation evaluations; • Information negarding the local delivery system; and • Patient chartscristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81403 MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	<u>kovev</u> 2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81404 MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81405 MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pychoscial history; •Information and consultations with the treating practitioner; •Information from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; #Rehabilitation requiring the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81406 MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81407 MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81408 MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Information generally required to support authorization deckion making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the traing practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent trains, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81410 AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent totalstons from other health care practitioners and providers; •Pertinent totals, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81411 AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial histors is and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81412 ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81413 CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent test, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019		CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	Review 2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81415	EXOME SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plano and consultations with the treating practitioner; •Pertinent publications from other health care practitioners; •Pertinent challations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2023		DRG MTBLSM (EG, PHRMCGNOMCS) GNOMIC SQNC ANLYSS PANL, MUST INCLD TSTNG OF ATLEAST 6 GENES, NCLDNG CYP2C19, CYP2D6, ND CYP2D6 DPLCTN/DELETN ANLYSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent plans and progress notes; •Pertinent playhosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021		EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH3, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, AND ZEB2	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (- Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent procession stores; - Pertinent procession stores; - Pertinent evaluations from other health care practitioner; - Pertinent evaluations for other pathological information, as appropriate; - Pertinent charts, graphs or photographic information, as appropriate; - Pertinent evaluations from other health care practitioners; - Pertinent evaluations; - Information regarding the local delivery system; and - Patient chartseristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	А	ETAL CHROMOSOMAL INEUPLOIDY GENOMIC SEQ INALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	N	ETAL CHROMOSOMAL AICRODELTJ GENOMIC SEQ INALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81425 G	SENOME SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaultations from ther health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		ENOME SEQUENCE ANALYSIS ACH COMPARATOR GENOME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent pythosocial history; •Information and consultations with the treating practitioner; •Pertinent exaltations from ther health care practitioners and providers; •Pertinent exaltations from ther health care practitioners and providers; •Pertinent exaltations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		EENOME RE-EVALUATION OF REC OBTAINED GENOME SEQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent totals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81430 HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	Review 2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81431 HEARING LOSS DUP DEL ANALYSI	S Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81432 HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81433 HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81434 HEREDITARY RETINAL DSRDRS GE SEQ ANALYS 15 GEN	N Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81435 HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	Review 2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81436 HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81437 HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent by or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81438 HEREDTRY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81439 HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019		NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gisnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2023		INHRTD BONE MRRW FAILRE SYNDRMS (IBMFS) (EG, FANCONI ANMIA, DYSKRTOSIS CONGNITA, DMND-BLCKFAN ANMIA, SHWACHMAN-DMND SYNDRM, GATA2 DFCNCY SYNDRM, CONGNTL AMGKRYCYTIC THRMBCYTPNIA) SQNC ANLYSS PANEL, MUSI INCLD SQNCNG OF ATLEAST 30 GENES, INCLDNG BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE,	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Hoformation and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019			Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychossical history; Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners; and providers; •Pertinent exats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information required hosal delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychoscial history; • Information and consultations with the treating practitioner; • Pertinent psychoscial histor health care practitioners and providers; • Pertinent thats, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

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Genetic Counseling and Testing	Prior to 9/1/2019	81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent plan and consultations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2023	81449	TRGTD GNMIC SQNC ANLYSS PANEL, SOLID ORGN NPLSM, 5-50 GENES (EG, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RETJ, INTRGTION FOR SQNC VRNTS AND COPY NMBR VRNTS OR REARRNGMNTS, IF PRFRMD; RNA ANLYSS	•History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes;	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment physhoscial history; Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment exal, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2023	81451	DSRDR, 5-50 GENES (EG, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), INTRRGTN FOR SONC VRNTS. AND COPY		Molina Clinical Policy 051: Genetic Testing	2/23/202:
Genetic Counseling and Testing	Prior to 9/1/2019	81455	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent phan and progress notes; •Pertinent phosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitiones and providers; •Pertinent exaluations from other health care practitiones and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2023	81456	CDKN2A, CEBPA, DNM13A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET),	-Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent tevaluations from other health care practitioners and providers; -Pertinent tevaluations from other practitioners -Pertinent tevaluations from other practitioners -Pertinent tevaluations from other practitioners -Pertinent tevaluations -Per	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81460	WHOLE MITOCHONDRIAL GENOME	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent plane and progress notes; -Pertinent planeboscial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitiones; -Pertinent evaluations; -Pertinent evaluations; -Refinent evaluations; -Information evaluations; -Informat	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent plagnostic testing results, operative and/or pathological reports; •Treatment plagnostic testing results, operative and/or pathological reports; •Pertinent plagnostic hospital h	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plano and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Vistory of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient charls: efficient system; and	Molina Clinical Policy 157: Cell-Free DNA Screening for Chromosomal Aneuploidy Prenatal Screening Only . If member is not pregnant, use Molina Clinical Policy 051: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment plans of progress notes; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioner; •Pertiment evaluations from other health care practitioner; •Pertiment evaluations from other health care practitioner; •Pertiment evaluations; •Information evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent challadions from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information negarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +iistory of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment pain and progress notes; -Pertiment psychosocial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment examples, graphs or photographic information, as appropriate; -Refinent evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	81522	BREAST ONCOLOGY, MRNA, GENE EXPRESSION PROFILING	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent chalsions from other health care practitioners and providers; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2022	81523	Oncology (breast), mRNA, next- generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin- embedded tissue, algorithm reported as index related to risk to distant metastasis	-Pertinent diagnostic testing results, operative and/or pathological reports; - Preatment plan and progress notes; - Pertinent psychosocial history; - Pertinent psychosocial h	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Olinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent gaphosocial history; -Pertinent psychosocial history; -Pertinent evaluations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as papropriate; -Rehabilitation evaluations; -Information negarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	81529	ONCOLOGY (CUTANEOUS MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL- TIME RT-PCR OF 31 GENES (28 CONTENT AND 3 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE RISK, INCLUDING LIKELIHOOD OF SENTINEL LYMPH NODE METASTASIS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent dynosocial history; +Information and consultations with the treating practitioner; +Pertinent exoluations from other health care practitioners and providers; +Pertinent exoluations from other health care practitioners and providers; -Pertinent exoluations; +Information evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81535	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exhalizations from other health care practitioners and providers; •Pertinent exhalizations from other health care practitioners and providers; •Pertinent exhalizations from other health care practitioners and providers; •Pertinent exhalizations for othotographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81536	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP ADD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent explauditors from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions from other health care practitioners and providers; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation versultations; •Information negarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioner; and providers; •Pertinent evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	81542	PROSTATE ONCOLOGY, MRNA, MICORARRAY GENE EXPRESSION PROFILING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2021	81546	ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 10,196 GENES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (EG, BENIGN OR SUSPICIOUS)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chaits, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent dualitons from ther health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	81552	UVEAL MELANOMA, MRNA, GENE EXPRESSION PROFILING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; Herkhalittation evaluations; Information negarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	81554	PULMONARY FIBROSIS [IPF]), MRNA, GENE EXPRESSION ANALYSIS OF 190 GENES, UTILIZING TRANSBRONCHIAL BIOPSIES, DIAGNOSTIC ALGORITHM REPORTED AS CATEGORICAL RESULT (EG, POSITIVE OR NEGATIVE FOR HIGH PROBABILITY OF USUAL	C Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical example Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent exaitations from other health care practitioners and providers; =Pertinent exaits or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; elnformation and consultations with the treating practitioner; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	1/1/2022	81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement o donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	erimical exam; erential exam; erential exam;	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	83006	GROWTH STIMULATION EXPRESSED GENE 2	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial histor health care practitioner; • Pertinent chards, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	84999	UNLISTED CHEMISTRY PROCEDUR	E Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	86152	CELL ENUMERATION IMMUNE SELECTJ AND ID FLUID SPEC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent approximations with the treating practitioner; -Pertinent abustors from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent tarks, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	86153	CELL ENUMERATION IMMUNE SELECTJ AND ID PHYS INTERP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; Information and consultations with the relating practitioner; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	4/1/2020	87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactoris for photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	88261	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019		M PHMTRC ALYS ISH QUANT SEMIQ CPTR PER SPEC EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Treatment plan and progress notes; •Pertiment dynohossical history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioner; •Pertiment extra, graphs or photographic information, as oppropriate; •Rehabilitation evaluations; •Information evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		M PHMTRC ALYS ISH QUANT SEMIQ CPTR EACH MULTIPRB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the reating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		M PHMTRC ALYS ISH QUANT SEMIQ MNL EACH MULTIPRB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the reating practitioner; •Pertinent dualations from other health care practitioners and providers; •Pertinent chards, srgaphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		WARFARIN RSPN TEST GEN TECH ANY METH ANY # SPEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the reating practitioner; •Pertinent chalsions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019		DOSE OPTIMIZ AUC ANALY INFUSIONAL 5-FLUOROURACIL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	S3852	DNA ANALY APOE EPSILON 4 ALLELE SUSECPT ALZS DZ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations in thorgraphic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	S3854	GENE EXPRESSION PROFILING PANL MGMT BREAST CA TX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	S3861	GENETIC TESTING SCN5A AND VARIANTS FOR SUSPCTED BS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chaits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	S3865	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
Genetic Counseling and Testing	Prior to 9/1/2019	53866	GENETIC ANALY GENE MUTAT HCM INDIV KNOWN HCM FAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	S3870 CGH MICROARRAY TEST DD ASD AND OR INTELL DISABILTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Dinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 051: Genetic Testing	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	G0151 SERVICE PHYS THERAP HOME HLTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	G0152 SERVICE OCCUP THERAP HOME HLTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	G0153 SRVC SPCH AND LANG PATH HOME HLTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	G0155 SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	G0156 SRVC HH HOSPICE AIDE IN HH HOSPICE SET EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment diagnostic testing results on pertain gractitioner; •Information and consultations with the treating practitioner; •Pertiment tarks, graphs or photographic information, as appropriate; •Pertiment drafts, graphs or photographic information, as appropriate; •Pertiment chards, graphs or photographic information, as appropriate; •Pertiment chards, graphs or photographic information, as appropriate; •Pertiment the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	G0157 SERVICES PT ASSIST HOME HEAL HOSPICE EA 15 MIN	TH Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	G0158 SERVICE OT ASSIST HOME HEALT HOSPICE EA 15 MIN	H Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent synchosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent dualations; •Pertinent dualations; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioner; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	G0159 SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	G0160 SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment plan and progress notes; •Pertiment evaluations from other health care practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitiones and providers; •Pertiment evaluations rom other health care practitiones, and providers; •Pertiment evaluation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Beview
All Home Health Care Services	Prior to 9/1/2019	G0161	SERVICE SLP HH EST DEL SPCH- LANG PATH MP EA 15 M	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent packboscial history; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	G0162	SKILLED SERVICE RN M AND E PLAN OF CARE; EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
All Home Health Care Services: For participating provider a prior authorization is required after 30th visit per calendar year	Prior to 9/1/2019	G0299	DIRECT SNS RN HOME HEALTH HOSPICE SET EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Ulinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
All Home Health Care Services: For participating provider a prior authorization is required after 30th visit per calendar year	Prior to 9/1/2019	G0300	DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent calvalizations from ther health care practitioners and providers; •Pertinent calvalizations from ther health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	G0490	FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Iliscio yof the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negative results and providers; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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All Home Health Care Services	Prior to 9/1/2019	G0493 SKILLED SERVICES RN OBV AND ASMT PT COND EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychosocial history; Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations from other health care practitioners; •Pertiment one valuation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	G0494 SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent davaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	G0495 SKD SRVC RN TRAIN AND EDU P FAM HH HOSPC EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent valuations from other health care practitioners; •Pertinent valuations from other health care practitioners; •Pertinent valuations from other health care practitioners; •Pertinent valuations from ther health care practitioner; •Pertinent valuations from the health care practitioner; •Pertinent valuations; •Pertinent valuations; •Pertinent valuations; •Pertinent valuations; •Pertinent valuations; •Pertinent	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	G0496 SKD SRVC LPN TRAIN AND EDU FAM HH HOSPC E 15 MIN	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; Pertiment plan and progress notes; Pertiment psychosocial history; Information and consultations with the treating practitioner; Pertiment valuations from other health care practitioners; Pertiment valuations (requeres not her provident); Pertiment order health care practitioner; Pertiment order health care practitioner; Pertiment valuations from other health care practitioner; Rehabilitation evaluations; Pertiment valuations from ther health care practitioner; Pertiment the valuations from the health care practitioner; Pertiment the valuations; Pertiment valuations from the health care practitioner; Pertiment valuations (requeres not her health); Pertiment valuations; Pertiment valuations (requeres not her health care practitioner; Pertiment valuations; Pertiment valuations; Pertiment valuations; 	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	S5116 Home care training, non-family; per session	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment sychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioner; •Pertiment teals, graphs or photographic information, as appropriate; •Renabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	55130	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent provideoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tests, graphs or photographic information, as papropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	S5135	COMPANION CARE ADULT ; PER 1 MINUTES	5 Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent torist, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	S9122	HOM HLTH AIDE CERT NURSE ASS PROV CARE HOM;-HR	T Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history is and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	59124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent disgnostic testing results, operative and/or pathological reports; •Pertinent disgnostic testing results, operative and/or pathological reports; •Pertinent dispositic testing results, operative and/or pathological reports; •Pertinent exoluations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	S9128	SPEECH THERAPY IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charks; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent audiations from the health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	59131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chainsto, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent treatuations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nevaluations [1] enhomation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	S9977 MEALS PER DIEM NOT OT SPECIFIED	HERWISE Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; information and consultations with the treating practitioner; -Pertinent characteristic sensitations with the treating practitioners and providers; -Pertinent characteristic explains from other health care practitioners and providers; -Pertinent characteristics and lelivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	T1000 PRIV DUTY INDEPEND NR LIC UP 15 MIN	 S SERVICE Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertiment psychosocial history; Information and consultations with the treating practitioner; Pertiment evaluations from other health care practitioners and providers; Pertiment evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedure Manual	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	T1002 RN SERVICES UP TO 15 M	INUTES Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	T1003 LPN LVN SERVICES UP TO MINUTES	15 Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychosocial history: •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners and providers; •Pertiment durats, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	T1005 RESPITE CARE SERVICES U MINUTES	 JP TO 15 Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertiment plan and progress notes; -Pertiment plan and progress notes; -Pertiment evaluations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations; -Pertiment evaluation; -P	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
All Home Health Care Services	10/1/2019	T1019 PERSONAL CARE SERVICES PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	T1022 CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	T1030 NURSING CARE THE HOME REGISTERED NURSE PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
All Home Health Care Services	Prior to 9/1/2019	T1031 NURSING CARE IN THE HOME BY LPN PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	99183 PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characteristic sand information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	A2001	INNOVAMATRIX AC PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent exoluations from other health care practitioner; •Pertinent tests, graphs or photographin information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	A2002	MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent totals. Services of protographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	A2004	XCELLISTEM PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	A2005	MICROLYTE MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	A2006	NOVOSORB SYNPATH DERMAL MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent nersition evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Categor	y Notes Effe	ective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Beview
Hyperbaric/Woun	d Therapy 1	10/1/2022	A2007 RESTRATA PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;: •Pertinent psychoscical history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations room other health care practitioners; •Pertinent trants, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Hyperbaric/Woun	d Therapy 1	10/1/2022	A2008 THERAGENESIS PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Hyperbaric/Woun	d Therapy 1	.0/1/2022 ,	A2009 SYMPHONY PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent tyschosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Nethinent explore local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Hyperbaric/Woun	d Therapy 1	10/1/2022	A2010 APIS PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Nethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Hyperbaric/Woun	d Therapy 7	7/1/2022	A2011 SUPRA SDRM PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent orealization evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	7/1/2022	A2012 SUPRATHEL PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diagnostic 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; •Pertiment tevaluations from other health care practitioners and providers; •Pertiment tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes	2/23/2023
Hyperbaric/Wound Therapy	7/1/2022	A2013 INNOVAMATRIX FS PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes	2/23/2023
Hyperbaric/Wound Therapy	7/1/2022	A4100 SKIN SUBSTITUTE FDA CLEARED A DEVICE NOS	AS Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	G0277 HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	G0460 AUTOLOGOUS PLATELET-RICH PLASMA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	G0465	AUTOLOG PRP DIAB CHRON WOUND/ULCER FDA CLEAR DEV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent pathogonstic testing months; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from tother health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4100	SKIN SUBSTITUTE NOT OTHERWISI SPECIFIED	E Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from ther health care practitioner, and providers; •Rehabilitation evaluations.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4101	APLIGRAF PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4102	OASIS WOUND MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4103	OASIS BURN MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nevaluations from other health care practitioners and providers; •Pertinent nevaluations from other health care practitioners and providers; •Pertinent chards; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	10/1/2022	Q4104 INTEGRA BILAYER MATRIX WOUND DRESSING PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Potent characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4105 INTEGRA DRT/INTEGRA OMNIGR DRML RGN MTX P SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4106 DERMAGRAFT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4107 GRAFTJACKET PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information ergarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4108 INTEGRA MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	10/1/2022	Q4110 PRIMATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent synchosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4111 GAMMAGRAFT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rentabilitation evaluations; enformation evaluations; enformation regaring the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4112 CYMETRA INJECTABLE 1 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rethabilitation evaluations; Information evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4113 GRAFTJACKET XPRESS INJECTABLE 1 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent providencial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tests, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4114 INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tracks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	10/1/2022	Q4115 ALLOSKIN PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent explanostic listory; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4116 ALLODERM PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4117 HYALOMATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4118 MATRISTEM MICROMATRIX 1 MG	information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; elofination and 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 photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4121 THERASKIN PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent care grading the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	10/1/2022	Q4122 DERMACLL DERMACLL AWM/DERMACLL AWM POROU: SC	Information generally required to support authorization decision making includes, but not limited to: p •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4123 ALLOSKIN RT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Nenabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4124 OASIS ULTRA TRI-LAYER WOUNE MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertament psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4125 ARTHROFLEX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent explautations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4126 MEMODERM DERMASPAN TRANZGRFT/INTEGUPLY PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent transt, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	10/1/2022	Q4127 TALYMED PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent extrats, graphs or photographic information, as appropriate; •Rechabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4128 FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4130 STRATTICE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4132 GRAFIX CORE AND GRAFIXPL COR PER SQUARE CM	E Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; endformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations of photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4133 GRAFIX PRM GRAFIXPL PRM STRAVIX AND STRAVIXPL P SC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent pychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	10/1/2022	Q4134 HMATRIX PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4135 MEDISKIN PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from tother health care practitioners and providers; •Rehabilitation evaluations; Information eganding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4136 E-Z DERM PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Rehabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4137 AMNIOEXCEL AMNIOEXCEL PLUS/BIODEXCEL PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4138 BIODFENCE DRYFLEX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent that, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	10/1/2022	Q4139 AMNIOMATRIX OR BIODMATRIX INJECTABLE 1 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment transt, graphs or photographic information, as appropriate; •Pertiment charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4140 BIODFENCE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4141 ALLOSKIN AC PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent transt, graphs or photographic information, as appropriate; ehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4142 XCM BIOLOGIC TISSUE MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent transt, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4143 REPRIZA PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychoscical history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent transt, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4145 EPIFIX INJECTABLE 1 MG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertiment psychosocial history; -Information and consultations with the treating practitioner; -Pertiment travaluations from other health care practitioners; -Pertiment travfart, signals or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4146 TENSIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4147 ARCHITECT EXTRACELLULAR MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4148 NEOX CORD 1K NEOX CORD RT/CLARIX CORD 1K-SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4149 EXCELLAGEN 0.1 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4150 ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	Review 2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4151 AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, and providers; •Rehabilitation revaluations; Information revaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4152 DERMAPURE PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4153 DERMAVEST AND PLURIVEST PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4154 BIOVANCE PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; and providers; •Pertinent texts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	10/1/2022	Q4155 NEOXFLO OR CLARIXFLO 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4156 NEOX 100 OR CLARIX 100 PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent pisan and progress notes; •Pertinent pychosocial history; eleformation and consultations with the treating practitioner; •Pertinent publications for there health care practitioners; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4157 REVITALON PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial history of photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4158 KERECIS OMEGA3 PER SQUARE CN	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent pixehosocial history; Pertinent pixehosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent totars, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4159 AFFINITY PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent pxychosocial history; • Information and consultations with the treating practitioner; • Pertinent pxychosocial histor health care practitioners and providers; • Pertinent tharts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information evaluations; • Information evaluations;	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	10/1/2022	Q4160 NUSHIELD PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from the health care practitioners; •Pertinent evaluations from the health care practitioner; •Pertinent evaluations from the health care practitioner; •Pertinent evaluations; •Pertinent ev	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4161 BIO-CONNEKT WOUND MATRIX PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Rehabilitation evaluations; information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4162 WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Teatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts, graphs or information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4163 WOUNDEX BIOSKIN PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent explautations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4164 HELICOLL PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent tarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4165 KERAMATRIX PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertainent pains and progress notes; •Pertinent postboscoial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4166 CYTAL PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; #History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the hosel delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4167 TRUSKIN PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; #History of the presenting problem •Clinical earm; Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent psychosocial history; #Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent charls, graphs or photographic information, as appropriate; #Rehabilitation evaluations; #Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4168 AMNIOBAND 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4169 ARTACENT WOUND PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	10/1/2022	Q4170 CYGNUS PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Cilicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent darks, regniso pro photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4171 INTERFYL 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4173 PALINGEN OR PALINGEN XPLUS PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent gama; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent exploations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient charts, and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4174 PALINGEN OR PROMATRX 0.36 M PER 0.25 CC	IG Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4175 MIRODERM PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent explauations from other health care practitioners and providers; •Pertinent treats, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charts, era the local delivery system; and	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4176 NEOPATCH PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent approximation and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	<u>Keview</u> 2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4177 FLOWERAMNIOFLO, 0.1 cc	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Perfinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Perfinent psychoscial history; •Information and consultations with the treating practitioner; •Perfinent evaluations from other health care practitioners and providers; •Perfinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4178 FLOWERAMNIOPATCH PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent calactions from ther health care practitioners and providers; •Pertinent calactions from ther health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4179 FLOWERDERM PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4180 REVITA PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4181 AMNIO WOUND PER SQUARE CN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4182 TRANSCYTE PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the hosel to appropriate; Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4183 SURGIGRAFT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the reating practitioner; • Pertinent evaluations from other health care practitioners and provides; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4184 CELLESTA PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; #History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and provides; •Pertinent evaluations from other health care practitioners and provides; •Pertinent charts, graphs or photographic information, as appropriate; #Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4185 CELLESTA FLOWABLE AMNION; PER 0.5 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations rom other health care practitioners; •Pertinent oralists; graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4186 EPIFIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestinent pay and progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4187 EPICORD PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; Hilstory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4188 AMNIOARMOR PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4189 ARTACENT AC 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; Hilstory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4190 ARTACENT AC PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; Hilstory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Retrinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4191 RESTORIGIN PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent park and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent tevaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4192 RESTORIGIN 1 CC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Unical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4193 COLL-E-DERM PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4194 NOVACHOR PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychoscial history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4195 PURAPLY PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent chards, graphs or photographic information, as appropriate; -Retinentiation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4196 PURAPLY AM PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignoratic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent exclusions from other health care practitioners; •Pertinent exclusions; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4197 PURAPLY XT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatiment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4198 GENESIS AMNIOTIC MEMBRANE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4199 CYGNUS MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the realing practitioner; •Pertinent that, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4200 SKINTE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4201 MATRION PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent dards; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4202 KEROXX (2.5G CC) 1CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information egainding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4203 DERMA-GIDE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioner and providers; •Pertinent evaluations from ther health care practitioner, and providers; •Pertinent evaluations from ther health care practitioner, and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4204 XWRAP PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioner and providers; •Pertinent evaluations from ther health care practitioner, and providers; •Pertinent evaluations from ther health care practitioner, and providers; •Pertinent evaluations from the hosel delivery system; and •Information evaluations;	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4205 MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	10/1/2022	Q4206 FLUID FLOW OR FLUID GF 1 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent exclusions from other health care practitioner; •Pertinent exclusions; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4208 NOVAFIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Information and consultations with the treating practitioner; •Pertinent psychoscial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4209 SURGRAFT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4210 AXOLOTL GRAFT OR AXOLOTL DUALGRAFT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent explauations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4211 AMNION BIO OR AXOBIOMEMBRANE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	10/1/2022	Q4212 ALLOGEN PER CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent dignostic testing instances and providers; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Rechabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4213 ASCENT 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial histor health care practitioners; • Pertinent chards, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4214 CELLESTA CORD PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent gasnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial histor; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4215 AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial history of hostographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4216 ARTACENT CORD PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	10/1/2022	Q4217 WNDFIX BIOWND WNDFI BIOWND Plus WNDFIX X f Plu		Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4218 SURGICORD PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4219 SURGIGRAFT-DUAL PER S	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Information and consultations with the treating practitioner; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts; graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4220 BELLACELL HD OR SUREDI SQ CM	RM PER Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4221 AMNIO WRAP2 PER SQ CI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	10/1/2022	Q4222 PROGENAMATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the leval delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	7/1/2022	Q4224 HMN HLTH FAC 10 AMNIOTIC PATCH HHF10-P PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	7/1/2022	Q4225 AMNIOBIND PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent typothosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	4/1/2021	Q4226 NEW SKIN HOMOLOGOUS AUTOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent typichoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4227 AMNIOCORETM PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

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Hyperbaric/Wound Therapy	10/1/2022	Q4229 COGENEX AMNIOTIC MEMBRANE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4230 COGENEX FLOWABLE AMNION PER 0.5 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Information and consultations with the treating practitioner; •Pertinent psychoscial history: •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4231 CORPLEX P PER CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner, and providers; •Pertinent evaluations from other health care practitioner, and providers; •Pertinent evaluations from the health care practitioner, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4232 CORPLEX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4233 SURFACTOR OR NUDYN PER 0.5 C	C Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychoscial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4234 XCELLERATE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical example •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Potient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4235 AMNIOREPAIR OR ALTIPLY PER SO CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chaits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4237 CRYO-CORD PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4238 DERM-MAXX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent task; graphs or photographic information, as appropriate; • Rethabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4239 AMNIO-MAXX OR AMNIO-MAXX LITE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; *Rethabilitation evaluations; enformation evaluations; enformation evaluations;	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4240 CORECYTE FOR TOPICAL USE O PER 0.5 CC	NLY information generally required to support authorization decision making includes, but not limited to:	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4241 POLYCYTE FOR TOPICAL USE O PER 0.5 CC	 VLY Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychoscial history; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information 	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4242 AMNIOCYTE PLUS PER 0.5 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent chars, graphs or photographic information, as appropriate; Rehabilitation erganding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4244 PROCENTA PER 200 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Information and consultations with the treating practitioner; •Pertinent charus, graphs or photographic information, as appropriate; Rehabilitation erganding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4245 AMNIOTEXT PER CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history: Information and consultations with the treating practitioner; •Pertinent chars, graphs or photographic information, as appropriate; Rehabilitation erganding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4246 CORETEXT OR PROTEXT PER CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent exclusions from other health care practitioner; •Pertinent exclusions; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4247 AMNIOTEXT PATCH PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent totals, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	10/1/2022	Q4248 DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	1/1/2021	Q4249 AMNIPLY, FOR TOPICAL USE ONLY PER SQUARE CENTIMETER	 /, Information generally required to support authorization decision making includes, but not limited to: <	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	1/1/2021	Q4250 AMNIOAMP-MP, PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners, and providers; •Pertinent evaluations from other health care practitioners, and providers; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	1/1/2022	Q4251 VIM PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent han and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	1/1/2022	Q4252 VENDAJE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	1/1/2022	Q4253 ZENITH AMNIOTIC MEMBRANE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Perfinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Perfinent psychosocial history; eInformation and consultations with the reating practitioner; •Pertinent clausitons from other health care practitioners and providers; •Pertinent clausions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	1/1/2021	Q4254 NOVAFIX DL, PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023
Hyperbaric/Wound Therapy	1/1/2021	Q4255 REGUARD, FOR TOPICAL USE ONLY, PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Hyperbaric/Wound Therapy	7/1/2022	Q4256	MYOWN SKIN INCL HARVEST AND PREP PROC PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient		2/23/2023
Hyperbaric/Wound Therapy	7/1/2022	Q4257	RELESE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient		2/23/2023
Hyperbaric/Wound Therapy	7/1/2022	Q4258	ENVERSE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy 357: Skin Substitutes for Chronic Wound Healing - Outpatient		2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	0042T	CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	0331T	MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history: •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations form other health care practitioners and providers; •Pertinent evaluations form other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

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Imaging and Special Tests	Prior to 9/1/2019	0332T N P	AYOCRD SYMP INNERVAJ IMG LNR QUAL AND QUANT W SPECT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactors from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	1/1/2021	0609T N	IRS DISC PAIN ACQUISJ DATA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exhalizations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	1/1/2021	0610T M	IRS DISC PAIN TRANSMIS DATA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chairant, signaphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Information revaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	1/1/2021	0611T N	IRS DISC PAIN ALG ALYS DATA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners, and providers; •Pertinent evaluations from other health care practitioners, and providers; •Pertinent evaluations from clinet health care practitioners, and providers; •Information evaluations; •Information regaring the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	1/1/2021	0612T N	IRS DISCOGENIC PAIN I&R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

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Imaging and Special Tests	1/1/2022	0623T	AUTO QUAN and CHARAC CORONARY ATHEROSCLEROTIC PLAQUE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent chards, graphs or photographic information, as appropriate; =Rehabilitation regarding the local delivery system; and =Information regarding the local delivery system; and =Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	teview 2/23/2023
Imaging and Special Tests	1/1/2022	0624T	AUTO QUAN and CHARAC CORONARY PLAQ DATA PREP and TRNSMIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsdoors from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	1/1/2022	0625T	AUTO QUAN and CHARAC CORONARY PLAQ COMPUTERIZED ALYS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent chards, graphs or photographic information, as appropriate; =Rehabilitation regarding the local delivery system; and =Information regarding the local delivery system; and =Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	1/1/2022	0626T	AUTO QUAN and CHARAC CORONARY PLAQ REV CPTR ALYS I and R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnostic stroing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Pottient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	1/1/2021	0633T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic storing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Pertinent characteristics and linery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		ate of Annual eview
Imaging and Special Tests	1/1/2021		COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITH CONTRAST MATERIAL(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carb, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	1/1/2021		COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	1/1/2021		COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST MATERIAL(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent chairats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	1/1/2021		COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITH CONTRAST MATERIAL(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	1/1/2021			Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information negarding the local delivery system; and -Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	1/1/2022	characte elastogr interpre obtaine ultrasou same ar	terization (non- graphic), including retation and report, ed without diagnostic pund examination of the	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical exam; •Pertinent glagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations; •Information eval	Third Party Proprietary Criteria		2/23/2023
Imaging and Special Tests	1/1/2022	analysis of data comput angiogrr prepara quantifi compos assessm core pla atheros	is using software processing if rom non-coronary terized tomography raphy; including data ation and transmission, fication of the structure and sition of the vessel wall and ment for lipid-rich necrotic aque to assess	•Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, erands or photographic information, as anonomicate:	Texas Medicaid Provider Procedure Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	1/1/2022	0711T Noninva analysis of data comput	vasive arterial plaque is using software processing a from non-coronary iterized tomography raphy; data preparation and	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychoscolal history; •Pertinent paychoscolal history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations for other patholic information, as appropriate; •Pertinent chars, graphs or photographic information, as appropriate; •Perbabilitation regarding the local delivery system; and •Pathent characteristics and information	Texas Medicaid Provider Procedure Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	1/1/2022	analysis of data comput angiogr structur vessel w lipid-rici	is using software processing if rom non-coronary iterized tomography raphy; quantification of the ire and composition of the wall and assessment for ch necrotic core plaque to atherosclerotic plaque	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent out and progress notes; •Pertinent charactoristic for but the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Pertinent characteristics and information •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	1/1/2022	analysis of data comput angiogra	is using software processing a from non-coronary iterized tomography	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pala nad progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Pertinent evaluations; •Information regarding the local delivery system; and •Pattent characteristics and information	Texas Medicaid Provider Procedure Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70336 MRI TEMPOROMANDIBULAR JOINT	Information generally required to support authorization decision making includes, but not limited to: •Ourrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70450 CT HEAD BRAIN W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the host hospital, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70460 CT HEAD BRAIN W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70470 CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70480 CT ORBIT SELLA POST FOSSA EAR W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations into the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nerating the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70481 CT ORBIT SELLA POST FOSSA EAR W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70482 CT ORBIT SELLA POST FOSSA EAR W O AND W CONTR MATR	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the reating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from ther health care practitioners and providers; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70486 CT MAXILLOFACIAL W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70487 CT MAXILLOFACIAL W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70488 CT MAXILLOFACIAL W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nerating the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		Pate of Annual Neview
Imaging and Special Tests	Prior to 9/1/2019	70490 CT SOFT TISSUE NECK W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent harts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70491 CT SOFT TISSUE NECK W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pxpchoscial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70492 CT SOFT TISSUE NECK W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from ther health care practitioner, and providers; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70496 CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from cher health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Jatient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70498 CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervaling to evaluations; •Pertinent nervaling the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Pate of Annual Neview
Imaging and Special Tests	Prior to 9/1/2019		MRI ORBIT FACE AND NECK W O	Information generally required to support authorization deckion making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent adagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; +Information and consultations with the treating practitioner; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		VRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		VRI ORBIT FACE AND NECK W O NND W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		MRA HEAD W O CONTRST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent total stations of the relating the regulation and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information and include local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		MRA HEAD W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalst, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70546 MRA HEAD W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70547 MRA NECK W O CONTRST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pand an oprogress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70548 MRA NECK W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70549 MRA NECK W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70551 MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent valuations from other health care practitioners; •Pertinent tarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70552 MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from careful formation, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70553 MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitiones and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70554 MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychhosical history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	70555 MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	71250 CT THORAX W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitiones and providers; •Pertinent days paths or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charatersitiss and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

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Imaging and Special Tests	Prior to 9/1/2019	71260 CT THORAX W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Retainlition evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	71270 CT THORAX W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Retrinent consultations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	71275 CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	71550 MRI CHEST W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	71551 MRI CHEST W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment flaan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

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Imaging and Special Tests	Prior to 9/1/2019	71552 MRI CHEST W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Retainelitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	<u>teview</u> 2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	71555 MRA CHEST W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72125 CT CERVICAL SPINE W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem -Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history: •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72126 CT CERVICAL SPINE W CONTR MATERIAL	AST Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72127 CT CERVICAL SPINE W O AND CONTRAST MATERIAL	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent clian and progress notes; Pertinent plan and progress notes; Pertinent plan and progress notes; Pertinent evaluations from other health care practitioner; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehamition regarding the local delivery system; and Patient charts, cteristics and information. 	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

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Imaging and Special Tests	Prior to 9/1/2019	72128 CT THORACIC SPINE W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent exolutations with the treating practitioner; •Information and consultations with the treating practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72129 CT THORACIC SPINE W CONTRAS MATERIAL	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Prestment plan and progress notes; Pertinent paylations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72130 CT THORACIC SPINE W O AND V CONTRAST MATERIAL	 / Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent caluations from other health care practitioners and providers; Pertinent charls, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information eregarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72131 CT LUMBAR SPINE W O CONTRAS MATERIAL	 □ Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent possibutions with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charcteristics and information. 	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72132 CT LUMBAR SPINE W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations report photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

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Imaging and Special Tests	Prior to 9/1/2019	72133 CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent synchosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information avaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72141 MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Prestment plan and progress notes; Pertinent paulations with the treating practitioner; Pertinent evaluations from other health care practitioner and providers; Pertinent evaluations; Pertinent evaluations; Rehabilitation regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72142 MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72146 MRI SPINAL CANAL THORACIC W CONTRAST MATRL	O Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72147 MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

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Imaging and Special Tests	Prior to 9/1/2019	72148 MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	O Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretrinent plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72149 MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72156 MRI SPINAL CANAL CERVICAL V AND W CONTR MATRL	 V O Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations. 	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72157 MRI SPINAL CANAL THORACIC AND W CONTR MATRL	 W O Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychoscial history; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations. 	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72158 MRI SPINAL CANAL LUMBAR W AND W CONTR MATRL	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent paychosocial history; Information and consultations with the treating practitioner; Pertinent valuations from other healt care practitioner; Pertinent tharts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

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Imaging and Special Tests	Prior to 9/1/2019	72159 MRA SPINAL CANAL W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: MRI Angiography Spinal Canal	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	Review 2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72191 CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pelvis CTA	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72192 CT PELVIS W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72193 CT PELVIS W CONTRAST MATERI	AL Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72194 CT PELVIS W O AND W CONTRA MATERIAL	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent sychosocial history; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

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Imaging and Special Tests	Prior to 9/1/2019	72195 MRI PELVIS W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment evaluations from other health care practitioner; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioner, •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72196 MRI PELVIS W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent oregarison evoluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72197 MRI PELVIS W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	72198 MRA PELVIS W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	73200 CT UPPER EXTREMITY W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealuations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	73201 CT UPPER EXTREMITY W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the traiting practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	73202 CT UPPER EXTREMITY W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	73206 CT ANGIOGRAPHY UPPER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Upper Extremity CTA	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	73218 MRI UPPER EXTREMITY OTH THAI JT W O CONTR MATRL	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent polychoscial history; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation revaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	73219 MRI UPPER EXTREMITY OTH THA JT W CONTR MATRL	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Prestment plan and progress notes; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner, a supporting; Pertinent resultion regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Defi	finition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	73220 MRI UPPER EXTF JT W O AND W		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	73221 MRI ANY JT UPP O CONTRAST MA		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	73222 MRI ANY JT UPP CONTRAST MATI		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	73223 MRI ANY JT UPP O AND W CONT		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	73225 MRA UPPER EXT CONTRAST MATI		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Upper Extremity MRA	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019		T LOWER EXTREMITY W O ONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent chaldhoson other health care practitioners and providers; -Pertinent chaldhosor bottographic information, as appropriate; -Pertinent chals, graphs or photographic information, as appropriate; -Pertinent chals, graphs or photographic information, and -Phalinitation evaluations; Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		T LOWER EXTREMITY W ONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsdions from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		T LOWER EXTREMITY W O AND V CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		T ANGIOGRAPHY LOWER XTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent explaudions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		IRI LOWER EXTREM OTH THN JT V O CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations for other grantition apporting; *Pertinent charts, graphs or photographic information, as appropriate; *Pertinent evaluations the local delivery system; and Patient chartersfirsts and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	73719 MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and propriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	73720 MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	73721 MRI ANY JT LOWER EXTREM W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from ther health care practitioner, and providers; •Rethabilitation evaluations; Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	73722 MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent explaulations from ther health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	73723 MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		ate of Annual leview
Imaging and Special Tests	Prior to 9/1/2019	73725 MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealizations; •Information aregarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	74150 CT ABDOMEN W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent totarts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	74160 CT ABDOMEN W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	74170 CT ABDOMEN W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pythosocial history; •Information and consultations with the treating practitioner; •Pertinent potaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	74174 CT ANGIO ABD AND PLVIS CNTRS MTRL W WO CNTRST IMG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Cilinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent genotic testing results, operative and/or pathological reports; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner; Pertinent evaluations report on thotegraphic information, as appropriate; Pertinent reading the local delivery system; and Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		Date of Annual
Imaging and Special Tests	Prior to 9/1/2019	74175 CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Abdomen Pelvic CTA	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	Review 2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	74176 CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Include asam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	74177 CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	74178 CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	74181 MRI ABDOMEN W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostit testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		ate of Annual eview
Imaging and Special Tests	Prior to 9/1/2019	74182 MRI A MATE		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Dinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent synchosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, treation and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		ABDOMEN W O AND W RAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charactions from other health care practitioners and providers; •Pertinent characts, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and •Patient negaring the local delivery system; and	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	74185 MRA / MATE		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilization evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019			Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earn; Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent planot donsultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or pholographic information, as appropriate; Herhalilitation evaluations; •Information reading the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		PROCESS W CONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent charls, graphs or photographic information, as appropriate; +Pertinent charls, graphs or photographic information, as appropriate; Hoshaltitation evaluations; Information regarding the local delivery system; and +Patent characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

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Imaging and Special Tests	Prior to 9/1/2019	74263 CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent divaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	74712 FETAL MRI W PLACNTL MATRNL PLVC IMG SING 1ST GES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Fetal MRI	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	75557 CARDIAC MRI MORPHOLOGY AI FUNCTION W O CONTRAST	ND Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychhoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	75559 CARDIAC MRI W O CONTRAST W STRESS IMAGING	/ Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent sychhosoical history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information Construction - Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	75561 CARDIAC MRI W WO CONTRAST AND FURTHER SEQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent divaluations rom other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	75563 CARDIAC MRI W W O CONTRAST W STRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent adagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	<u>2/23/2023</u>
Imaging and Special Tests	Prior to 9/1/2019	75571 CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; +Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	75572 CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent pand progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Potient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	75573 CT HRT CONTRST CARDIAC STRUC AND MORPH CONG HRT D	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chairats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Potient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	75574 CTA HRT CORNRY ART BYPASS GRFTS CONTRST 3D POST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretiment paychoscial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	75635 CTA ABDL AORTA AND BI ILIOFEN W CONTRAST AND POSTP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	<u>Review</u> 2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	76376 3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: 3D Interpretation and Reporting of Imaging Studies	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	76377 3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information eganding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: 3D Interpretation and Reporting of Imaging Studies	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	76380 CT LIMITED LOCALIZED FOLLOW UP STUDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information eganding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	4/1/2021	76390 MRI SPECTROSCOPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tracks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

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Imaging and Special Tests	Prior to 9/1/2019		TOGRAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	<u>eview</u> 2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		OGRAPHY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information seraing the load delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		EDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan of consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent spitations from other health care practitioners and providers; •Pertinent total, sgnhs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		ERIAL UNILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Information realuations; •Information realuations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		ERIAL BILATERAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent chards, graphs or photographic information, as appropriate; -Pertinent chards, graphs or photographic information, as appropriate; -Pertinent chards, graphs or photographic information, as appropriate; -Pertinent evaluations; Information regarding the local delivery system; and -Pertinent evaluations;	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

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Imaging and Special Tests	Prior to 9/1/2019	77048 MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, •Pertinent evaluations; •Information avaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	77049 MRI BREAST WITHOUT AND WITI CONTRAST W CAD BILATERAL	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Inicial exam; Pertinent diagnostic testing results, operative and/or pathological reports; Prestment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	1/1/2022	77089 Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-r absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Visitory of the presenting problem Visitory of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Imaging and Special Tests	1/1/2022	77090 Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Information evaluations; •Pertinent evaluations; •Pertinent evaluations; •Pertinent evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Imaging and Special Tests	1/1/2022	77091 Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: enformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023

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Imaging and Special Tests	1/1/2022	77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diganostic testing results, operative and/or pathological reports; -Pertinent applications with the treating practitioner; -Pertinent explosional history; -Information and consultations with the treating practitioner; -Pertinent explosions from other health care practitioner; -Pertinent explosions from other health care practitioner; -Pertinent explosions from other health care practitioner; -Pertinent explosions (totographic information, as appropriate; -Rethabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	77261	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent approgress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsdos from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	77334	TX DEVICES DESIGN AND CONSTRUCTION COMPLEX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladions from other health care practitioners; •Pertinent chaladions from the problem of the formation, as appropriate; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Imaging and Special Tests	Prior to 9/1/2019	77425 INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations rom other health care practitioners; •Pertiment charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	78206 LIVER IMAGING SPECT W VASCULAR FLOW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Imaging and Special Tests	4/1/2020	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: PET Scan Heart (Cardiac)	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	4/1/2020	78430 Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/ ejection fraction[s], when performed]; single study, at res stress (exercise or pharmacolog with concurrently acquired computed tomography transmission scan	- Treatment approximation of provide and provide prov	Molina Clinical Policy: PET Scan Heart (Cardiac)	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	4/1/2020	78431 Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and// ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurren acquired computed tomography transmission scan	Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Vy Pertinent charts, graphs or photographic information, as appropriate;	Molina Clinical Policy: PET Scan Heart (Cardiac)	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

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Imaging and Special Tests	4/1/2020		Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pach and progress notes; •Pertinent pachasocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: PET Scan Heart (Cardiac)	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	4/1/2020		Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Pertinent chars, graphs or photographic information, as appropriate; •Pertinent chars, graphs or photographic information, and providers; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: PET Scan Heart (Cardiac)	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pachoscial history: •Pertinent pachoscial history: •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Pertinent evaluations; •Information and consultations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		MYOCARDIAL SPECT MULTIPLE STUDIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent pythosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		MYOCARDIAL PERFUSION PLANAR 1 STUDY REST STRES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical earn); •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychoscial history; •Pertinent paychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charcteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	78454 MYOCARDIAL PERFUSION PLANAI MULTIPLE STUDIES	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretiment psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners and propriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	78459 MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	78466 MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL QUAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner, and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Nuclear Stress Test	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	78468 MYOCRD IMG INFARCT AVID PLNI EJEC FXJ 1ST PS TQ	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy: Nuclear Stress Test	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	78469 MYOCRD INFARCT AVID PLNR TOMOG SPECT W WO QUANTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Nuclear Stress Test	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		Date of Annual Neview
Imaging and Special Tests	Prior to 9/1/2019	78472 CARD BLOOD POOL GATED PLANAR 1 STUDY REST STRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent ovaluations; •Pertinent nergarls or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	78473 CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Unicial exam; • Pertinent diagnostit testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitiones and providers; • Pertinent evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	78481 CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Unicial exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from ther health care practitioners and providers; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	78483 CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Unicial earm; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent chards, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	78491 MYOCRD IMAGE PET PERFUS SINGLE STUDY REST STRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealizations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	78492 MYOCRD IMAGE PET PERFUS MULTPL STUDY REST STRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarls or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	78494 CARD BL POOL GATED SPECT RES WAL MOTN EJCT FRCT	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical earn; Pertinent diagnostic testing results, operative and/or pathological reports; Prestment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	78499 UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information erganding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	78607 BRAIN IMAGING TOMOGRAPHIC SPECT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exploations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	78608 BRAIN IMAGING PET METABOLIC EVALUATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Brain PET	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019		IRAIN IMAGING PET PERFUSION VALUATION	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent chards, graphs or photographic information, as appropriate; =Rehabilitation regarding the local delivery system; and =Pottient characteristics and information.	Molina Clinical Policy: Brain PET	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		ET IMAGING LIMITED AREA HEST HEAD NECK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent galanostic pathory; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent enduations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: PET Scan With or Without CT Attenuation	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		ET IMAGING SKULL BASE TO MID HIGH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment plagnostic tersing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; Information and consultations with the treating practitioner; •Pertiment charladistors for photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	78813 P	ET IMAGING WHOLE BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exploadiantisms of the relatity care practitioners; •Pertinent explauditors from other health care practitioners and providers; •Pertinent explauditors from other health care practitioners and providers; •Pertinent explantions; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		ET IMAGING CT FOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent taylards or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019		AGING CT ATTENUATION BASE MID-THIGH	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem -Clinical earn; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Pertinent charations from other health care practitioner; -Pertinent charats, graphs or photographic information, as appropriate; -Pertinent charats, graphs or photographic information, as appropriate; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	78816 PET IMAG ATTENU <i>i</i>	AGING FOR CT JATION WHOLE BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Perfinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Perfinent psychosocial history; •Information and consultations with the treating practitioner; •Perfinent charts, graphs or photographic information, as appropriate; Rehabilitation eraulations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	1/1/2022	intralumi endoscoj	ntestinal tract imaging, minal (eg. capsule opy), colon, with tation and report	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent phososcial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totats, graphs or photographic information, as appropriate; •Rehabilization evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Imaging and Special Tests	1/1/2021	RECORDI HOURS L CONTINU RECORDI INCLUDE ANALYSI	OCARDIOGRAPHIC DING FOR MORE THAN 48 UP TO 7 DAYS BY NUOUS RHYTHM DING AND STORAGE;	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent planot consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent valuations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2023
Imaging and Special Tests	1/1/2021	RECORDI HOURS L CONTINU RECORDI RECORDI	OCARDIOGRAPHIC DING FOR MORE THAN 48 UP TO 7 DAYS BY IUOUS RHYTHM DING AND STORAGE; DING (INCLUDES CTION AND INITIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem •Clinical exam; •Pertinent plagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Imaging and Special Tests	1/1/2021	93243 EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; SCANNING ANALYSIS WITH REPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent explausions from other health care practitioner; •Pertinent testing so rphotographic information, as appropriate; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation regulations for local deliver system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Imaging and Special Tests	1/1/2021	93244 EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; REVIEW AND INTERPRETATIC	•Climical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary Criteria	2/23/2023
Imaging and Special Tests	1/1/2021	93245 EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; INCLUDES RECORDING, SCAN ANALYSIS WITH REPORT, REV AND INTERPRETATION	•Lunical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; NING •Information and consultations with the treating practitioner;	Third Party Proprietary Criteria	2/23/2023
Imaging and Special Tests	1/1/2021	93246 EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; RECORDING (INCLUDES CONNECTION AND INITIAL RECORDING)	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +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 regarding the local delivery system; and -Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Imaging and Special Tests	1/1/2021	93247 EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; SCANNING ANALYSIS WITH REPORT	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretriment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent tests, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	1/1/2021	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; REVIEW AND INTERPRETATION	Information generally required to support authorization deckion making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Prestment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations. •Rehabilitation evaluations. •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	C8900	MR ANGIOGRAPHY WITH CONTRAST ABDOMEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	C8901	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	C8902	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST ABD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioner, and providers; •Pertinent exaluations from other health care practitioner, and providers; •Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	C8903 MR IMAGING WITH CONTRAST BREAST; UNILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	C8905 MR IMAG W O CONTRST FLWED V CONTRST BRST; UNI	V Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pxphosocial history; Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Rehabilitation regarding the local delivery system; and +Jatient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	C8906 MR IMAGING WITH CONTRAST BREAST; BILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent clausitons from the health care practitioners and providers; •Pertinent evaluations from ther health care practitioner, and providers; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	C8908 MR IMAG W O CONTRST FLWED V CONTRST BRST; BIL	 V Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent physhosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent harts, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	C8909 MR ANGIOGRAPHY WITH CONTRAST CHEST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	C8910 MR ANGI CONTRAS	OGRAPHY WITHOUT T CHEST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		O WITHOUT CONTRST D W CONTRST CHST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	C8912 MR ANGIO CONTRAS	OGRAPHY WITH I LOWER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent character spitos or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Potient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		OGRAPHY WITHOUT T LOWER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Potient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		O W O CONTRST FLWED IST LOW EXTRM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactoris for bhotographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019		MR ANGIOGRAPHY WITH CONTRAST PELVIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		MRA WITHOUT CONTRAST FOLLOWED W CONTRAST PELVIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		MR ANGIOGRAPHY W CONTRAST SPINAL CANAL CONTENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019		MR ANGIOGRAPHY W O CONTRST SPINAL CANAL CONTENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	C8933 MR ANGIO NO CONTRST FLW W CONTRST SP CANAL CNTN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarsh or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	C8934 MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent giagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent totals, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	C8935 MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	C8936 MR ANGIO W O CONTRST FOLLOWED W CONTRST UP EXT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent polautions from cher health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	C8937 CMP-AID DETN INCL CMP ALG ANALYS BR MRI IMG DATA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent caluations from other health care practitioners and providers; •Pertinent caluations from other health care practitioners and providers; •Pertinent caluations from other health care practitioners and providers; •Pertinent orealizations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	4/1/2021	C9762	IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Pattent characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	4/1/2021	C9763	IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charactions from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and •Patient negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	10/1/2019	G0235	OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent planotic documents; •Information and consultations with the traing practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or pholographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	G0297		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent planoand consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information reading the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Imaging and Special Tests	4/1/2021	S8037		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Vistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent valuations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information reading the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual
Imaging and Special Tests	Prior to 9/1/2019	\$8042	MAGNETIC RESONANCE IMAGING	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Dertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic string results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent chalsions from other health care practitioners and providers; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	review 2/23/2023
Imaging and Special Tests	Prior to 9/1/2019	\$8080	SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent panda progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent chalse for photographic information, as appropriate; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Imaging and Special Tests	4/1/2021	S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent grand and progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent chalkations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	94657	VENTILATOR SUPPLEMENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychoscial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent characteristics and information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook		2/23/2023
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	97532	COGNITIVE REHABILITATIVE THERAPY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent plan and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent exaustions from other health care practitioner; -Pertinent exaustions, graphs or photographic information, as appropriate; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information negarding the local delivery system; and -Patient characteristics and information. -Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	97537	COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook	2/23/2023
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	H2023	SUPPORTED EMPLOYMENT PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient chartseristics and information. •Potoumentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/23/2023
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	H2025	ONGOING SUPPORT MAINTAIN EMPLOYMENT PER 15 MIN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent characteristics and toking; -Pertinent characteristics and information, as appropriate; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook	2/23/2023
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	\$5101	DAY CARE SERVICES ADULT; PER HALF DAY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent characteristics and information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook	2/23/2023
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent extra, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Walver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5140	FOSTER CARE ADULT; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook	2/23/2023
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient chartscriterstics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/23/2023
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5160	EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerving or the protographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Pocumentation outlined in the Start-Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/23/2023
ong Term Services and Support: All codes require authorization for payment.	2/1/2022	S5161	EMERGENCY RESPONSE SYSTEM; SERVICE FEE PER MONTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues; •Information regarding the local delivery system; and •Patient characteristics and information. •Pocument aton outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/23/2023
ong Term Services and Support: All codes require authorization for payment.	2/1/2022	S5165	EMERGENCY RESPONSE SYSTEM; SERVICE FEE PER MONTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Long Term Services and Support: All codes require authorization for payment.	Prior to 9/1/2019	S5170	HOME DELIV MEALS INCLUDING PREPARATION; PER MEAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent traductions from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook	2/23/2023
Long Term Services and Support: All codes require authorization for payment.	Prior to 9/1/2019	S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient chartscristics and information. •Patient chartscristics and information.	Texas Medicaid Star Plus Waiver Handbook	2/23/2023
Long Term Services and Support: All codes require authorization for payment.	Prior to 9/1/2019	S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patter tharacteristics and information. •Documentation outlined in the Star-Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/23/2023
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S9128	SPEECH THERAPY IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genome to the strategeneration of the service of the serv	Texas Medicaid Star Plus Waiver Handbook	2/23/2023
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent giagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information negarding the local delivery system; and •Patient chartecristics and information. •Potocumentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	59131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretiment pand progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook	2/23/2023
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T1001	T1001-NURSING ASSESSMENT/EVALUATION	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent paychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information negarding the local delivery system; and -Patient chartscristics and information.	Texas Medicaid Star Plus Waiver Handbook	2/23/2023
Long Term Services and Support: All codes require authorization for payment.	2/1/2021	T1005	RESPITE CARE SERVICES UP TO 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent paychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent characteristics and information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. -Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook	2/23/2023
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chard, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/23/2023
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T2017	HABILITATION RESIDENTIAL WAIVER; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent path and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent extra, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information negarding the local delivery system; and •Patient characteristics and information. •Decumentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/23/2023

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Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T2031	ASSISTED LIVING WAIVER; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook		2/23/2023
Long Term Services and Support: All codes require authorization for payment.	Prior to 9/1/2019	T2038	COMMUNITY TRANSITION WAIVER; PER SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent payschossical history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health are practitioners; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information. •Patient characteristics can information.	Texas Medicaid Star Plus Waiver Handbook		2/23/2023
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T2040	FINANCIAL MGMT SELF-DIRECTED WAIVER; PER 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pash disconstructions with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook		2/23/2023
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	1/1/2020	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING. WITH VIDEO WHEN PERFORMED, SETUP PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	-Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical example: -Clinical example: -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history;	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95708	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION B EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical evants: •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners; appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes Date of Annual Beview
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95709	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EGE TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	• Linical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Pertinent psychosocial history;	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95710	WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH CONTINUIOUS BEAL TIME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95711	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment sychosocial history; Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Reinabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95713	VIDEO (VEEG), REVIEW OF DATA,	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history. •Pertinent psychosocial history. •Pertinent evaluations from other health care practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes Date of Annual Review
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 12-26 HOURS; UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment plan and progress notes; -Pertiment posthoscial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioners; -Pertiment evaluations; -Retriment evaluations; -Information reading the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 12-26 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history: •Information and consultations with the treating practitioner; •Pertiment chaluations from other health care practitioners and providers; •Pertiment charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95716	VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 12-26 HOURS;	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pand progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Information regulations; •Information regulations; •Informations; •Information regulations; •Informations; •Informations; •Informations	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95718	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OR EEG RECORDING; WITH VIDEO (VEEG)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent physicoscial history; •Information and consultations with the treating practitioner; •Pertinent charand consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Retinent chards, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95719	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD; WITHOUT VIDEO	-Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent sychosocial history: -Information and consultations with the treating practitioner; -Pertinent usuations from other health exam constitutions of an domider: -Information and consultations with the treating practitioner; -Pertinent sychosocial history: -Information and consultations with the treating practitioner; -Pertinent sychosocial history: -Information and consultations with the treating practitioner; -Pertinent sychosocial history: -Information and consultations from other health exam constitutions from other he	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes Date of Annual Review
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95720	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD; WITH VIDEO (VEEG)	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent plan donsultations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent dracks, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95721	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 36 HOURS, UP TO 60 HOURS OF EEG RECORDING, WITHOUT VIDEO	 Information regarding the local delivery system; and 	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020		CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS,	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent charst, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020		CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN	 Information regarding the local delivery system; and 	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95724	CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS,	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pychosocial history; •Pertinent pychosocial history; •Information and consultations with the treating practitioner; •Pertinent charsultations from other health care practitioners; •Pertinent charsultations or photographic information, as appropriat; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95725	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 84 HOURS OF EEG RECORDING, WITHOUT VIDEO	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent pain and progress notes; -Pertinent psychoscial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations; -Retrinent chars, graphs or photographic information, as appropriate; -Rethallitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	ALVIEW
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95726	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 84 HOURS OF EEG RECORDING, WITH VIDEO (VEEG)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; *Pertinent chards, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	Prior to 9/1/2019	95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalkations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	Prior to 9/1/2019	96112	DEVELOPMENTAL TST ADMIN PHYS QHP 1ST HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent publications with the treating practitioner; •Pertinent publications from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	96112 is limited to 1 unit per date of service. No prior auth required for the initial 4 units of 96112 and 96113 combined per calendar year.	
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	Prior to 9/1/2019	96113	DEVELOPMENTAL TST ADMIN PHYS QHP EA ADDL 30 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior auth required for the initial 4 units of 96112 and 96113 combined per calendar year.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019	96116	NEUROBEHAVIORAL STATUS XM PHYS QHP 1ST HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing resolute, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No PA required up to 8 hours per calendar year.	<u>(2/23/2023</u>
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019	96121	NEUROBEHAVIORAL STATUS XM PHYS QHP EA ADDL HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No PA required up to 8 hours per calendar year.	2/23/2023
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	Prior to 9/1/2019	96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the relating practitioner; •Pertinent chaistors for photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/23/2023
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019	96130	PSYCHOLOGICAL TST EVAL SVC PHYS QHP FIRST HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No PA required up to 8 hours per calendar year.	2/23/2023
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019	96131	PSYCHOLOGICAL TST EVAL SVC PHYS QHP EA ADDL HOUR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent gagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; +Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No PA required up to 8 hours per calendar year.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019	96132	NEUROPSYCHOLOGICAL TST EVAL PHYS QHP 1ST HOUR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +iistory of the presenting problem -Clinical exam; -Pertinent plan and progress notes; -Pertinent pythosocial history; -Pertinent pythosocial history; -Pertinent evaluations 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 for hotographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	No PA required up to 8 hours per calendar year.	2/23/2023
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019	96133	NEUROPSYCHOLOGICAL TST EVAL PHYS QHP EA ADDL HR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chalsdions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No PA required up to 8 hours per calendar year.	2/23/2023
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019	96136	PSYL NRPSYCL TST PHYS QHP 2 PLUS TST 1ST 30 MIN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent chards, graphs or photographic information, as appropriate; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	No PA required up to 8 hours per calendar year.	2/23/2023
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019	96137	PSYCL NRPSYCL TST PHYS QHP 2 PLUS TST EA ADDL 30 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No PA required up to 8 hours per calendar year.	2/23/2023
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019	96138	TST 1ST 30 MIN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Dinical esam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent agnostic storing results, operative and/or pathological reports; -Pertinent psychoscolal history; -Pertinent psychoscolal history; -Pertinent evaluations from other health care practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	No PA required up to 8 hours per calendar year.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019		PSYCL NRPSYCL TST TECH 2 PLUS TST EA ADDL 30 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	No PA required up to 8 hours per calendar year.	2/23/2023
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019		PSYCL NRPSYCL TST ELEC PLATFORM AUTO RESULT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent exaultations from there health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No PA required up to 8 hours per calendar year.	2/23/2023
Occupational Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019		THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the relating practitioner; •Pertinent chaisdisons for photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year	2/23/2023
Occupational Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019		THER PX 1 OR GRT AREAS EACH 15	5 Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent testing raphs to photographic information, as appropriate; • Rethabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year	2/23/2023
Occupational Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019		THER PX 1 OR GT AREAS EACH 15 MIN AQUA THER W/XERSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschoscial history; •Information and consultations with the relating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exalts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Occupational Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97116	THER PX 1 OR GRT AREAS EA 15 MIN GAIT TRAINJ W STAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Pertinent explosical history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent explanations; •Pertinent explanations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year	2/23/2023
Occupational Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97124	THER PX 1 OR GRT AREAS EACH 15 MINUTES MASSAGE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year	2/23/2023
Occupational Therapy: No prior authorization is required for the first 30 visits per calendar year.	4/1/2020	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on- one) patient contact; initial 15	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent grand progress notes; -Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent charls, graphs or photographic information, as appropriate; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior authorization is required for the first 30 visits per calendar year	2/23/2023
Occupational Therapy: No prior authorization is required for the first 30 visits per calendar year.	4/1/2020	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on- one) patient contact; each	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior authorization is required for the first 30 visits per calendar year	2/23/2023
Occupational Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97140		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent that, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Occupational Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97150	THERAPEUTIC PROCEDURES GROUP 2 OR GRT INDIVIDUALS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year	2/23/2023
Occupational Therapy	Prior to 9/1/2019	97168	OCCUPATIONAL THER RE-EVAL ES	T information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitätion evaluations; Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2023
Occupational Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year	2/23/2023
Occupational Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year	2/23/2023
Occupational Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97535	SELF-CARE HOME MGMT TRAINING EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent approximations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent exaluations from other health care practitioners and providers; -Pertinent exaluations from other health care practitioners and providers; -Pertinent exaluations: -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the reating practitioner; •Pertinent chalsdions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0674T	replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function including an implantable	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalkadions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0675T	replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for summativity of cardiac function	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations (up to the practitioners) •Pertinent chards, graphs or photographic information, as appropriate; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Beview
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure)	Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, reachs or obstorable information, as appropriate:	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretiment plan and progress notes; •Pertinent psychosocial history; endomation and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information actions; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)		Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)	-Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical arm:	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Beview
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0681T	permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function,	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations; -Pertinent evaluations; -Referent evaluations; -Information evaluation; -Information evalua	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0682T	synchronized diaphragmatic stimulation system for augmentation of cardiac function	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; =Information and consultations with the treating practitioner; •Pertinent chalations from other health care practitioners and providers; •Pertinent chalations from other health care practitioners and providers; •Pertinent characteristics and information, as appropriate; Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0683T	person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations for other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0685T	person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system	Information generally required to support authorization decision making includes, but not limited to: •Current (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; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Herbinent chards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic 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 evaluations from other health care practitioners and providers; •Pertinent extra, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0688T	Treatment of amblyopia using an online digital program; assessmen of patient performance and program data by physician or other qualified health care professional, with report, per calendar month	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent chaizdisons for under health care practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rentabilitation evaluations; +Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization		Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent giagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	15771	to trunk, breasts, scalp, arms,	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent dignostic testing results, operative and/or pathological reports; • Pertinent paychosocial history: • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations: • Information evaluations; • Information evaluation; • Informa	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	15773	Grafting of autologous fat harvested by liposuction techniqu to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent exaluations from other health care practitioners and providers; -Pertinent exaluations from other health care practitioners and providers; -Rehabilitation evaluations; -Information negarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	15786	ABRASION 1 LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent that and consultations with the treating practitioner; •Pertinent that streatings or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	15819	CERVICOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Information regarding the local delivery system; and	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretiment graph and progress notes; •Pertinent synchoscical history; •Information and consultations with the treating practitioner; •Pertinent chalactors for other health care practitioners; •Pertinent chalactors for other health care practitioners; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	17004	DESTRUCTION PREMALIGNANT LESION 15 OR GRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment plan and progress notes; •Pertiment solutions with the treating practitioner; •Pertiment exclusions from other health care practitioner; •Pertiment exclusions from other health care practitioner; •Pertiment exclusions from other health care practitioner; •Pertiment exclusions; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria		2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	17360	CHEMICAL EXFOLIATION ACNE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent genoand progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	19303	MASTECTOMY SIMPLE COMPLETE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; ePertinent diagnostic testing results, operative and/or pathological reports; +Pretrinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent exhats, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exhalizations from other health care practitioners and providers; •Pertinent exhalizations from other health care practitioners and providers; •Pertinent exhalizations from other health care practitioners and providers; •Pertinent exhalizations for othotographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	20561	Needle insertion(s) without injection(s); 3 or more muscles	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code De	efinition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21073 MANIPULATIO THERAPEUTIC ANESTHESIA		Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychoscial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent tarks, graphs or photographic information, as appropriate; -Pertinent chards, graphs or photographic information, as appropriate; -Pertinent negarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21120 GENIOPLASTY	AUGMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Rethabilitation evaluations; Information evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21121 GENIOPLASTY OSTEOTOMY S		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21122 GENIOPLASTY OSTEOTOMIES		Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent sychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners; Pertinent charts, graphs or photographic information, as appropriate; Pentinent charts, graphs or photographic information, as appropriate; Pentinent charts, graphs or information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21123 GENIOP SLIDIN INTERPOSAL B		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent involuation regarbs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exclusions from other health care practitioners; •Pertinent exclusions; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21137	REDUCTION FOREHEAD CONTOURING ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrunent plan and progress notes; •Pertinent psychoscial history; enformation and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent dignostic testing results, operative and/or pathological reports; =Pertinent pagnostic testing results, operative and/or pathological reports; =Pertinent pagnostic testing results, operative and/or pathological reports; =Pertinent pagnostic testing results, operative and/or pathological reports; =Pertinent testing of the match care practitioner; =Pertinent evaluations from other health care practitioner; =Pertinent exclusations from other health care practitioner; =Pertinent exclusations; =Rehabilitation evaluations; =Information regaring the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent toualisations for under health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21143	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; enformation and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rentabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations (j); Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent exaluations: •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the reading practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Retabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent psychoscial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations; +Information evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalusions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21240	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code Definit	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21242 ARTHROPLASTY TEMPOROMANDIBI ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: # JT W -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent plan and progress notes; -Treatment plan and progress notes; -Pertinent galexions and consultations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioner; -Pertinent charts; graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21243 ARTHRP TMPRMAN PROSTHETIC REPLA		Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21270 MALAR AUGMENTA PROSTHETIC MATER		Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21280 MEDIAL CANTHOPE PROCEDURE	SEPARATE Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent explosions from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information and consultations; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information cargaring the local delivery system; and	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21282 LATERAL CANTHOP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thardualations from other health care practitioners; •Pertinent thardualations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and propriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	21601	Excision of chest wall tumor including rib(s)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chaizts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent exiluations from toher health care practitioner and providers; =Pertinent exiluations. =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22110	PRTL EXC VRT BDY B1Y LES W O SP CORD 1 SGM CRV	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the reating practitioner; Pertinent tasks graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22112	PRTL EXC VRT BDY B1Y LES W O SP CORD 1 SGM THRC	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent outaitons from ther health care practitioners and providers; Pertinent nets, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22114	PRTL EXC VRT BDY B1Y LES W O SP CORD 1 SGM LMBR	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the reating practitioner; Pertinent totas, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment pathosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioner; •Pertiment evaluations from other health care practitioner; •Pertiment evaluations from other health care practitioner; •Pertiment evaluations; •Information evaluations; •Information evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent chalands for the health care practitioners and providers; •Pertinent charst, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information actions; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Pretiment gaponts notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent treatuations of the totographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations. -Pertinent evaluations. -Information evaluations. -Information evaluations. -Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the relating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatiment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations mother health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent chards; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertiment pathosocial history; +Information and consultations with the treating practitioner; -Pertiment takats, graphs or photographic information, as appropriate; -Rehabilitation evaluations; +Information evaluation evaluation evaluation evaluation evaluation evalu	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the reating practitioner; •Pertinent chalsions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners and providers; •Pertinent explaudions from other health care practitioners and providers; •Pertinent explaints or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent valuations from other health care practitioners; •Pertinent taylactions for mother patholic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; enformation and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rechabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and propriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		ARTHRODESIS POSTERIOR CRANIOCERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		ARTHRODESIS POSTERIOR ATLAS- AXIS C1-C2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the reating practitioner; •Pertinent chalsions for othor health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent pychosocial history; endformation and consultations with the treating practitioner; •Pertinent planations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Retrinent chards, graphs or photographic information, as appropriate; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the relating practitioner; •Pertinent chaladions from other health care practitioners; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	22614	ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent psychoscial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent chalkations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	22632	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent dualsions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsustors from the health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	22634	ARTHRODESIS POST/POSTERLATRL/POSTINTRBDY ADL SPC/SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations for other patholic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertiment pathosocial history; +Information and consultations with the treating practitioner; -Pertiment takats, graphs or photographic information, as appropriate; -Rehabilitation evaluations; +Information evalua	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the reating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from othorgraphic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaistors of the relating reactitioners; •Pertinent chaist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent characteristics and hotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent explusations from other health care practitioner; •Pertinent explusations from other health care practitioner; and providers; •Pertinent explusations from other health care practitioner; and providers; •Rehabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		KYPHECTOMY SINGLE OR TWO SEGMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		KYPHECTOMY 3 OR MORE SEGMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chainstory for the relating and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		REINSERTION SPINAL FIXATION DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and propriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22852	REMOVAL POSTERIOR SEGMENTAI	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent approximations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; and providers; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations: -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22855	REMOVAL ANTERIOR INSTRUMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	22858	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	22860	TTL DSC ARTHRPLSTY (ARTFCL DISC), ANTRR APPRCH, INCLDNG DSCECTMY TO PRPRE INTRSPCE (OTHR THAN FOR DCMPRSSION); SCND INTRSPCE, LMBR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent paral progress notes; -Pertinent psychoscial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent exaluations from other health care practitioner; -Pertinent tarks, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information evaluations; -Information regaring the local delivery system; and -Patient characteristics and information	Molina Clinical Policy: Artificial Disc Replacement	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22861	REVJ RPLCMT DISC ARTHROPLAST	y Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent ethalations from other health care practitioners and providers; •Pertinent ethals or sphotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Artificial Disc Replacement	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22862	REVJ RPLCMT DISC ARTHROPLAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladisons from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Artificial Disc Replacement	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent pychosocial history; •Information and consultations with the treating practitioner; •Pertinent planuations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Artificial Disc Replacement	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactors, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Artificial Disc Replacement	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertainent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		INSJ STABLI DEV W DCMPRN LUMBAR SECOND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inficient diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations, •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		INSJ STABLI DEV W O DCMPRN LUMBAR SINGLE LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Iclinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; #Rehabilitation evaluations; Information eganding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Interspinous Decompression Devices for Spinal Stenosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		INSJ STABLI DEV W O DCMPRN LUMBAR SECOND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent valuations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Interspinous Decompression Devices for Spinal Stenosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23120	CLAVICULECTOMY PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23125	CLAVICULECTOMY TOTAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent extracts, graphs or photographin information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment chairs, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23405	TENOTOMY SHOULDER AREA 1 TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrunent plan and progress notes; •Pertinent psychoscial history; enformation and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23415	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent exclusions; •Information evaluations; •Information evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23420	RECONSTRUCTION ROTATOR CUF AVULSION CHRONIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem (Clinical exam; •Pertinent parts/chosoical history; •Information and progress notes; •Information and consultations with the treating practitioner; •Pertinent psychosoical history; eInformation and consultations with the reap fractitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23430	TENODESIS LONG TENDON BICEPS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; eInformation and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; eInformation evaluations; eInformation evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; eInformation and consultations with the treating practitioner; •Pertinent chaits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; eInformation evaluations; eInformation evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent nevaluations (set in the care practitioner); +Pertinent nevaluations (set in the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychoscial history; •Information and consultations with the treating practitioner; •Pertiment exaluations from other health care practitioner; •Pertiment exaluations from other health care practitioner; •Pertiment exaluations from other health care practitioner; •Rehabilitation evaluations; •Information evaluation; •Information evaluation; •Information evalu	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalacions for obtographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment characteristics and information, as appropriate;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23466	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment sychosocial history: •Information and consultations with the treating practitioner; •Pertiment chalautions from other health care practitioners and providers; •Pertiment chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment plan and progress notes; -Pertiment poschoscial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioners; -Pertiment evaluations; -Pertiment evaluations; -Pertiment evaluations; -Information reading to local delivery system; and -Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history: •Information and consultations with the treating practitioner; •Pertiment chaluations from other health care practitioners and providers; •Pertiment charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pand progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	25447	ARTHRP INTERPOS INTERCARPAL METACARPAL JOINTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychoscial history: •Pertinent paychoscial history: •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioner; •Pertinent chars, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	26499	CORRECTION CLAW FINGER OTHER METHODS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent explusations from other health care practitioner; •Pertinent explusations from other health care practitioner; •Pertinent explusations; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27120	ACETABULOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27125	HEMIARTHROPLASTY HIP PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretiment gaychosocial history; •Pertinent psychosocial history; •Information and consultations with the trating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Pertinent explosional history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent exclusions from other health care practitioners; •Pertinent exclusions; •Information evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27137	REVJ TOT HIP ARTHRP ACTBLR W	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent that such as the practitioner and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27138	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent tousitations with the reating practitioner; •Pertinent tousitations for othotographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL and LAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exclusions from other health care practitioners; •Pertinent exclusions; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27405	RPR PRIMARY TORN LIGM and /CAPSULE KNEE COLLATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial history and providens; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27407	REPAIR PRIMARY TORN LIGM and	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27409	RPR 1 TORN LIGM and /CAPSL KN COLTRL and CRUCIATE	E Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent prohosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent texts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent texts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Autologous Chondrocyte Implantation for Knee Cartilage Lesions	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignorstic 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 evaluations from other health care practitioners; and providers; •Pertinent exclusions from other health care practitioners; •Pertinent exclusions: •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent payschoscial history; • Pretrainent payschoscial history; • Pertinent psychoscial history; • Pertinent psychoscial history; • Pertinent psychoscial history; • Pertinent psychoscial history; • Pertinent chards, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information evaluati	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27418	ANTERIOR TIBIAL TUBERCLEPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27420	RCNSTJ DISLOCATING PATELLA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT and /MUSC RL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment gan and progress notes; -Pertinent psychosocial history; Information and consultations with the trating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent nevaluations from other health care practitioners and providers; +Pertinent nevaluations from other health care practitioners and providers; +Pertinent nevaluations from other health care practitioners and providers; +Pertinent chards; graphs or photographic information, as appropriate; #Information negarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27424	RCNSTJ DISLC PATELLA W/PATELLECTOMY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent dignostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Treatment plan and progress notes; =Pertinent dyschosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent tests, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27425	LATERAL RETINACULAR RELEASE OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27427	LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information 	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27428	LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Cilinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent physichoscial history; Pertinent physichoscial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27429	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Information and consultations with the reating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27438	ARTHROPLASTY PATELLA W PROSTHESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exclusations from other health care practitioners and providers; •Pertinent exclusations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pxphoscial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Jatient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent toaluations from other health care practitioners and providers; •Pertinent toalsultations; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Jatient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27443	ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL	Information generally required to support authorization decision making includes, but not limited to: •Ourrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the trating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent pagnostic testing results, operative and/or pathological reports; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27446	ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Potient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	J Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent total stations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27486	REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent chaist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earny: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent giagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28005	INCISION BONE CORTEX FOOT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychoscial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent exaluations from other health care practitioner; -Pertinent evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28008	FASCIOTOMY FOOT AND TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent galanostic testing results, operative and/or pathological reports; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history: •Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsators from other health care practitioners and providers; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28035	RELEASE TARSAL TUNNEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnostic storing results, operative and/or pathological reports; •Pertinent psychosocial history; entimet psychosocial history; •Pertinent evaluations with the treating practitioner; •Pertinent testa, graphs or photographic information, as appropriate; •Pertinent characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent explusations from other health care practitioner; •Pertinent explusations from other health care practitioner; •Pertinent explusations; •Information evaluations; •Information evaluatio	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Retabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28090	EXC LESION TENDON SHEATH CAPSULE W SYNVCT FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; eleftiment of the relative frace practitioner; •Pertinent psychosocial histor health care practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28092	EXC LESION TENDON SHEATH CAPSULE W SYNVCT TOE EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nevaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28100	EXCISION CURETTAGE CYST TUMOR TALUS CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28102	EXC CURTG CST B9 TUM TALUS CLCNS W ILIAC AGRET	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28103	EXC CURETTAGE CYST TUMOR TALUS CALCANEUS ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28104	EXC CURTG BONE CYST B9 TUMORTARSAL METATARSAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28106	EXC CURTG CST B9 TUM TARSAL METAR W ILIAC AGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Beview
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28107	EXC CURTG CST B9 TUM TARSAL METAR W ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent taignostic testing results, operative and/or pathological reports; •Pertinent taignostic testing results, operative and/or pathological reports; •Pertinent taiston and consultations with the treating practitioner; •Pertinent testing, traphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28108	EXC CURTG CST B9 TUM PHALANGES FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent totats; graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioner, september of the support o	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28113	OSTECTOMY COMPLETE STH METATARSAL HEAD	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent dignostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Treatment plan and progress notes; =Pertinent exploasional history; =Information and consultations with the treating practitioner; =Pertinent explusations from other health care practitioners; =Pertinent explusations from other health care practitioners; =Pertinent explusations; =Information evaluations; =Information evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28114	OSTC COMPLALL METAR HEADS V PRTL PROX PHALANGC	V Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the realing practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations, •Information evaluations, •Information and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28116	OSTECTOMY TARSAL COALITION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaits, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28118	OSTECTOMY CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent that the relatitic are practitioners; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information and Include Hocal delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28119	OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners; appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28120	PARTIAL EXCISION BONE TALUS CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28122	PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent totaris, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28124	PARTICAL EXCISION BONE PHALANX TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28126	RESECTION PARTIAL COMPLETE PHALANGEAL BASE EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28130	TALECTOMY ASTRAGALECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28140	METATARSECTOMY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent dignostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioner; =Pertinent exclusions from other health care practitioner; =Pertinent exclusions; =Refnabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28160	HEMIPHALANGECTOMY INTERPHALANGEAL JOINT EXC TOP	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the realing practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28171	RAD RESCI TUMOR TARSAL EXCEP TALUS CALCANEUS	T Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28173	RADICAL RESECTION TUMOR METATARSAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28175	RADICAL RESECTION TUMOR PHALANX OR TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tail, signals or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Potient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28208	REPAIR TENDON EXTENSOR FOOT 12 EACH TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent that and consultations with the relating practitioner; •Pertinent that stars or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chains, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earny: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent giagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28230	TX OPN TENDON FLEXOR FOOT SINGLE MULT TENDON SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exalt softs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28234	TENOTOMY OPEN EXTENSOR FOO TOE EACH TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations; •Information evaluations; •Infor	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28238	RCNSTJ PST TIBL TDN W EXC ACCESSORY TARSL NAVCLR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28240	TENOTOMY LENGTHENING RLS ABDUCTOR HALLUCIS MUSC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28250	DIVISION PLANTAR FASCIA AND MUSCLE SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrunent plan and progress notes; •Pertinent psychoscial history; enformation and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		CAPSULOTOMY MIDFOOT W TENDON LENGTHENING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		CAPSUL MIDFOOT W PST TALOTIE CAPSUL AND TDN LNGTH	IL Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28264	CAPSULOTOMY MIDTARSAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		CAPSUL MTTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Prestment psychosocial history; Pertinent psychosocial histor; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners; Pertinent chards, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28280 SYNDACTYLIZATION TOES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent psychoscidal history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28285 CORRECTION HAMMERTOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealizations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28286 CORRECTION COCK-UP 5TH TOE PLASTIC CLOSURE	W Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pana and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28288 OSTC PRTL EXOSTC CONDYLC METAR HEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28289 HALLUX RIGIDUS W CHEILECTON 1ST MP JT W O IMPLT	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Teratiment plan and progress notes; Pertinent plan and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charls, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 monks), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment pachasocial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations; -Pertiment evaluations; -Information evaluation; -Information evaluation; -Information eva	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28292	CORRJ HALLUX VALGUS W SESMDC W RESCJ PROX PHAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28295	CORI HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pathon and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polyhosocial history; Information and consultations with the traiting practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychoscial history; •Pertinent paychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28298	CORRI HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent approximations with the treating practitioner; +Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28302	OSTEOTOMY TALUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Information regarding the local delivery system; and	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28304	OSTEOTOMY TARSAL BONES OTH THN CALCANEUS TALUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28305 OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestiment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent testing results or photographic information, as appropriate; #Rehabilitation evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28306 OSTEOT W WO LNGTH SHRT CORRJ 1ST METAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent charts, graphs or photographic information, as appropriate; =Rethabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28307 OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychoscial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28308 OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28309 OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; and providers; -Pertinent exclusions from other health care practitioner; -Pertinent exclusions; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Potient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28313	RCNSTJ ANGULAR DFRM TOE SOFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reading practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28315	SESAMOIDECTOMY FIRST TOE SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the realing practitioner; •Pertinent totals. There health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28320	REPAIR NONUNION MALUNION TARSAL BONES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earny: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testings or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic 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 evaluations from other health care practitioners; and providers; •Pertinent exclusions from other health care practitioners; •Pertinent exclusions in thotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28340	RCNSTJ TOE MACRODACTYLY SOFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28341	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28344	RECONSTRUCTION TOE POLYDACTYLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent chalaxions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information example local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earns: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28360	RECONSTRUCTION CLEFT FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28705	ARTHRODESIS PANTALAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28715	ARTHRODESIS TRIPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Ilinical exam; •Pertinent diagnostit testing results, operative and/or pathological reports; •Pertinent paychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent oregarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28725	ARTHRODESIS SUBTALAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Iclinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Retabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Ilinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, •Pertinent evaluations; •Information avaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28735	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment pains and progress notes; -Pertiment psychoscial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment examples, graphs or photographic information, as oppropriate; -Retinent exaluations; -Retinent evaluations; -Retinent evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28737	ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the reating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent dualations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment paychosocial history; •Pertiment psychosocial history; •Pertiment evaluations; with the treating practitioner; •Pertiment charts, graphs or photographic information, as appropriate; •Pertiment charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28760	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paylosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations. •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing services appropriate; •Pertinent testing services appropriate; •Pertinent care grading the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment pathoscial history; •Information and consultations with the treating practitioner; •Pertiment examptions from other health care practitioner; •Pertiment examptions from other health care practitioner; •Pertiment examptions; •Rehabilitation evaluations; •Information evaluation evaluation evaluation; •Informa	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent sychosocial history; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent dualations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history: •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations for other pathological information, as appropriate; •Pertinent characteristics and lelivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diganostic testing results, operative and/or pathological reports; -Pertinent agnostic and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent exaluations from other health care practitioner; -Pertinent exaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent ganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the trading practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pretratent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tests, graphs or photographin information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the relating practitioner; •Pertinent totals. Unlation service the relating practitioner; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29868	ARTHROSCOPY KNEE MENISCAL TRNSPLI MED/LAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the traing practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent nersky or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent pagnostic testing results, operative and/or pathological reports; •Pertinent pagnostic testing results, operative and/or pathological reports; •Pertinent pagnostic testing results, operative and/or pathological reports; •Pertinent exclusions with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent exclusions; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29873	ARTHROSCOPY KNEE LATERAL RELEASE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent chaist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earny: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent giagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent explosional history; +Information and consultations with the treating practitioner; +Pertinent explosional history from other health care practitioners; -Pertinent exploations from other health care practitioner; -Pertinent exploations; +Rethabilitation evaluations; +Information evaluations; +Information evaluations; +Information regaring the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29879	ARTHRS KNEE ABRASION ARTHRP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaultations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rentabilitation evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHV	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent exploadions for the health care practitioners and providers; -Pertinent chards, graphs or photographic information, as appropriate; -Renabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29882	ARTHROSCOPY KNEE W MENISCU RPR MEDIAL LATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earm; Pertinent diagnostic testing results, operative and/or pathological reports; •Pretiment ganostic testing results, operative and/or pathological reports; •Pretiment psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent treatuations or the health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations (jum other health care practitioners); •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	s Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent approximations with the treating practitioner; -Pertinent explosional history; -Information and consultations with the treating practitioner; -Pertinent explosions from other health care practitioner; -Pertinent explosions; -Information evaluations; -Information regaring the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the trating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent chalactions for unther health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information sequing the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations form other health care practitioners; •Pertinent traits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dispositic 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 evaluations from other health care practitioners and providers; •Pertinent extras, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Normation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent dualizations from ther health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tealuations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29894	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent digenostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Pertinent explanosical history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent explanoting report from the regarding the practitioner; •Pertinent explanoting and hospital care practitioner; •Pertinent explanoting and hospital care practitioner; •Pertinent explanoting prior information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realting practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rentabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Potient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29914	ARTHROSCOPY HIP W FEMOROPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent pythosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations; •Information evaluation; •Information evaluations; •Information evaluation; •	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29915	ARTHROSCOPY HIP W ACETABULOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent chalaxions from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29916	ARTHROSCOPY HIP W LABRAL REPAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent ganoatic progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent chalkations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	30465	REPAIR NASAL VESTIBULAR STENOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical easm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information reading the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	30469	RPR OF NSL VLVE CLLPSE WTH LOW ENRGY, TMPRTURE-CNTRLLD (IE, RDFRQNCY) SBCTNEOUS/SUBMCSL RMDLNG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gapostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent caluations from other health care practitioners; •Pertinent thars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	30520	SEPTOPLASTY SUBMUCOUS RESECJ W WO CARTILAGE GRF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gapchoscial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from ther health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	30540	REPAIR CHOANAL ATRESIA INTRANASAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thatts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31253	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioner; •Pertinent exaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31259 NASAL SINUS NO SPHENDT W SPH			2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31295 NASAL SINUS NO MAXILLARY SINU	SURG W DILAT Information generally required to support authorization decision making includes, I, -Current (up to 6 months), adequate patient history related to the requested servic -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent pand progress notes; -Pertinent paychosocial history; -Information and consultations with the treating practitioner; -Pertinent chalations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	but not limited to: Third Party Proprietary Criteria ces such as: office and hospital records;	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31296 NASAL SINUS ND DILATION FRONT			2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31297 NASAL SINUS ND DILATION SPHEN		but not limited to: Third Party Proprietary Criteria ces such as: office and hospital records;	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31298 NASAL SINUS NE AND SPHEN SIN			2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent approximations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations: -Information evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Bronchial Thermoplasty	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; endomation and consultations with the reading practitioner; •Pertinent explusitors from ther health care practitioners; •Pertinent explusions for othotographic information, as appropriate; •Rehabilitation evaluations; •Information sequing the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Bronchial Thermoplasty	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	32994	ABLATION THER 1 PLUS PULM TUMORS PERQ CRYOABLATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exats, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33206	INS NEW RPLCMT PRM PACEMAKI W TRANS ELTRD ATRIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33207	INS NEW RPLC PRM PACEMAKER W TRANSV ELTRD VENTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent aganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Treatment plan and progress notes; •Treatment plan and consultations with the treating practitioner; •Pertinent exoluations from other health care practitioner; •Pertinent exoluations from other health care practitioner; •Pertinent exoluations from other health care practitioner; •Pertinent exoluations; •Information evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Potient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rentabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33212	INS PM PLS GEN W EXIST SINGLE LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent testings or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33213	INS PACEMAKER PULSE GEN ONLY W EXIST DUAL LEADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Treatment plan and progress notes; -Pertinent solutions with the treating practitioner; -Pertinent advaluations from other health care practitioners; -Pertinent exaluations from other health care practitioners; -Pertinent tarks, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the reating practitioner; •Pertinent toulations from other health care practitioners; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information sellations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent totals, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33221	INS PACEMAKER PULSE GEN ONLY W EXIST MULT LEADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gaponstic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the trating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM DFB PLS GEN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertiment plan and progress notes; -Pertiment solutions with the treating practitioner; +Information and consultations with the treating practitioner; -Pertiment exclusions from other health care practitioners; -Pertiment exclusions; -Pertiment exclusions; -Rehabilitation evaluations; -Information evaluations; -Information evaluations; -Information regaring the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33227	REMVL PERM PM PLSE GEN W REPL PLSE GEN SNGL LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charlastors for photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33228	REMVL PERM PM PLS GEN W REPL PLSE GEN 2 LEAD SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33229	REMVL PERM PM PLS GEN W REPL PLSE GEN MULT LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gashostical history: •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations for other path care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychoscial history; +Information and consultations with the treating practitioner; -Pertinent exaluations from other health care practitioner; -Pertinent exaluations from other health care practitioner; -Pertinent exaluations from other health care practitioner; -Pertinent exaluations; -Information evaluations; -Information evaluations; -Information regaring the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33231	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST MULTILEADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent exhalizations from other health care practitioners and providers; •Pertinent exhalizations from other health care practitioners and providers; •Pertinent exhalizations from other health care practitioners and providers; •Pertinent exhalizations for other bealth care practitioners and providers; •Pertinent exhalizations for other bealth care practitioners and providers; •Pertinent exhalization for outpath information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33240	INSJ IMPLNTBL DEFIB PULSE GEN W 1 EXISTING LD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33249	INSJ RPLCMT PERM DFB W TRNSVNS LDS 1 DUAL CHMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33262	RMVL IMPLTBL DFB PLSE GEN W REPL PLSE GEN 1 LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33263	RMVL IMPLTBL DFB PLSE GEN W RPLCMT PLSE GEN 2 LD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations; •Rehabilitation evaluations; •Information evaluation evaluation evaluation evaluation evaluation evaluation evaluation evaluation; •Information evaluation evaluation evaluation evaluati	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33264	RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the reating practitioner; •Pertiment charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	33267	Exclusion of left atrial appendage open, any method (eg. excision, isolation via stapling, oversewing, ligation, plication, clip)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent px/schoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	-Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing rootes; -Pertinent psychosocial history; -Pertinent psychosocial history;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical evam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Hofmation and consultations with the reating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Potient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33270	INS RPLCMNT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic 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 evaluations from other health care practitioners and providers; •Pertinent exclusions; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33274	TCAT INSJ RPL PERM LEADLESS PACEMAKER RV W IMG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thatts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; eInformation and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rethabilitation evaluations; eInformation evaluations; eInformation evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pxychosocial history; enformation and consultations with the treating practitioner; •Pertinent pxychosocial histor health care practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33289	TCAT IMPL WRLS P-ART PRS SNR L T HEMODYN MNTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Pretiment gans and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent revaluations from other health care practitioners and providers; Pertinent nevaluations (s); Information regarding the local delivery system; and Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent approximations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations: -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	33900	PRCTNS PLMNRY ARTRY RVSCLRIZTIN BY STNT PLCMNT, INTL; NRML NTVE CNNCTINS, UNILTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretriment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exploadions for the health care practitioners; •Pertinent explauditons from other health care practitioners, and providers; •Pertinent explandions or photographic information, as appropriate; •Rehabilitation evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	33901	PRCTNS PLMNRY ARTRY RVSCLRIZTIN BY STNT PLCMNT, INTL; NRML NTVE CNNCTINS, BLTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	33902	PRCTNS PLMNRY ARTRY RVSCLRIZTIN BY STNT PLCMNT, INTL; ABNRML CNNCTINS, UNLTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent px/subsocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	33903	PRCTNS PULMNRY ARTRY RVSCULRIZTIN BY STNT PLCMNT, INITL; ABNRML CNNCTNS, BILTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the relating practitioner; •Pertiment chalstory for photographic information, as appropriate; •Pertiment chards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	33904	PRCTNS PLMNRY ARTRY RVSCLRZTN BY STNT PLCMNT, EACH ADDTNL VSSL OR SEPARTE LESION, NRML OR ABNRML CNNCTNS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment plan and progress notes; -Pertiment psychoscial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations; -Information evaluations; -Information reading to local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33975	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL SINGLE VENTRICLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33976	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL BIVENTRICULAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33979	INSJ VENTR ASSIST DEV IMPLTABLI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent chaudisons from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36460	TRANSFUSION INTRAUTERINE FETAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent test, graphs or photographic information, as papropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36466	NIX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36471	INJECTION SCLEROSANT MULTIPI	E Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners appropriate; •Pertinent nervalues and the levery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment plan and progress notes; -Pertiment poschoscial history; -Information and consultations with the treating practitioner; -Pertiment examises, graphs or photographic information, as appropriate; -Pertiment examplications; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history: •Information and consultations with the treating practitioner; •Pertinent chalactoris for photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent dualsons from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent chalkations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Joitent characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent paychoscial history; -Pertinent psychoscial history; -Pertinent evaluations with the treating practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information negarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment plan and progress notes; -Pertiment poschoscial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations; -Pertiment evaluations; -Information evaluations; -Information reading to local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	oMolina Clinical Policy: Plasmapheresis for Renal and Nonrenal Indications	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37191	INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polyhosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnostic strong results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations with the treating practitioner; •Pertinent caluations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Anhalitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent test, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information regaring the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations (evaluations); •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Treatment plan and progress notes; =Pertinent exploascial history; =Information and consultations with the treating practitioner; =Pertinent exploations from other health care practitioners and providers; =Pertinent extrats, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chainstory for photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37243	VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from othorgraphic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Beview
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diganostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Treatment plan and progress notes; =Pertinent exploasical history; =Information and consultations with the treating practitioner; =Pertinent exploations from other health care practitioner; =Pertinent exploations from other health care practitioner; =Pertinent exploations; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37700	LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chairs, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37718	LIGJ DIVJ AND STRIPPING SHORT SAPHENOUS VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaits, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37722	LIGJ DIVJ AND STRIP LONG SAPH SAPHFEM JUNCT KNE BELW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; eInformation and consultations with the treating practitioner; •Pertinent that the relating the practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37735	LIGJ AND DIVJ RADICAL STRIP LONG SHORT SAPHENOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatiment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Beview
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertiment dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Treatment plan and progress notes; -Pertiment thapschoscial history; =Information and consultations with the treating practitioner; =Pertiment evaluations from other health care practitioners and providers; =Pertiment evaluations from other health care practitioners; and providers; -Pertiment evaluations; =Information evaluations; =Information evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners, and providers; •Pertinent exaluations from other health care practitioners, and providers; •Pertinent evaluations from other health care practitioners, and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaultations from ther health care practitioners; •Pertinent exalts or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37766	STAB PHLEBT VARICOSE VEINS 1 XTR OVER 20 INCS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent tousitations with the treating practitioner; •Pertinent tousitations for othotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37780	LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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batient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37785	LIGJ DIVJ AND EXCJ VARICOSE VEIN CLUSTER 1 LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/202
tpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; -Pretiment pychosocial history; Pretiment pychosocial history; Information and consultations with the treating practitioner; -Pertiment tychusdions from other health care practitioners; -Pertiment tychusdions from other health care practitioners; -Pertiment charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information evaluations; -Information evaluations; -Information evaluations.	Third Party Proprietary Criteria	2/23/202
batient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofbrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell	2/23/20
atient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertiment diagnostic testing results, operative and/or pathological reports; - Pretiment plan and progress notes; - Pertiment psychoscial history; - Information and consultations with the treating practitioner; - Pertiment evaluations from other health care practitioner; - Pertiment exal, sgrahs or photographic information, as appropriate; - Rehabilitation evaluations; - Information evaluations; - Information evaluations; - Information evaluations; - Information card local delivery system; and - Patient characteristics and information.	Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Mveloma Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for for Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Mtema Cell Transplantation Hubdgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma	2/23/20

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38209	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent revoluations from other health care practitioners and providers; •Pertinent revoluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Modgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma	Review 2/23/2023
Dutpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent paychossical history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent extra, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma	2/23/2023
utpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent that, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladiosins from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for MySplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem	Review 2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Prior to 9/1/2019 Inpatient Require Authorizaiton	38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam;	Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute	2/23/2023	
				 Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Lematopoletic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma	
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent algonostic testing results, operative and/or pathological reports; -Pertinent algonostic testing norgerss notes; -Pertinent algonostic testing strong practitioner; -Pertinent advaluations from other health care practitioner; -Pertinent ask, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation For Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Inmunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myslogyslastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment Jalan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent exats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for fMS; Hematopoietic Stem Cell Transplantation for fMS; Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glan and progress notes; •Pertinent pythosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations for hotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38573	LAPS W BI TOT PEL LMPHADEC AND OMNTC LYMPH BX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Vistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gapostic testing results, operative and/or pathological reports; •Pertinent psychoscolal history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Anabilitation evaluations; information negarding the local delivery system; and •Attent chartscristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	42975	for evaluation of sleep-disordered	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glan and progress notes; •Pertinent pythosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information requiring the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	43291	ESPHGGSTRDUDNSCPY, FLXIBLE, TRNSORAL; WITH RMVL OF INTRAGASTRIC BARIATRIC BALLON(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions from other health care practitioners and providers; •Pertinent chalactions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43644	LAPS GSTR RSTCV PX W BYP ROUX EN-Y LIMB UNDER 150 CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertiment diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertiment psychoscial history; +Information and consultations with the treating practitioner; +Pertiment exalkations from other health care practitioner; +Pertiment exalkations from other health care practitioner; +Pertiment exalkations; +Rethabilitation evaluations; +Rethabilitation evaluations; +Information evaluat	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43645	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsactors for photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Pottient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43647	LAPS IMPLTJ RPLCMT GASTRIC NSTIM ELTRD ANTRUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43648	LAPS REVISION RMVL GASTRIC NSTIM ELTRD ANTRUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the trading practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43653	LAPS SURG GASTROSTOMY W O CONSTJ GSTR TUBE SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history: •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations form other health care practitioners and providers; •Pertinent evaluations for other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts; graphs or photographic information, as papropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Iclinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Iclinical exam; •Pertinent go:pothoscial history; •Information and cnosultations with the treating practitioner; •Pertinent pothoscial history: •Information evaluations; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent hoarts, graphs or photographic information, as appropriate; •Retabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Ilinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE AND PORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Unical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Pattent characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43842	GASTRIC RSTCV W O BYP VERTICAI BANDED GASTROPLY	L Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43843	GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent px/chosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalst, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43847	GASTRIC RSTCV W BYP W SM INT RCNSTJ LIMIT ABSRPJ	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertiment plan and progress notes; -Pertiment solutions with the treating practitioner; +Information and consultations with the treating practitioner; -Pertiment exclusions from other health care practitioner; -Pertiment exclusions from other health care practitioner; -Pertiment exclusions; -Information evaluations; -Information evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent sychosocial history; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Pottient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43881	IMPLTI RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43882	REVISION RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Potient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation regarding the local delivery system; and =Potient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	47380	ABLTJ OPN 1 OR GRT LVR TUM RF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	47381	ABLTJ OPN 1 OR GRT LVR TUM CRYOSURG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	47382	ABLTJ 1 OR GRT LVR TUM PRQ RF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for other patholic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	47605	CHOLECYSTECTOMY W CHOLANGIOGRAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Peratment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent test, graphs or photographic information, as papropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	47610	CHOLECYSTECTOMY W EXPLORATION COMMON DUCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with ther health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	47620	CHOLECSTC EXPL DUX SPHNCTROTOMY SPHNCTROP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	49904	OMENTAL FLAP EXTRA- ABDOMINAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from othorgraphic information, as appropriate; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	49906	FREE OMENTAL FLAP W MICROVASCULAR ANAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; and providers; •Pertinent evaluations from other health care practitioner; and providers; •Pertinent evaluations from other health care practitioner; and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	50590	LITHOTRIPSY XTRCORP SHOCK WAVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent toualisations from ther health care practitioners and providers; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Prostatic Urethral Lift or UroLift for BPH	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	52649	LASER ENUCLEATION PROSTATE N	 V Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent providencial the treating practitioner; Pertinent plautations from other health care practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria No prior auth require service when associa cancer diagnosis.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	53420	URTP 2-STG RCNSTI/RPR PROSTAT/URETHRA 1ST STAGE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent graph and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	53430	URETHROPLASTY RCNSTJ FEMALE URETHRA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent sychosocial history; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chaist, signabs or photographic information, as appropriate; •Rehabilitation evaluations; enformation evaluations; enformation evaluations;	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and pogress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rethabilitation evaluations; enformation evaluations; enformation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and pogress notes; •Pertinent psychosocial history; elaformation and consultations with the treating practitioner; •Pertinent explosited in the relating treating practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial histors is and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the relating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54125	AMPUTATION PENIS COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the trading practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Platient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the cloal delivery system; and •Information negarding the cloal delivery system; and	Third Party Proprietary Criteria		2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the realting practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria		2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54410	RMVL AND RPLCMT INFLATABLE PENILE PROSTH SAME SESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54411	RMVL AND RPLCMT NFLTBL PENIL PROSTH INFECTED FIEL	E Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Platient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54416	RMVL and RPLCMT NON- NFLTBL/NFLTBL PENILE PROSTHES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	Review 2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54417	RMVL AND RPLCMT PENILE PROSTHESIS INFECTED FIELD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thatts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rentabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Information and consultations with the treating practitioner; •Pertinent psychoscial histor health care practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55175	SCROTOPLASTY SIMPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55180	SCROTOPLASTY COMPLICATED	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent and progress notes; -Pertinent psychosocial history; information and consultations with the treating practitioner; -Pertinent chalations from other health care practitioners and providers; -Pertinent chalations from other health care practitioners; -Pertinent chals, graphs or photographic information, as appropriate; -Rehabilitation evaluations; information negarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55866	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gran and progress notes; •Pertinent syschoscial history: Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023		LPRSCOPY, SRGCL PRSTTECTOMY, SMPLE SUBTOTL (NCLDNG CTRL OF PSTOPRTVE BLEEDING, VSCTOMY, MEATOTMY, URTHRL CALBRTN AND/OR DLTION, AND NTERNL URTHROTOMY), NCLUDS RBTC ASISTNCE, WHN PRFRMD	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent sychosocial history: • Information and consultations with the treating practitioner; • Pertinent chalsdons from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1 MLT NJX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	55880	ABLATION OF MALIGNANT PROSTATE TISSUE, TRANSRECTAL, WITH HIGH INTENSITY-FOCUSED ULTRASOUND (HIFU), INCLUDING ULTRASOUND GUIDANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pana diprogress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent chalsnos or bhotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55970	NTERSEX SURG MALE FEMALE	Information generally required to support authorization decision making includes, but not limited to: Third Pa • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • ilistory of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent plan and progress notes; • Pertinent evaluations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations is; • Information evaluations; • Pertinent characteristics and information.		No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55980	INTERSEX SURG FEMALE MALE	Information generally required to support authorization decision making includes, but not limited to: Third Pa • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent agnostic storing results, operative and/or pathological reports; • Pertinent psychosocial history; • Pertinent psychosocial history; • Pertinent charactoristics or photographic information, as appropriate; • Pertinent characteristics and information. • Pathent framework and information.		No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	56625	VULVECTOMY SIMPLE COMPLETE	Information generally required to support authorization decision making includes, but not limited to: Third Pa • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent gaponostic string results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent plan and progress notes; • Pertinent exaluations with the treating practitioner; • Pertinent characts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Patient characteristics and information.		No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	56800	PLASTIC REPAIR INTROITUS	Information generally required to support authorization decision making includes, but not limited to: Third Pa •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical easm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent character strisg area of positioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characteristics and information.		No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	56805	CLITOROPLASTY INTERSEX STATE			No prior auth required for service when associated with a cancer diagnosis.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57106	VAGINECTOMY PARTIAL REMOVAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent chards, graphs or photographic information, as appropriate; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalausions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	57288	SLING OPERATION STRESS INCONTINENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Reinbalitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	57289	PEREYRA PX W ANTERIOR COLPORRHAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physhoscial history; Information and consultations with the treating practitioner; •Pertinent explaudions from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent explantions; •Information regulations; •Information regulations;	Third Party Proprietary Criteria		2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent phosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57296	REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57335	VAGINOPLASTY INTERSEX STATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethallitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual and/ or Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physhoscial history; Information and consultations with the treating practitioner; •Pertinent exhaultations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	57465	COMPUTER-AIDED MAPPING OF CERVIX UTERI DURING COLPOSCOPY, INCLUDING OPTICAL DYNAMIC SPECTRAL IMAGING AND ALGORITHMIC QUANTIFICATION OF THE ACETOWHITENING EFFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent physicoscial history; Information and consultations with the treating practitioner; •Pertinent charats, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Rethibilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 mounts), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent polyhosocial history; =Information and consultations with the treating practitioner; =Pertinent explosional history from other health care practitioner; =Pertinent explosional histors; =Pertinent explosions; =Nerthient explosions; =Nerthient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information reading the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58200	TOT ABD HYST W PARAORTIC ANE PELVIC LYMPH NODE SAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physioscial history; Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Reinfollitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychoscial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations for other practitioners and providers; •Pertinent evaluations for other health care practitioners; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58240 PEL EXNTJ GYNECOLOGIC M	AL Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent chars, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58260 VAGINAL HYSTERECTOMY U 250 GM OR LESS	 TERUS Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment 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; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58262 VAG HYST 250 GM OR LESS RMVL TUBE AND OVARY	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations; Pertinent orealing in the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58263 VAG HYST 250 GM OR LESS RMVL TUBE OVARY W RPR I		Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58267 VAG HYST 250 GM OR LESS COLPO-URTCSTOPEXY	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent plan and progress notes; Pertinent plantations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Treatment plan and progress notes; -Pertiment thactions with the treating practitioner; +Pertiment takings from other health care practitioners; and providers; -Pertiment exclusions from other health care practitioners; and providers; -Pertiment taking, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information evaluations; -Information regaring the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58275	VAGINAL HYSTERECTOMY W TOT PRTL VAGINECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment chalandscore fractioner and providers; •Pertiment charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58280	VAG HYSTER W TOT PRTL VAGINECT W RPR ENTEROCELE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent exains; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Pottient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent that, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		VAG HYST OVER 250 GM RMVL TUBE AND OVARY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertiment psychoscial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations; -Information evaluations; -Information evaluations; -Information regaring the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		ARTIFICIAL INSEMINATION INTRA- CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		ARTIFICIAL INSEMINATION INTRA- UTERINE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58323	SPERM WASHING ARTIFICIAL INSEMINATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignorotic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent extra, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the realing practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58350	CHROMOTUBATION OVIDUCT W MATERIALS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; enformation evaluations; enformation evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; eleformation and consultations with the treating practitioner; •Pertinent taulations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58540	HYSTEROPLASTY RPR UTERINE ANOMALY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners; appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment plan and progress notes; -Pertiment psychoscial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment extra, graphs or photographic information, as appropriate; -Rethabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58542	LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions for othotographic information, as appropriate; •Pertinent chalactions; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the reating practitioner; •Pertinent chalactions from other health care practitioners and providers; •Pertinent chalactors from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Teatment plan and progress notes; •Teatment plan and progress notes; •Pertiment disanostic testing practitioner; •Information and consultations with the treating practitioner; •Pertiment exclusions from other health care practitioners; •Pertiment exclusions from other health care practitioner; •Pertiment exclusions; •Information evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58548	LAPS W RAD HYST W BILAT LMPHADEC RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalkations from the health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactoris for photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Dertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Treatment plan and progress notes; +Treatment plan and progress notes; +Pertinent exoluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; and providers; +Pertinent exoluations from other health care practitioners; and providers; +Pertinent exolusions; +Information evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretiment generation and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58660 LAPAROSCOPY W LYSIS OF ADHESIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58661 LAPAROSCOPY W RMVL ADNEXAI STRUCTURES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent toaluations from other health care practitioners and providers; •Pertinent toaluations from ther health care practitioners and providers; •Pertinent orealuations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No PA Required with encounter for sterilization done as outpatient. Still requires PA in other settings.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58662 LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58672 LAPAROSCOPY FIMBRIOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58673 LAPAROSCOPY SALPINGOSTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscoial history; •Information and consultations with the reating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58700	SALPINGECTOMY COMPLETE PARTIAL UNI BI SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertainent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Pertinent charts, graphs or photographic information, as papropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58720	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58740	LYSIS OF ADHESIONS SALPINX OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Perfinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Perfinent psychosocial history; eInformation and consultations with the treating practitioner; •Perfinent classifies or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58750	TUBOTUBAL ANASTATOMOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58752	TUBOUTERINE IMPLANTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Unical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergating the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58760	FIMBRIOPLASTY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment plan and progress notes; -Pertiment posthoscial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioners; -Pertiment evaluations; -Retriment evaluations; -Information revaluations; -Information revaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58770	SALPINGOSTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent chaluations from other health care practitioners and providers; •Pertinent chaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pand progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58943	OOPHORECTOMY PRTL TOT UNI BI OVARIAN MALIGNANCY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polysoscial history; Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Reinbalitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58950	RESCJ OVARIAN TUBAL PERITONEAL MALIGNANCY W BSO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaudions from other health care practitioners; •Pertinent chaudions from other health care practitioners; •Pertinent chaudions from other health care practitioner; •Pertinent chau	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58951	RESCJ PRIM PRTL MAL W BSO AND OMNTC TAH AND LMPHAD	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitiones; • Pertinent evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Information evaluation; • Pertinent characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58952	RESCJ PRIM PRTL MAL W BSO AND OMNTC RAD DEBULKING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and •Patient negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58953	BSO W OMENTECTOMY TAH AND RAD DEBULKING DISSECTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent glan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charactions from other health care practitioners and providers; •Pertinent characts, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58954	BSO W OMENTECTOMY TAH DEBULKING W LMPHADECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical earn); •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalations from other health care practitioners and providers; •Pertinent chalations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58956	BSO W TOT OMENTECTOMY AND HYSTERECTOMY MALIGNANC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Pertinent psychosocial history; •Pertinent evaluations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; *Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information acqualing the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58957	RESECJ RECUR OVARIAN TUBAL PERITONEAL MALIGNANCY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from othorgraphic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58958	RESECTION RECRT MAL W OMENTECTOMY PEL LMPHADEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; endormation and consultations with the treating practitioner; •Pertiment charats, graphs or photographic information, as appropriate; •Rentabilitation evaluations; •Information actions; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progres notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; eInformation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58974	EMBRYO TRANSFER INTRAUTERINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	59070	TRANSABDOMINAL AMNIOINFUSION W ULTRSND GUIDANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	59074	FETAL FLUID DRAINAGE W ULTRASOUND GUIDANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rentabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	59076	FETAL SHUNT PLACEMENT W ULTRASOUND GUIDANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chauditons from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	61863	STRTCTC IMPLTJ NSTIM ELTRD W (D Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent explaudions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	61867	STRTCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	61885	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent approximation and consultations with the treating practitioner; •Pertinent explosional history from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent exploations; •Pertinent exploations; •Rehabilitation evaluations; •Information evaluations	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62324	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62325	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62326	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earm; Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment gagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and rongress notes; +Pertinent revaluations from other health care practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62327	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment poly-hosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners; •Pertiment exist, graphs or photographic information, as appropriate; •Retinent evaluations; •Information evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent chalkations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment sychosocial history: •Information and consultations with the treating practitioner; •Pertiment chaladisons from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information reading the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physioscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent chalautions from other health care practitioners and providers; •Pertinent chalautions from other health care practitioners and providers; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychoscial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations; -Retrinent facts, graphs or photographic information, as appropriate; -Rethabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent chalaudions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethinglitations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent playchoscial history; Information and consultations with the treating practitioner; •Pertinent explaudions from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019		LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations for other patholic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63020	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations. •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent torists, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63040	LAMOT PRTL FFD EXC DISC REEXPI 1 NTRSPC CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63042	LAMOT PRTL FFD EXC DISC REEXPI 1 NTRSPC LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the reating practitioner; •Pertinent chalsions for othor health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent pychosocial history; endformation and consultations with the treating practitioner; •Pertinent planations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Retrinent chards, graphs or photographic information, as appropriate; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the relating practitioner; •Pertinent charact, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	63048	LAM FACETECTOMY and FORAMTOMY 1 SGM EA CRV THRC/LMBR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertiment psychoscial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations; -Information evaluations; -Information regaring the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress note; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charlactors for the health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosi]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)		Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022		Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)		Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsdions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information reading tocal delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment plan and progress notes; -Pertiment poschoscial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations; -Pertiment evaluations; -Rethingent characteristics and information, as appropriate; -Rething that care and the system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent chaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pand progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent chalsdosn'from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physioscial history; Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Reinbalitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent chalaxions from other health care practitioners and providers; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent chalations from other health care practitioners and providers; -Pertinent chars, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent synchoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent plans and progress notes; •Pertinent playhosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	63300	VCRPEC LES 1 SGM XDRL CERVICAI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent charats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Beview
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent exclusations from other health care practitioners and providers; -Pertinent exclusations. Hordrmation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pan and progress notes; •Pertinent psychosocial history; Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64569	REVISION REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Treatiment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent chards, graphs or photographic information, as appropriate; =Rehabilitation regarding the local delivery system; and =Potient characteristics and information.	Texas Medicaid Provider Procedure Manual	Keview 2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	64583	Revision or replacement of hypoglossal nerve neurostimulato array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator		Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charls, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64595	REVISION RMVL PERIPHERAL GASTRIC NPGR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertiment dignostic testing results, operative and/or pathological reports; -Pertiment glan and progress notes; -Pertiment psychosocial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; and providers; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations; -Information evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners, and providers; •Pertinent evaluations from other health care practitioners, and providers; •Pertinent evaluations from other health care practitioners, and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64912	NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	65771	RADIAL KERATOTOMY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertiment psychosocial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioners and providers; -Pertiment chars, graphs or photographic information, as appropriate; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; and providers; •Pertinent exclusions from other health care practitioner; •Pertinent exclusions; •Information evaluations; •Information evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67900	REPAIR BROW PTOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; eInformation and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rentabilitation evaluations; eInformation evaluations; •Information eval	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretiment gans on drogress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations (j) effehalting revaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Def	inition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67909 REDUCTION OVE PTOSIS	ERCORRECTION	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertiment psychosocial history; -Information and consultations with the treating practitioner; -Pertiment tharts, graphs or photographic information, as appropriate; -Pertiment tharts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67950 CANTHOPLASTY		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	68841 Insertion of drug including puncta performed, into canaliculus, each	al dilation when lacrimal	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent valuations from other health care practitioners; Pertinent dualations; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Patient elucal delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	69714 IMPLTJ OSSEOIN TEMPORAL BON		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	69716 Implantation, os implant, skull; w transcutaneous external speech	ith magnetic attachment to	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychosocial history; Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	69717	RPLMCT OSSEOINTEGRATE IMPLNT W O MASTOIDECTOMY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical seam; -Pertiment plan and progress notes; -Pertiment psychosocial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations; -Information evaluation; -Information evaluation; -Information evaluation; -Information evaluation; -Information evaluation; -Information evaluation; -Information evaluation; -Information evaluation; -Information evaluation; -Inform	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent planostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for other health care practitioners and providers; •Pertinent evaluations; •Information evaluations; •Informa	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plano and consultations with the traing practitioner; •Pertinent publications from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent evaluations; •Information reguling the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	69729	SKULL; WTH MGNTC TRNSCTNS ATTCHMNT TO XTRNL SPCH PRCSSR, OUTSDE OF THE MSTD AND RSLTNG IN RMVL OF GRTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalstors from other health care practitioners and providers; •Pertinent chalstors from other health care practitioners; •Pertinent chalstors, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	69730	SPCH PRCSSR, OUTSDE THE MSTD AND NVOLVNG BONY DFCT GRTR THN OR EQL TO 100 SQ MM SRFCE		Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertianent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment pychosocial history; Information and consultations with the treating practitioner; •Pertinent explaudions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent care practing photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2023	93228	XTRNL MOBILE CV TELEMETRY W/I and REPORT 30 DAYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glan and progress notes; •Pertinent pythosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for hotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy (MCP) Mobile Cardiac Outpatient Allowed 1 unit per rolling 30 days Telemetry: Policy No. 428	
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	93229	XTRNL MOBILE CV TELEMETRY W TECHNICAL SUPPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent productions or provide the treating practitioner; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy (MCP) Mobile Cardiac Outpatient Allowed 1 unit per rolling 30 days Telemetry: Policy No. 428	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	93581	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalations from ther health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPTMENT	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent tharts, graphs or photographic information, as appropriate; • Renthabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Continuous Glucose Monitoring of the Interstitial Fluid	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96567	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physioscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations. •Information evaluations. •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the relating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96902 MCRSCP XM HAIR PLUCK CLIP FC CNTS STRUCT ABNORM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostit esting results, operative and/or pathological reports; •Teratment plan and progress notes; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent transt, graphs or photographic information, as appropriate; •Pertinent enaites, regards or photographic information, as appropriate; •Pertinent enaites, regards or photographic information, regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96910 PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96912 PHOTOCHEMOTX PSORALENS AI ULTRAVIOLET PUVA	ND Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96913 PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96920 LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment plan and progress notes; -Pertiment poschoscial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations; -Retriment chars, graphs or photographic information, as appropriate; -Rethollitation evaluations; -Information reading the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96931	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R 1ST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96932	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQUISITION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plagnostic testing results, operative and/or pathological reports; •Treatment plagnostic testing results, operative and/or pathological reports; •Pertinent plagnostic testing results, operative and/or pathological reports; •Pertinent plagnostic used to the streating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96933	RCM CELULR AND SUBCELULR SKN IMGNG I AND R 1ST LES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent chals, graphs or photographic information, as appropriate; •Pertinent chals, graphs or photographic information, as appropriate; •Pertinent chals, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96934	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R ADE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent drats, graphs or photographic information, as appropriate; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96935	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ EA ADDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners, and providers; •Pertinent evaluations from other health care practitioners, and providers; •Pertinent evaluations from othorgraphic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96936	RCM CELULR AND SUBCELULR SKN IMGNG I AND R EA ADDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	0095T	RMVL TOT DISC ARTHRP ANT APPF CRV EA NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioner; •Pertinent exaluations from other health care practitioners, and providers; •Pertinent exats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	0098T	REVJ TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent that, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C1825	GEN NEUROSTIM NONRCHRGBL W/CAR SIN BR STIM LEAD	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent approximations with the treating practitioner; +Pertinent taposcial history; +Pertinent evaluations from other health care practitioners; and providers; +Pertinent evaluations from other health care practitioners; and providers; +Pertinent evaluations; +Rethabilitation evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information regaring the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	C1831	PERSONALIZED ANTERIOR AND LAT INTERBODY CAGE IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Potient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent exadisons; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	C9734	FOCUSED U S ABL TX INT OTH THAN UT LEIOMYOMATA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; Information and consultations with the treating practitioner; •Pertiment chards, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: High Intensity Focused Ultrasound for Prostate Cancer	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	C9738	ADJUNCTIVE BLUE LIGHT CYSTOSCOPY FLUO IMAG AGT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	C9739	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 1-3 IMPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Prostatic Urethral Lift or UroLift for BPH.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	C9740	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 4 OR GRT IMPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from toher health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Prostatic Urethral Lift or UroLift for BPH.	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	C9747	ABLATION PROSTATE TRANSRECTAL HIFU INCL I GUID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent explauations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	C9761	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY, WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED) AND VACUUM ASPIRATION OF THE KIDNEY, COLLECTING SYSTEM AND URETHRA IF APPLICABLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torists, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9764	REV EVAR OPEN/PERQ ANY VESSEL,IV LITHOTRIPSY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations. •Rehabilitation evaluations. •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9765	REV EVAR ANY VES;IV LITHOTRIPS and TL STENT PLCMT	y Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent explauations from ther health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9766	REV EVAR ANY VES);IV LITHOTRIPSY AND ATHERECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9767	REV EVAR ANY VES;IV LITHO and T STNT PLCMT and ATHERECT	L Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	C9769	CYSTOURETHROSCOPY, WITH INSERTION OF TEMPORARY PROSTATIC IMPLANT/STENT WITH FIXATION/ANCHOR AND INCISIONAL STRUTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent test, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9770	VITRECTOMY MECH PP APP SR INJ PHRMACL/BIOL AGENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent exclusions from other health care practitioners; •Pertinent exclusions from other health care practitioners; •Pertinent exclusions; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9771	NASAL/SINUS ENDO CRYO NSL TIS and / NERVE UNIL/BIL	S Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner, and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9772	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; eInformation and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rethabilitation evaluations; eInformation evaluations; eInformation evaluations; •Information eval	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9773	RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH and TL SP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pxychoscial history; Hoformation and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9774	RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH and ATHREC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment generative and/or pathological reports; +Pretiment psychosocial history; Information and progress notes; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charls, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/23/2023

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9775	RVSC EVAR OPN/P TIB/PA;IVASC LITH and TL STNT PL and ATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent explusations from other health care practitioners; and providers; •Pertinent explusations from other health care practitioners; and providers; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	S2095	TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Radioactive Microspheres for Liver Cancer	2/23/2023
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	S2118	METL-ON-METL TOT HIP RESRFC ACETAB AND FEM CMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information evaluations; Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Pain Management Procedures	Prior to 9/1/2019	27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent chards, graphs or photographic information, as appropriate; • Rethabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: iFuse Implant for Sacroiliac Joint Fusion	2/23/2023
Pain Management Procedures	Prior to 9/1/2019	62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent revaluations (s) • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Percutaneous Epidural Adhesiolysis for Chronic Low Back Pain Racz Procedure	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Pain Management Procedures	Prior to 9/1/2019		PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +iistory of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment pain and progress notes; -Pertiment psychosocial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment examples, graphs or photographic information, as appropriate; -Refinent evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Percutaneous Epidural Adhesiolysis for Chronic Low Back Pain Racz Procedure	2/23/2023
Pain Management Procedures	Prior to 9/1/2019		NIX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charats, graphs or photographic information, as appropriate; *Pertinent charats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 032: Epidural Steroid Injections for Back and Neck Pain	2/23/2023
Pain Management Procedures	Prior to 9/1/2019		NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 032: Epidural Steroid Injections for Back and Neck Pain	2/23/2023
Pain Management Procedures	Prior to 9/1/2019		NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polynoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for other health care practitioners and providers; •Pertinent evaluations for Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 032: Epidural Steroid Injections for Back and Neck Pain	2/23/2023
Pain Management Procedures	Prior to 9/1/2019		NIX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam;; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent phosocial history; Pertinent phosocial history; Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 032: Epidural Steroid Injections for Back and Neck Pain	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Pain Management Procedures	Prior to 9/1/2019		PLTJ REVJ RPSG ITHCL EDRL TH W LAM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical seam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent chalations from other health care practitioners; -Pertinent chalations from other health care practitioners; -Pertinent chalations; -Information negarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Pain Management Procedures	Prior to 9/1/2019		PLTJ RPLCMT ITHCL EDRL DRUG SUBQ RSVR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent packboscial history; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Pain Management Procedures	Prior to 9/1/2019	62361 IMP PUN	PLTJ RPLCMT FS NON-PRGRBL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Pain Management Procedures	Prior to 9/1/2019		PLTJ RPLCMT ITHCL EDRL DRUG PRGRBL PUMP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plagnostic testing results, operative and/or pathological reports; •Treatment plagnostic testing results, operative and/or pathological reports; •Pertinent plagnostic testing results, operative and/or pathological reports; •Pertinent plagnostic used to the treating practitioner; •Pertinent publications from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Pain Management Procedures	Prior to 9/1/2019		Q IMPLTJ NSTIM ELECTRODE KAY EPIDURAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charst, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Pain Management Procedures	Prior to 9/1/2019	63655 LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent dignostic testing the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Pain Management Procedures	Prior to 9/1/2019	63662 RMVL SPINAL NSTIM ELTRD PLATE PADDLE INCL FLUOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment paychoscial history; •Pertiment psychoscial history; •Information and consultations with the treating practitioner; •Pertiment psychoscial history; ePertiment chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information at local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Pain Management Procedures	Prior to 9/1/2019	63663 REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Information evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023
Pain Management Procedures	Prior to 9/1/2019	63664 REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; enformation and consultations with the treating practitioner; •Pertinent psychoscial histor health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Pain Management Procedures	Prior to 9/1/2019	63685 INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaultations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Pain Management Procedures	Prior to 9/1/2019	63688	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitiones; • Pertinent evaluations; • Information evaluation; • Information	Third Party Proprietary Criteria	2/23/2023
Pain Management Procedures	10/1/2019		INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Firstanent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalations from other health care practitioners and providers; •Pertinent chalations from other health care practitioners and providers; •Pertinent chalations for other health care practitioners and providers; •Pertinent chalations (coal delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cluneal Nerve Block For Treatment of No PA required in office or AS Low Back Pain setting. PA required if done ir hospital setting outside of another procedure. No PA required if combined with another surgical procedure.	
Pain Management Procedures	4/1/2020		Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Freatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 033: Sacroiliac Injections and Radiofrequency Ablation (RFA) for Sacroiliac Joint	2/23/2023
Pain Management Procedures	4/1/2020		Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical earn; •Pertinent plagnostic testing results, operative and/or pathological reports; •Pertinent plagnostic testing results, operative and/or pathological reports; •Pertinent plagnostic hospital hospital in the stating practitioner; •Pertinent plagnostic and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 314: Genicular Radiofrequency Ablation and Genicular Nerve Blocks for Chronic Knee Pain	2/23/2023
Pain Management Procedures	Prior to 9/1/2019		NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent planoad consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 032: Epidural Steroid Injections for Back and Neck Pain	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Pain Management Procedures	Prior to 9/1/2019		UX ANES AND STRD W IMG FRML EDRL CRV THRC EA LV	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment pack and consultations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioners; -Pertiment evaluations; -Retinent evaluations; -Information reading the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy 032: Epidural Steroid Injections for Back and Neck Pain	2/23/2023
Pain Management Procedures	Prior to 9/1/2019		NX ANES AND STRD W IMG FRML EDRL LMBR SAC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent glagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent sychosocial history. -Pertinent psychosocial history. -Pertinent evaluations from other health care practitioner; -Pertinent chaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy 032: Epidural Steroid Injections for Back and Neck Pain	2/23/2023
Pain Management Procedures	Prior to 9/1/2019		UX ANES AND STRD W IMG FRML EDRL LMBR SAC EA LV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Retinent chards, graphs or photographic information, as appropriate; •Retinent chards, graphs or photographic information, and •Patient chardsteristics and information.	Molina Clinical Policy 032: Epidural Steroid Injections for Back and Neck Pain	2/23/2023
Pain Management Procedures	Prior to 9/1/2019		AP BLOCK UNILATERAL BY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polychoscial history; •Information and consultations with the treating practitioner; •Pertinent chaudisons from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Pain Management Procedures	Prior to 9/1/2019		JJX DX THER AGT PVRT FACET JT RV THRC 1 LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy 030: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/23/2023

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Pain Management Procedures	Prior to 9/1/2019	64491 NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Nistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy 030: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/23/2023
Pain Management Procedures	Prior to 9/1/2019	64492 NIX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Pertinent paychosocial history; •Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 030: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/23/2023
Pain Management Procedures	Prior to 9/1/2019	64493 NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent psychoscial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 030: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/23/2023
Pain Management Procedures	Prior to 9/1/2019	64494 NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 030: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/23/2023
Pain Management Procedures	Prior to 9/1/2019	64495 NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent explauditons from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 030: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Pain Management Procedures	4/1/2020	64624 Destruction by neurolytic agen genicular nerve branches inclu imaging guidance, when performed	Information generally required to support authorization decision making includes, but not limited to: Usurent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent prychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent thats, graphs or photographic information, as appropriate; Rehabilitation evaluations; the local delivery system; and Patient characteristics and information.	Molina Clinical Policy 314: Genicular Radiofrequency Ablation and Genicular Nerve Blocks for Chronic Knee Pain	2/23/2023
Pain Management Procedures	4/1/2020	64625 Radiofrequency ablation, nerve innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)		Molina Clinical Policy 033: Sacroiliac Injections and Radiofrequency Ablation (RFA) for Sacroiliac Joint	2/23/2023
Pain Management Procedures	Prior to 9/1/2019	64633 DSTR NROLYTC AGNT PARVERT FCT SNGL CRVCL THORA	EB Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations.	Molina Clinical Policy 085: Radiofrequency Ablation (RFA) for chronic back pain associated with the facet joint.	2/23/2023
Pain Management Procedures	Prior to 9/1/2019	64634 DSTR NROLYTC AGNT PARVERT FCT ADDL CRVCL THORA	EB Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient chartscristics and information.	Molina Clinical Policy 085: Radiofrequency Ablation (RFA) for chronic back pain associated with the facet joint.	2/23/2023
Pain Management Procedures	Prior to 9/1/2019	64635 DSTR NROLYTC AGNT PARVERT FCT SNGL LMBR SACRAL	EB Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Preatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners; Pertinent torks, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Pertinent characteristics and information.	Molina Clinical Policy 085: Radiofrequency Ablation (RFA) for chronic back pain associated with the facet joint.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Not		ate of Annual
Pain Management Procedures	Prior to 9/1/2019	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy 085: Radiofrequency Ablation (RFA) for chronic back pain associated with the facet joint.	10	2/23/2023
Pain Management Procedures	Prior to 9/1/2019	64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent synchosocial history: •Information and consultations with the treating practitioner; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Pain Management Procedures	Prior to 9/1/2019	97812	ACUPUNCTURE 1 OR GRT NDLS W ELEC STIMJ 1ST 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertionent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Physical Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97110	THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent plxhosocial history; Information and consultations with the treating practitioner; •Pertinent chalations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	req	prior authorization is luired for the first 30 visits per endar year.	2/23/2023
Physical Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97112	THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC REEDUCA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalkations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	req	prior authorization is uired for the first 30 visits per endar year.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Physical Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97113	THER PX 1 OR GT AREAS EACH 15 MIN AQUA THER W/XERSS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diganostic testing results, operative and/or pathological reports; -Pertinent approximations with the treating practitioner; +Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations; -Retrinent facts, graphs or pholographic information, as appropriate; -Retabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year.	2/23/2023
Physical Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97116	THER PX 1 OR GRT AREAS EA 15 MIN GAIT TRAINJ W STAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history: •Information and consultations with the treating practitioner; •Pertinent chalactoris for photographic information, as appropriate; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year.	2/23/2023
Physical Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97124	THER PX 1 OR GRT AREAS EACH 15 MINUTES MASSAGE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent examples and consultations; •Retinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year.	2/23/2023
Physical Therapy: No prior authorization is required for the first 30 visits per calendar year.	4/1/2020	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on- one) patient contact; initial 15	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladions from other health care practitioners and providers; •Pertinent chaladions from other health care practitioners; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior authorization is required for the first 30 visits per calendar year.	2/23/2023
Physical Therapy: No prior authorization is required for the first 30 visits per calendar year.	4/1/2020	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on- one) patient contact; each	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent plan and consultations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent exaluations from other health care practitioners; -Pertinent evaluations; -Pertinent characteristics and information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	No prior authorization is required for the first 30 visits per calendar year.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Physical Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97140	MANUAL THERAPY TQS 1 OR GRT REGIONS EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent gragnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Treatment plan and progress notes; +Treatment plan and progress notes; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; and providers; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations; +Information evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year.	2/23/2023
Physical Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97150	THERAPEUTIC PROCEDURES GROUP 2 OR GRT INDIVIDUALS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year.	2/23/2023
Physical Therapy:	Prior to 9/1/2019	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual		2/23/2023
Physical Therapy:	Prior to 9/1/2019	97168	OCCUPATIONAL THER RE-EVAL ES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent toualisations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual		2/23/2023
Physical Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent characts, graphs or photographic information, as appropriate; •Pertinent characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual Review
Physical Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year.	2/23/2023
Physical Therapy: No prior authorization is required for the first 30 visits per calendar year.	Prior to 9/1/2019	97535	SELF-CARE HOME MGMT TRAINING EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the host host parts and propriate; •Rehabilitation evaluations; Hordmation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No prior authorization is required for the first 30 visits per calendar year.	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L0452	TLSO FLEXIBLE TRUNK SUPP UP THOR REGION CUSTOM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces		2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L0480	TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent posultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces		2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L0482	TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent gosposit cesting results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the reating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from thother health care practitioners and providers; •Rehabilitation ergarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces		2/23/2023

Service Category Notes	Effective Date	Code D	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L0484 TLSO TRIPLAN INTERFCE LIN		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent ensemble revealuations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L0486 TLSO TRIPLAN INTERFCE LIN		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L0622 SACROILIAC C CUSTOM FAB		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019		AL ORTHOS SAG-COF A AND P PREFAB	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent gaves notes; Pertinent psychosoidal history; Information and consultations with the treating practitioner; Pertinent dualations; Pertinent dualations; Information evaluations; Pertinent dualations; Pertinent psychosoidal history; Information regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L0640 LSO SAGITTAL SHELL PANEL		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from const; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L0650	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychoscial history; -Information and consultations with the treating practitioner; -Pertinent exaluations from other health care practitioner; -Pertinent exaluations from other health care practitioner; -Pertinent exaluations from other health care practitioner; -Pertinent exaluations is (to boggraphic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L0700	CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from othorgraphic information, as appropriate; -Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L0710	CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L1000	CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the trading practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L1005	TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code De	efinition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L1110 ADD CTLSO SC MOLD PT MDL		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L1640 HIP ORTHOTIC BAR THI CUFFS		R Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Pertinent evaluation; •Pertinent evalu	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L1680 HIP ORTHOT D THIGH CUFF C		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial easm; •Pertinent diagnostit testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from therhealth care practitioners and providers; •Rehabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L1685 HIP ORTHOS A POSTOP HIP AI		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment 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 therher health care practitioners and providers; •Pertinent evaluations from therher health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L1700 LEGG PERTHES TORONTO CUS	ORTHOTIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Linical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing reports or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019		LEGG PERTHES ORTHOTIC NEWINGTON CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019		LEGG PERTHES ORTHOTIC TRILAT TACHDIJAN CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent graphs and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent extualizations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019		LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019		LEGG PERTHES ORTHOTIC PATTEN BOTTOM CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019		KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019		KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diganostic testing results, operative and/or pathological reports; •Pertiment diganostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment explosional history; •Information and consultations with the treating practitioner; •Pertiment explosional history from other health care practitioner; •Pertiment explosional histors; •Pertiment explositions; •Information evaluations; •Information evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019		KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the reating practitioner; •Pertinent chalsations for othotographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019		KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladisons for other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019		KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladisons from the health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019		AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations form other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent caluators; eNethaltic evaluations form other health care practitioners; •Pertinent evaluations form other health care practitioners; •Pertinent caluators; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L1904	ANKLE ORTH ANKLE GAUNTLET SIMILAR CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; +Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations. Hinformation evaluations. +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L1907	ANKLE ORTHOSIS SUPRAMALLEOLAR WITH STRAPS CUSTOM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the relating practitioner; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L1920	AFO SINGLE UPRT W STATIC ADJUSTBL STOP CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L1940	ANK FT ORTHOTIC PLASTIC OTH MATERIAL CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L1945	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L1950	ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent exoluations from other health care practitioner; •Pertinent exoluations from other health care practitioner; •Pertinent exoluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information exolutions; •Information exolu	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L1960	AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the reading practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L1980	AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L1990	AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent realuations from other health care practitioners and providers; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L2000	KAFO 1 UPRT FREE KNEE FREE AN SOLID STIRUP CSTM	 k Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Petritent diagnostic testing results, operative and/or pathological reports; Pretratent glan and progress notes; Information and consultations; Information and consultations with the treating practitioner; Petritent evaluations from other health care practitioner; and providers; Petritent evaluations from other health care practitioner; and providers; Rehabilitation evaluations; Information evaluations; 	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L2005	KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regulations; •Information regulations; •Information regulations; •Information regulations.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L2010	KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the reading practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L2020	KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial histor; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L2030	KAFO DBL UPRT SOLID STIRUP W (Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Prestment psychosocial history; Information and progress notes; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioners; Pertinent evaluations from other health care practitioners; Pertinent nevaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent phosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history: • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L2050	HKAFO TORSION CNTRL BIL TORSION CABLES CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L2060	HKAFO TORSION CNTRL BIL TORSION BALL BEAR CSTM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent explosional history; +Information and consultations with the treating practitioner; +Pertinent explosional history from other health care practitioners; -Pertinent exploations from other health care practitioner; -Pertinent exploations; +Rethabilitation evaluations; +Information evaluations; +Information evaluations; +Information regaring the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L2080	HKAFO TORSION CNTRL UNI TORSION CABLE CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the realing practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L2090	HKAFO UNI TORSION CABLE BALL BEAR CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019		KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019		KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chaladions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019		AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019		ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; Information and consultations with the treating practitioner; •Pertinent chaladions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	10/1/2020		ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

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Prosthetics and Orthotics	10/1/2020	L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent disphosical history; =Pertinent divensional discory; =Pertinent evaluations from other health care practitioner; =Pertinent divents; graphs or photographic information, as appropriate; =Pertinent transf, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	10/1/2020	L5859	ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactors for anther health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L6026	TRANSCARPAL MC PART HAND DISARTICULATION PROS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L7259	ELECTRONIC WRIST ROTATOR ANY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	L8614	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent traviations or ther health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L8692	AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent gradingostic testing results, operative and/or pathological reports; •Pertinent explosional history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	2/23/2023
Prosthetics and Orthotics	Prior to 9/1/2019	S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent grant and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Radiation Therapy and Radio Surgery	Prior to 9/1/2019	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Radiation Therapy and Radio Surgery	Prior to 9/1/2019	81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Radiation Therapy and Radio Surgery	Prior to 9/1/2019	81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical eau; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Speech Therapy: For adults 21 and over, no prior authorization is required for the first 30 visits per calendar year. For children age 20 and under, prior authorization is required afterr initial evaluation.	Prior to 9/1/2019	92507	TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Speech Therapy: For adults 21 and over, no prior authorization is required for the first 30 visits per calendar year. For children age 20 and under, prior authorization is required afterr initial evaluation.	Prior to 9/1/2019	92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Speech Therapy: For adults 21 and over, no prior authorization is required for the first 30 visits per alendar year. For children age 20 and under, prior authorization is required afterr initial evaluation.	4/1/2020	92526	TX SWALLOWING DYSFUNCTION AND ORAL FUNCJ FEEDING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the health care practitioners and propriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Speech Therapy: or adults 21 and over, no prior authorization is required for the first 30 visits per alendar year. For children age 20 and under, prior authorization is required afterr initial evaluation.	Prior to 9/1/2019	S9152	SPEECH THERAPY RE-EVALUATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	4/1/2020	0584T	Islet cell transplant, includes porta vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Multivisceral Transplantation; Pancreas Transplantation	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	4/1/2020	0585T Islet cell transplant, includes porta vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment pain and progress notes; -Pertiment psychosocial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations; -Referiment evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Small Bowel Multivisceral Transplantation; Pancreas Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	4/1/2020	0586T Islet cell transplant, includes porta vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pand progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent chalsed or photographic information, as appropriate; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Multivisceral Transplantation; Pancreas Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32552 SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent physhoscial history; Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32850 SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent physicoscial history. Pertinent physicoscial history. •Pertinent physicoscial history. •Pertinent physicoscial history. •Pertinent exhaustors from other health care practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as depropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32851 SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32852	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Keview 2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2020	32853	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent totaris, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32854	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32855	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32856	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent prohosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; and providers; •Pertinent evaluations from other health care practitioner; and providers; •Pertinent evaluations. •Rehabilitation evaluations; •Information evaluations;	Third Party Proprietary Criteria	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33929	Surgical Procedures on the Heart and Pericardium, Heart/Lung Transplantation Procedures	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation and Heart Transplant	Review 2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33930	DONOR CARDIECTOMY - PNEUMONECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation and Heart Transplant	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33933	DONOR CARDIECTOMY - INCLUDING COLD PRESERVATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Molina Clinical Policy: Lung Transplantation and Heart Transplant	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY- PNUMEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chains, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy: Lung Transplantation and Heart Transplant	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33940	OBTAINING DONOR CADAVER HEART	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Heart Transplant	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33944	PREP OF DONOR HEART FOR TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent pathgenostic testing results, operative and/or pathological reports; •Pretinent pathgenostic testing thistory; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplant	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplant	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2021	33995	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION? RIGHT HEART, VENOUS ACCESS ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Grem Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Neuroblastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Furinary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLI AUTOL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell	2/23/2023
Corneal Transplants Do Not Require Prior Authorization.				History of the presenting problem	Transplantation Ewing's Sarcoma Anemia, Hematopoietic	
comedi maniphano po noc negali e mon nacionizacióni				•Clinical exam;	Stem Cell Transplantation for Acute Lymphoblastic Leukemia,	
				Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;	Hematopoietic Stem Cell Transplantation for Acute	
				Pertinent psychosocial history;	Myelogenous Leukemia, Hematopoietic Stem Cell	
				 Information and consultations with the treating practitioner; 	Transplantation for Chronic Lymphoblastic Leukemia (CLL),	
				Pertinent evaluations from other health care practitioners and providers;	Hematopoietic Stem Cell Transplantation for Chronic	
				Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;	Myelogenous Leukemia (CML), Hematopoietic Stem Cell	
				Information regarding the local delivery system; and	Transplantation for Germ Cell Tumors, Hematopoietic Stem	
				Patient characteristics and information.	Cell Transplantation for Immunodeficiency Disorders,	
					Hematopoietic Stem Cell Transplantation for MPS,	
					Hematopoietic Stem Cell Transplantation for Myelodysplastic	
					Syndromes (MDS), Hematopoietic Stem Cell Transplantation	
					for Neuroblastoma, Hematopoietic Stem Cell Transplantation	
					for Primary Myelofibrosis, Hematopoietic Stem Cell	
					Transplantation for Sickle Cell Anemia, Hematopoietic Stem	
					Cell Transplantation for Wilm's Tumor, Hematopoietic Stem	
					Cell Transplantation Hodgkins and NonHodgkins Lymphoma,	
					Hematopoietic Stem Cell Transplantation Multiple Myeloma,	
					Pretransplant Evaluation, Donor Lymphocyte Infusion	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell	2/23/2023
Corneal Transplants Do Not Require Prior Authorization.				History of the presenting problem	Transplantation Ewing's Sarcoma Anemia, Hematopoietic	
				•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	Stem Cell Transplantation for Acute Lymphoblastic Leukemia,	
				•Treatment plan and progress notes;	Hematopoietic Stem Cell Transplantation for Acute	
				Pertinent psychosocial history;	Myelogenous Leukemia, Hematopoietic Stem Cell	
				 Information and consultations with the treating practitioner; 	Transplantation for Chronic Lymphoblastic Leukemia (CLL),	
				Pertinent evaluations from other health care practitioners and providers;	Hematopoietic Stem Cell Transplantation for Chronic	
				Pertinent charts, graphs or photographic information, as appropriate;		
					Hematopoietic Stem Cell Transplantation for Chronic	
				Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;	Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell	
				-Pertiment charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and	Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem	
				-Pertiment charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and	Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders,	
				-Pertiment charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and	Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS,	
				-Pertiment charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and	Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic	
				-Pertiment charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and	Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation	
				-Pertiment charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and	Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation	
				-Pertiment charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and	Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for Myslodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell	
				-Pertiment charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and	Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Trunors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem	
				-Pertiment charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and	Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review	
Transplants/Gene Therapy:	Prior to 9/1/2019	38240	TRNSPLJ ALLOGENEIC	Information generally required to support authorization decision making includes, but not limited to:	Molina Clinical Policies: Hematopoietic Stem Cell	2/23/2023	
(Including Solid Organ and Bone Marrow)			HEMATOPOIETIC CELLS PER	 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem 	Transplantation Aplastic, Hematopoietic Stem Cell		
Corneal Transplants Do Not Require Prior Authorization.			DONOR	•Clinical exam;	Transplantation Ewing's Sarcoma Anemia, Hematopoietic		
				 Pertinent diagnostic testing results, operative and/or pathological reports; 	Stem Cell Transplantation for Acute Lymphoblastic Leukemia,		
				Treatment plan and progress notes; Pertinent psychosocial history;	Hematopoietic Stem Cell Transplantation for Acute		
				Information and consultations with the treating practitioner;	Myelogenous Leukemia, Hematopoietic Stem Cell		
					Pertinent evaluations from other health care practitioners and providers;	Transplantation for Chronic Lymphoblastic Leukemia (CLL),	
				 Pertinent charts, graphs or photographic information, as appropriate; 	Hematopoietic Stem Cell Transplantation for Chronic		
				Rehabilitation evaluations;	Myelogenous Leukemia (CML), Hematopoietic Stem Cell		
				 Information regarding the local delivery system; and Patient characteristics and information. 	Transplantation for Germ Cell Tumors, Hematopoietic Stem		
				- ratent characteristics and information.	Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS,		
					Hematopoietic Stem Cell Transplantation for Myelodysplastic		
					Syndromes (MDS), Hematopoietic Stem Cell Transplantation		
					for Neuroblastoma, Hematopoietic Stem Cell Transplantation		
				for Primary Myelofibrosis, Hematopoietic Stem Cell			
				Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem			
					Cell Transplantation For Willin's Turnor, Hernatopoletic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma,		
					Hematopoietic Stem Cell Transplantation Multiple Myeloma,		
					Pretransplant Evaluation, Donor Lymphocyte Infusion		
Transplants/Gene Therapy:							
	Prior to 9/1/2019	38241		Information generally required to support authorization decision making includes, but not limited to:	Molina Clinical Policies: Hematopoietic Stem Cell	2/23/2023	
	Prior to 9/1/2019	38241	TRNSPLI AUTOLOGOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic Hematopoietic Stem Cell	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER	 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem 	Transplantation Aplastic, Hematopoietic Stem Cell	2/23/2023	
	Prior to 9/1/2019	38241		 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; 	Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER	 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; 	Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia,	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER	 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; 	Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER		Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent plan hand progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;	Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER		Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL),	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent plan hand progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;	Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;	Transplantation Aplastic, Hematopoletic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoletic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoletic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretiment paychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and	Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Aronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretiment paychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and	Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Transplantation for Stem Cell Transplantation for Istmunuodeficiency Disorders,	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretiment paychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and	Transplantation Aplastic, Hematopoletic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoletic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoletic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoletic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoletic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoletic Stem Cell Transplantation for Germ Cell Tumors, Hematopoletic Stem Cell Transplantation for Imanodeficiency Disorders, Hematopoletic Stem Cell Transplantation for MPS,	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretiment paychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and	Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Germ Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for MPS,	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretiment paychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and	Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myslogyalstic Syndromes (MDS), Hematopoietic Stem Cell Transplantation	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretiment paychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and	Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Gern Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretiment paychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and	Transplantation Aplastic, Hematopoletic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoletic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoletic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoletic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoletic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoletic Stem Cell Transplantation for Germ Cell Tumors, Hematopoletic Stem Cell Transplantation for Germ Cell Transplantation for MPS, Hematopoletic Stem Cell Transplantation for MPS, Hematopoletic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoletic Stem Cell Transplantation for Neuroblastoma, Hematopoletic Stem Cell Transplantation	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretiment paychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and	Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem	2/23/2023	
(Including Solid Organ and Bone Marrow)	Prior to 9/1/2019	38241	HEMATOPOIETIC CELLS PER	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretiment paychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and	Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Transplantation for Chronic Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Kemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem	2/23/2023	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent dignorstic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent dignorstic testing ractitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations is: •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Turnors, Hematopoietic Stem Cell Transplantation for Germ Cell Turnors, Hematopoietic Stem Cell Transplantation for Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for MPS, Gyndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wiln's Turnor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent that, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS,	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactors from other health care practitioners; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Pertinent on a consultations with the treating practitioner; -Pertinent chalations from other health care practitioners and providers; -Pertinent chars, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation	Review 2/23/202:
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	44721	BKBENCH RCNSTJ INT ALGRFT ARTLANAST 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; +ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent packboscial history; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47133	DONOR HEPATECTOMY CADAVER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent pythosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for obtographic information, as appropriate; •Rehabilitation evaluations; •Information requiring the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver	2/23/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47135	LVR ALTRNSPLI ORTHOTOPIC PRTL WHL DON ANY AGE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent probascial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations, signabs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy: Liver Transplantation	2/23/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem (- Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent psychosocial history; - Pertinent psychosocial history; - Information and congress notes; - Pertinent evaluations from other health care practitioner; - Pertinent evaluations from other health care practitioners; - Pertinent charts, graphs or photographic information, as appropriate; - Pertainent charts, graphs or photographic information, as appropriate; - Pertainent evaluations; - Information regarding the local delivery system; and - Patient chartseristiss and information.	Molina Clinical Policy: Liver Transplantation	2/23/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical examples of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Platient characteristics and information.	Molina Clinical Policy: Liver Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Hormation and consultations with the realing practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations.	Molina Clinical Policy: Liver Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47143	BKBENCH PREP CADAVER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019		BKBENCH PREPJ CADAVER WHOLI LIVER GRF I AND IV VII	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretrainent plan and progress notes; Pertinent providensitations; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent scaluations; Information evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy: Liver Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019		BKBENCH PREPJ CADAVER DONOI WHL LVR GRF I AND V VI	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretrainent plan and progress notes; Pertinent plan and progress notes; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy: Liver Transplantation	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47146 BKBENCH VENOUS A		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Dinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent of and consultations with the treating practitioner; •Pertinent charats, graphs or photographic information, as appropriate; •Pertinent charats, graphs or photographic information, as appropriate; •Information negarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47147 BKBENCH ANAST EA		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent glan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and •Pattent required to fail the cold delivery system; and •Pattent characteristics and information.	Molina Clinical Policy: Liver Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019		TECTOMY W TRNSPLI S ISLET CELLS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent planotic notice the state practitioner; •Pertinent valuations with the treating practitioner; •Pertinent valuations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48550 DONOR P/ DUODENA	ANCREATECTOMY AL SGM TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plano and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019		I PREPJ CADAVER DONOR IS ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Vistory of the presenting problem •Clinical exam; •Pertinent plane and progress notes; •Pertinent plane and progress notes; •Pertinent polyboscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Rehamilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48552 BKBENCH RCNSTJ CDVR PNC ALGRFT VEN ANAST EA	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48554 TRANSPLANTATION PANCRE ALLOGRAFT	 ATIC Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48556 RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local deliver system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50300 DONOR NEPHRECTOMY CAD DONOR UNI BILATERAL	AVER Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychoscial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50320 DONOR NEPHRECTOMY OPE LIVING DONOR	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner and providers; Pertinent characteristions; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy: : Kidney Transplantation	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertiment diagnostic testing results, operative and/or pathological reports; -Pertiment plan and progress notes; -Pertiment poschoscial history; -Information and consultations with the treating practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations from other health care practitioner; -Pertiment evaluations; -Retriment characteristics and providers; -Retabilization evaluations; -Information reading the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent chalkations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regulations; •Information regulations; •Information evaluations; •Information evaluation	Molina Clinical Policy: : Kidney Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent plagnostic testing results, operative and/or pathological reports; •Treatment plagnostic testing results, operative and/or pathological reports; •Pertinent polyhoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regulting the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent phan and progress notes; •Pertinent phosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent phosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations is: •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50360	RENAL ALTRNSPLI IMPLTJ GRF W (Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertiment psychosocial history; Information and consultations with the treating practitioner; Pertiment chalactors for photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Photient characteristics and information. 	Molina Clinical Policy: : Kidney Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50370	RMVL TRNSPLED RENAL ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment plan and progress notes; •Pertiment playchosocial history; •Information and consultations with the treating practitioner; •Pertinent tevaluations from other health care practitioners; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: : Kidney Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earny: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners; •Pertiment tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Renal Autotransplantation	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaitations from ther health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from the local delivery system; and •Platient characteristics and information.	Molina Clinical Policy: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)	Keview 2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	0538T	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations.	Molina Clinical Policy: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	0539T	CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information required the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	2/1/2023	J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5x10^15 VECTOR GENOMES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertiment pychosocial history; •Pertiment pychosocial history; enformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners and providers; •Pertinent evaluations photographic information, as appropriate; •Rehabilitation evaluations; •Information required the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019		KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical earny: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent graphs and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent extualizations from ther health care practitioners; •Pertinent extualizations from there health care practitioners; •Pertinent extualizations from there health care practitioners; •Pertinent extualizations from the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019		TISAGENLECLEUCEL TO 600 M CAF POS VI T CE PER TD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent governet plan and progress notes; Pertinent psychosocial history; Information and consultations with the realing practitioner; Pertinent that the realth care practitioners; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information.	Molina Clinical Policy: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	Q2043 S	SIPULEUCEL-T AUTO CD54 PLUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Provenge (Sipuleucel-T)	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	7/1/2021	Q2053 8	BREXUCABTAGENE CAR POST	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent tharts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Medically Necessary Services	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2022	Q2054 I		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners; •Pertinent carts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Breyanzi (lisocabtagene maraleucel; liso-cel)	2/23/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2023	Q2056	CILTACABTAGENE AUTOLEUCEL TO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chals. So photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2053	TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from othorgraphic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; endformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2055	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners; •Pertinent explauditors from other health care practitioners and providers; •Pertinent explauditors from other health care practitioners and providers; •Pertinent explantions; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	\$2060	LOBAR LUNG TRANSPLANTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the trating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations (is) •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	\$2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; +Information and consultations with the treating practitioner; -Pertinent exaluations from other health care practitioner; -Pertinent characteristics and information, as appropriate; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation; Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent plan and consultations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent exats, graphs or photographic information, as appropriate; -Rethabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma, Donor Lymphocyte Infusion	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	52142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for Myelogyslastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation Hodgkins and MonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation MorHogkins Lymphoma; Hematopoietic Stem Cell Infansplantation Donor Lymphocyte Infusion	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	s2150	BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP;	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretiment psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent nergings or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma, Donor Lymphocyte Infusion	2/23/2023
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2152	SOLID ORGAN; TRANSPLANTATIOI AND RELATED COMP	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent dynosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent harts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Molina Clinical Policy: Transplantation, Pancreas Transplant Procedures ,Small Bowel Multivisceral Transplantation, Heart Transplantation, and Kidney Transplantation	2/23/2023

Service Category Notes	Effective Date	Code Definition	Documentation Requirement	Criteria Utilized	Notes Date of Annual Review
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0382 BLS ROUTINE DISPOSABLE SUPPLIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exalutations from other health care practitioners and providers; •Pertinent exalutations from tother health care practitioners; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0398 ALS ROUTINE DISPOSABLE SUPPLIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0420 AMBULANCE WAITING TIME ONI HALF HOUR INCREMENTS	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Information and consultations; Pertinent evaluations from other health care practitioners; and providers; Rehabilitation evaluations; Information evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Texas Medicald Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0422 AMB OXYGEN AND O2 SUPPLIES LIFE SUSTAINING SITUATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitiones and providers; •Pertinent torats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0424 EXTRA AMBULANCE ATTENDANT GROUND OR AIR	Information generally required to support authorization decision making includes, but not limited to: <urrent (up="" 6="" adequate="" and="" as:="" history="" hospital="" months),="" office="" patient="" records;<br="" related="" requested="" services="" such="" the="" to="">History of the presenting problem <ur>Clinical exam;Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent testing, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.</ur></urrent>	Texas Medicaid Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0425	GROUND MILEAGE PER STATUTE MILE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent paychossocial history; -Pertinent exaluations with the treating practitioner; -Pertinent exaluations from other health care practitioners and providers; -Pertinent exaluations (to coal delivery system; and -Information aregarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	Review
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	Prior to 9/1/2019	A0426	AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent plasman drogress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tays, or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/23/2023
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0427	MB SERVICE ALS EMERGENCY TRANSPORT LEVEL 1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent physhoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	Prior to 9/1/2019	A0428	AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment exal, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/23/2023
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0429	AMBULANCE SERVICE BLS EMERGENCY TRANSPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment posychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment taylations from other health care practitioner; •Pertiment taylations from other health care practitioner; •Pertiment taylations; •Information evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	Prior to 9/1/2019	A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignoratic testing results, operative and/or pathological reports; •Pretinent plagnostic testing results, operative and/or pathological reports; •Pretinent plagnostic testing the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners; and providers; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	eview 2/23/2023
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	Prior to 9/1/2019	A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial histor health care practitioners and providers; • Pertinent thats, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/23/2023
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0433	ADVANCED LIFE SUPPORT LEVEL 2	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent exaluations from other health care practitioners and providers; • Pertinent evaluations of photographic information, as appropriate; • Rehabilitation evaluations; • Information evaluations; • Information evaluations; • Information evaluations;	Texas Medicaid Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0434	SPECIALTY CARE TRANSPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent explosocial history; •Information and consultations with the treating practitioner; •Pertinent exploations from other health care practitioners; and providers; •Pertinent exploations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0435	FIXED WING AIR MILEAGE PER STATUTE MILE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent psychoscial histor health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		ate of Annual
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0436	ROTARY WING AIR MILEAGE PER STATUTE MILE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	leview
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	G2022	TELEHEALTH ORIGINATING SITE FACILITY FEE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization.	Prior to 9/1/2019	S9960	AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization.	Prior to 9/1/2019	S9961	AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information ergarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2023
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization.	1/1/2022	T2002	NON EMERGENCY TRANSPORTATION; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pychosocial history; •Information and consultations with the treating practitioner; •Pertinent explauations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prescribed Pediatric Extended Care Center (PPECC) Benefit	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2022	0708T	Intradermal cancer immunotherapy; preparation and initial injection	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations; •Information evaluations;	Additional information is required to define this code and determine criteria.	Review 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2022	0709Т	Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychoscial history; • Information and consultations with the treating practitioner; • Pertinent psychoscial histor health care practitioners; • Pertinent chards, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	01999	UNLISTED ANESTHESIA PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent targs raphs to photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent tas, graphs or photographic information, as appropriate; • Rethabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	17999	UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exclusions from other health care practitioner; •Pertinent exclusions in the lorgarphic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	19499	UNLISTED PROCEDURE BREAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Additional information is required to define this code and determine criteria.	Review 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAI	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Unical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exclusions from other health care practitioner, as appropriate; •Pertinent exclusions; •Pertinent exclusions; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	21899	UNLISTED PROCEDURE NECK THORAX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Cilicial exam; •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; •Information and consultations with the treating practitioner; •Pertinent dvaluations from other health care practitioners and providers; •Pertinent dvaluations from other health care practitioners and providers; •Pertinent charts; graphs or photographic information, as papropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	22899	UNLISTED PROCEDURE SPINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	23929	UNLISTED PROCEDURE SHOULDE	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Nehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	24999	UNLISTED PROCEDURE HUMERU ELBOW	S Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent servaluations; •Pertinent evaluations; •Pertinent chars, graphs or photographic information, as appropriate; •Nethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	25999	UNLISTED PROCEDURE FOREARM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychoscial history; •Information and 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 practitioner; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	26989	UNLISTED PROCEDURE HANDS FINGERS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	27299	UNLISTED PROCEDURE PELVIS HIP JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tharts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	27599	UNLISTED PROCEDURE FEMUR KNEE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent psychosocial history; endimation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tays or photographic information, as appropriate; •Rehabilitation evaluations; •Information requiring the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	27899	UNLISTED PROCEDURE LEG ANKLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent poly-tooscial history; •Pertinent evolvesocial history; •Pertinent evoluations with the treating practitioner; •Pertinent evoluations from other health care practitioners and providers; •Pertinent testing or photographic information, as appropriate; •Rehabilitation evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	28899	UNLISTED PROCEDURE FOOT TOE	S Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent pathons with the treating practitioner; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioner; Pertinent evaluations regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	29999	UNLISTED PROCEDURE ARTHROSCOPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	30999	UNLISTED PROCEDURE NOSE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	31299	UNLISTED PROCEDURE ACCESSOR SINUSES	 γ Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	31599	UNLISTED PROCEDURE LARYNX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	31899	UNLISTED PROCEDURE TRACHEA BRONCHI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	Review 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	32999	UNLISTED PROCEDURE LUNGS AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	33999	UNLISTED CARDIAC SURGERY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent giagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	36299	UNLISTED PROCEDURE VASCULAR INJECTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent generation of the presention of the treating practitioner; •Pertinent explusions inform other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent explusions; •Rehabilitation evaluations; •Information evalua	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent exaluations from other health care practitioner; •Pertinent exaluations from other health care practitioner; •Pertinent exaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	37799	UNLISTED PROCEDURE VASCULAR SURGERY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diganostic testing results, operative and/or pathological reports; -Pertinent diganostic testing results, operative and/or pathological reports; -Pertinent diganostic testing results, operative and/or pathological reports; -Ireatment plan and progress notes; -Pertinent dispositions with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent extra, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent physioscial history; Information and consultations with the trading practitioner; •Pertinent charactor such that care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent pythosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent phosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent teats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	39499	UNLISTED PROCEDURE MEDIASTINUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent phan and progress notes; •Pertinent phosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	39599	UNLISTED PROCEDURE DIAPHRAGM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pretinent pathgenostic testing results, operative and/or pathological reports; •Pretinent pathgenostic testing the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners; and providers; •Pertinent exaluations from other health care practitioners; and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	40799	UNLISTED PROCEDURE LIPS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent gasnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; eleformation and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	40899	UNLISTED PROCEDURE VESTIBULE MOUTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent giagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pychosocial history; Information and consultations with the treating practitioner; •Pertinent paulautions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretratent 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 the health care practitioners and providers; • Pertinent evaluations; • Information evaluations; • Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	42299	UNLISTED PROCEDURE PALATE UVULA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information evaluations;	Additional information is required to define this code and determine criteria.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	42699	UNLISTED PX SALIVARY GLANDS DUCTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	Review 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	42999	UNLISTED PROCEDURE PHARYNX ADENOIDS TONSILS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	43289	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	43499	UNLISTED PROCEDURE ESOPHAGUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as papropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent exclusions from other health care practitioners and providers; Pertinent tarks, graphs or photographic information, as appropriate; Rehabilitation evaluations; information regarding the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	43999	UNLISTED PROCEDURE STOMACH	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diganostic testing results, operative and/or pathological reports; -Pertinent approximations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; and providers; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations in the tographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsa does not be health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information services of local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	44799	UNLISTED PROCEDURE SMALL INTESTINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from there health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	44899	UNLISTED PX MECKEL'S DIVERTICULUM AND MESENTERY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment plan and progress notes; •Pertiment plan and progress notes; •Pertiment probascial history; Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners; and providers; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations such to the practitioners and providers; •Pertiment evaluations from collecter provident and providers; •Pertiment characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	45399	UNLISTED PROCEDURE COLON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations;	Additional information is required to define this code and determine criteria.	Review 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chainst, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	45999	UNLISTED PROCEDURE RECTUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history of hostographic information, as appropriate; •Retabilitation evaluations; •Information	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	46999	UNLISTED PROCEDURE ANUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent targs raphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	47379	UNLIS LAPAROSCOPIC PROCEDUR LIVER	E Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Treatment plan and progress notes; • Pertinent exploascial history; • Information and consultations with the treating practitioner; • Pertinent exploations from other health care practitioners; • Pertinent exploations from other health care practitioner; • Pertinent exploations; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	47399	UNLISTED PROCEDURE LIVER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent darks, regnsko prohotographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; #History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information evaluations; •Information egading the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	47999	UNLISTED PROCEDURE BILIARY TRACT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exploshosical history application of providers; •Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charts, and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	48999	UNLISTED PROCEDURE PANCREA	 S Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. 	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	49329	UNLISTED LAPAROSCOPIC PX ABE PERTONEUM AND OMENTUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	49659	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pxpchoscial history; •Information and consultations with the relating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations.	Additional information is required to define this code and determine criteria.	Review 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment pian and progress notes; Pertinent pychosocial history; Information and consultations with the treating practitioner; Pertinent polautions from ther health care practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exploations from other health care practitioners and providers; •Pertinent exploations from other health care practitioners and providers; •Pertinent tory or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent test, graphs or photographic information, as appropriate; Pertinent test, graphs or photographic information, as appropriate; Pertinent test, graphs or photographic information, as appropriate; Pethention test for the local delivery system; and Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	53899	UNLISTED PROCEDURE URINARY SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestment plan and progress notes; •Prestment pan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent exclusions from other health care practitioners; and providers; •Pertinent exclusions from other health care practitioners; and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history: •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent example and prographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	Keview 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent toulations from other health care practitioners and providers; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial histors of the relation of providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	59897	UNLISTED FETAL INVASIVE PX W ULTRASOUND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE AND DELIVERY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	59899	UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent extra, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent pixehoscial history; •Pertinent pixehoscial history; •Pertinent pixehoscial history; •Information and consultations with the treating practitioner; •Pertinent explaudions from other health care practitioners; •Pertinent explaudions from other health care practitioners; •Pertinent explaudions from other health care practitioners and providers; •Pertinent explandions; •Information evaluations; •Information regaring the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent explauditors from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; endomation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria. Molina Clinical Policy 085: Radiofrequency Ablation (RFA) for Chronic Back Pain Associated with the Facet Joint	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent provisoscial history; elinformation and consultations with the treating practitioner; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	67299	UNLISTED PROCEDURE POSTERIO SEGMENT	R Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Cinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent han and consultations •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations (motographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	67599	UNLISTED PROCEDURE ORBIT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	67999	UNLISTED PROCEDURE EYELIDS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	68399	UNLISTED PROCEDURE CONJUNCTIVA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Pertinent exaluations from other health care practitioner; -Pertinent chalsno or photographic information, as appropriate; -Pertinent characteristics and information.	Additional information is required to define this code and determine criteria.	Review 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	69399	UNLISTED PROCEDURE EXTERNAL EAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent panda progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rentabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	69799	UNLISTED PROCEDURE MIDDLE EAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plagnostic testing results, operative and/or pathological reports; •Treatment plagnostic testing results, operative and/or pathological reports; •Pertinent plagnostic testing results, operative and/or pathological reports; •Pertinent polychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	69949	UNLISTED PROCEDURE INNER EAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plans and progress notes; •Pertinent plans do no sultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment plan and progress notes; •Pertiment physhoscial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations; •Pertiment evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	76496	UNLISTED FLUOROSCOPIC PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the reating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from ther health care practitioners and providers; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Additional information is required to define this code and determine criteria.	R	teview 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	76999	UNLISTED US PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent guaran; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exploations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information eraparding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	78099	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	78199	UNLIS HEMATOP RET ENDO AND LYMPHATIC DX NUC MED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pathonson and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	78299	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; Hoformation and consultations with the treating practitioner; •Pertinent psychoscial history; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	78399	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	78599	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from the health care practitioners and providers; • Pertinent evaluations; • Information evaluations; • Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	78699	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment pian and progress notes; •Pertiment pixohosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from the health care practitioners and providers; •Pertiment care garding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	78799	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operatives and/or pathological reports; -Pertinent advances from other health care practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations; -Pertinent characteristics and information, as appropriate; -Rehabilitation evaluations; -Information aregaring the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent plan and progress notes; -Pertinent plan and progress notes; -Pertinent plan and progress notes; -Pertinent planad not consultations with the treating practitioner; -Pertinent plaudions from other health care practitioners; -Pertinent charts, graphs or photographic information, as appropriate; -Retinent charts, graphs or photographic information, as appropriate; -Information revaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	79999	RP THERAPY UNLISTED PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polysoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information requiring the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physioscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	81099	UNLISTED URINALYSIS PROCEDURI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polyan and progress notes; •Pertinent veluations from other health care practitioner; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pagenostic history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent exaluations from other health care practitioners; and providers; •Pertinent exaluations from other health care practitioner; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	Keview 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	86486	SKIN TEST UNLISTED ANTIGEN EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	86849	UNLISTED IMMUNOLOGY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information ergarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information ergarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial histors is and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent advances from other health care practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations; -Retrinent characteristics and prographic information, as appropriate; -Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and No prior auth required up to determine criteria. per day.	inconcent.
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	87799	IADNA NOS QUANTIFICATION EACH ORGANISM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polyhosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rentabilitation evaluations; •Information reading the cal delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	87899	IAADIADOO NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polyhosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	87999	UNLISTED MICROBIOLOGY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physhoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information requiring the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	88099	UNLISTED NECROPSY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment glan and progress notes; •Treatment plan and progress notes; •Pertiment polyhosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations; •Pertiment evaluations; •Information regarding the local delivery system; and •Aitent characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	88199	UNLISTED CYTOPATHOLOGY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Pertinent paychosocial history; •Information and consultations with the relating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	Review 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	88299	UNLISTED CYTOGENETIC STUDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaultations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	88749	UNLISTED IN VIVO LABORTORY SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	89240	UNLIS MISC PATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pythosocial history; •Pertinent pythosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from thother health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	90399	UNLISTED IMMUNE GLOBULIN	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history: • Information and consultations with the reating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	90749	UNLISTED VACCINE TOXOID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information eganding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	90899	UNLISTED PSYCHIATRIC SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDUR	Information generally required to support authorization decision making includes, but not limited to: E •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history in the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	92499	UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent pagehostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial history; ePertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	94799	UNLISTED PULMONARY SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Uinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	95199	UNLISTED ALLERGY CLINICAL IMMUNOLOGIC SRVC PX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent exadings; •Information evaluations; •Information evaluations; •Information evaluations;	Additional information is required to define this code and determine criteria.	Review 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2023	96203	MLTPL-FMLY GRP BHVR MNGMNT/MDFCTN TRNNG FOR PRNT(S)/GRDN(S)/CRGVR(S) OF PTNTS WTH A MNTL OR PHYSCL HLTH DGNSS, ADMNSTRD BY PHYSCN OR OTHR QLED HLTH CARE PRFSSNL (WTHOUT THE PTNT PRSNT), FCE-TO-FCE WTH MLTPL SETS OF PRNT(S)/GRDN(S)/CRGVR(S); EACH ADDTNL 15 MNTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment chards, graphs or photographic information, as appropriate; •Pertiment evaluations from other health care practitioner, and providers; •Pertiment chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; +Information and local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	96379	UNLISTED THERAPEUTIC PROPH DX IV IA NIX NFS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaudisons from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	96549	UNLISTED CHEMOTHERAPY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent px/chosocial history; enformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE PROCED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment explosocial history; •Information and consultations with the treating practitioner; •Pertiment explosions from other health care practitioners and providers; •Pertiment exploations from other health care practitioners and providers; •Pertiment explanations; •Pertiment explacements, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalse for photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	No prior authorization is required for the first 30 visits per calendar year.	Review 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent physioscial history; Information and consultations with the treating practitioner; •Pertinent chalsdons from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Retinent chards, graphs or photographic information, and •Information regulting the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and PA Required after 30 visits for determine criteria. PT/OT	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	97799	UNLISTED PHYSICAL MEDICINE REHAB SERVICE PROC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physioscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	99199	UNLISTED SPECIAL SERVICE PROCEDURE REPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent physhoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022	99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent phosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regulting the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria. PROVIDER IS NON PAR and it is not in one of the following POS 21, 22, 23, 31, 32, 33, 51, 52, 61	:

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized		Date of Annual
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent panda progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsultations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		Review 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022	99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent pythosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for hotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical earny: • Pertinent plan and progress notes; • Pertinent plan and progress notes; • Pertinent playchoscial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations for other health care practitioners and providers; • Pertinent evaluations for hotographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent examples, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Attent characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022	99213	OFFICE/OUTPATIENT ESTABLISHED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalations from other health care practitioners; •Pertinent chalations from other health care practitioners; •Pertinent chalations for other health care practitioners; •Pertinent chalations for other health care practitioners; •Pertinent chalations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		Review 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022	99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions from other health care practitioners and providers; •Pertinent chalactions from other health care practitioners and providers; •Pertinent chalactions from other health care practitioners and providers; •Pertinent chalactions; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022	99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent planoad consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Iolina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022	99221	INITIAL HOSPITAL CARE/DAY 30 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent phosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Iolina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022	99222	INITIAL HOSPITAL CARE/DAY 50 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pack and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement Criteria Utilized	Notes	Date of Annual
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		IAL HOSPITAL CARE/DAY 70 UTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Lincary of the presenting problem •Cincical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent testing problem •Criterian and progress notes; •Pertinent valuations from there health care practitioner; •Pertinent valuations from there health care practitioner; •Pertinent valuations from there health care practitioner; •Pertinent valuations from the local delivery system; and •Patient characteristics and information.	define this code and CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		Q HOSPITAL CARE/DAY 15 UTES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -Clinical exam; -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent tousitations with the treating practitioner; -Pertinent characteristics and providers; -Pertinent characteristics and providers; -Pertinent characteristics and information, as appropriate; -Rehabilitation evaluations; -Information and information.	define this code and CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		Q HOSPITAL CARE/DAY 25 UTES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -Clinical exam; -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent proboscial history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent tharts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information are local delivery system; and -Patient characteristics and information.	define this code and CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		Q HOSPITAL CARE/DAY 35 UUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Litory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent plan care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Pertinent tharts, graphs or photographic information; •Information evaluations; •Information eval	define this code and CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		ERVATION/INPATIENT PITAL CARE 40 MINUTES	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Petritinent diagnostic testing results, operative and/or pathological reports; Petritinent fugation and consultations with the treating practitioner; Petritient evaluations from other health care practitioners; Petritient evaluations from other health care practitioners; Petritient evaluations from other health care practitioners; Petritient evaluations (and to practition), as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient diverteristics and information.	define this code and CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		HOSPITAL DISCHARGE DAY MANAGEMENT 30 MIN OR LT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		HOSPITAL DISCHARGE DAY MANAGEMENT GT 30 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exploations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		INITIAL INPATIENT CONSULT NEW/ESTAB PT 40 MIN	Information generally required to support authorization decision making includes, but not limited to: <urrent (up="" 6="" adequate="" and="" as:="" history="" hospital="" months),="" office="" patient="" records;<br="" related="" requested="" services="" such="" the="" to="">History of the presenting problem <ur>Clinical exam;Pertinent diagnostic testing results, operative and/or pathological reports;Treatment plan and progress notes;Pertinent psychosocial history;Information and consultations with the treating practitioner;Pertinent evaluations from other health care practitioners and providers;Pertinent acts, graphs or photographic information, as appropriate;Rehabilitation evaluations;Information regarding the local delivery system; andPatent characteristics and information.</ur></urrent>	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		INITIAL INPATIENT CONSULT NEW/ESTAB PT 55 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from ther health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from ther health care practitioners and providers; •Pertinent exaluations from the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		Review 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		INITIAL INPATIENT CONSULT NEW/ESTAB PT 80 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		INITIAL INPATIENT CONSULT NEW/ESTAB PT 110 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing raph to photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent targs raphs to photographic information, as appropriate; • Rethabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exclusions from other health care practitioners and providers; •Pertinent exclusions in the totographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		MERGENCY DEPARTMENT VISIT IIGH/URGENT SEVERITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalaustons from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		MERGENCY DEPT VISIT HIGH EVERITY AND THREAT FUNCJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent plxobsocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		PHYS/QHP DIRECTION IMERGENCY MEDICAL SYSTEMS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tasts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychoscial history; •Information and consultations with the treating practitioner; •Pertiment exaluations from other health care practitioners; •Pertiment exaluations from other health care practitioners; •Pertiment exaluations from other health care practitioners; •Pertiment exaluations in the lorgeraphic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Datient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent and progress notes; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent chards, graphs or photographic information, as appropriate; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.		Review 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2023		PRLNGD INPTNT OR OBSRVTN VALUATON AND MNGMNT SRVC(S) TIME WTH OR WTHOUT DRCT PTNT CNTCT BVND THE RQRD TIME OF THE PRMRY SRVC WHN THE PRMRY SRVC LVL HAS BEEN SLCTD USNG TTL TIME, EACH 15 MNTS OF TTL TIME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the reating practitioner; •Pertinent that autions from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022		UNLISTED PREVENTIVE MEDICINE SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners; •Pertinent evaluations from ther health care practitioners, and providers; •Pertinent evaluations from ther health care practitioners, and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent explauditons from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	99600	UNLISTED HOME VISIT SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertiment plan and progress notes; •Pertiment plan and progress notes; •Pertiment poly-toolscial history; •Information and consultations with the treating practitioner; •Pertiment explanations from other health care practitioners and providers; •Pertiment explanations; •Pertiment explanations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A4421	OSTOMY SUPPLY; MISCELLANEOU	s Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners; •Pertinent exhaustors from other health care practitioners and providers; •Pertinent exhaustors from other health care practice from other practi	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent problemsion in the treating practitioner; •Pertinent exoluations with the treating practitioner; •Pertinent exoluations from other health care practitioners; and providers; •Pertinent exoluations from other health care practitioner; •Pertinent exoluations from other health care practitioner; •Pertinent exoluations; •Information evaluations; •Information evaluations; •Information evaluations;	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A6261	WOUND FILLER GEL PASTE PER FL OZ NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information sequing the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	Review 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022	A9291	PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretriment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the trading practitioner; •Pertinent explaudions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; +Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A9698	NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent polychoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertiment tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	5/20/2020	A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychoscial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment exat, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	B9998	NOC FOR ENTERAL SUPPLIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	89999	NOC FOR PARENTERAL SUPPLIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the treating practitioners, and propriate; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	C2698	BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tays, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	C2699	BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent probascial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	E0770	FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, and providers; •Pertinent evaluations from ther health care practitioner, and providers; •Pertinent evaluations from the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	E1699	DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaultations from other health care practitioners and providers; •Pertinent exats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	G0501	RESOURCE-INT SRVC PT SPZ M- ASST TECH MED NEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent growthosocial history; •Treatment 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 ther health care practitioners and propriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent chards, graphs or photographic information, as appropriate; =Rehabilitation regarding the local delivery system; and =Information regarding the local delivery system; and =Patient characteristics and information.	Additional information is required to define this code and CPW: PA Required after initial 5 determine criteria. visits/units. 9/1/2022:Children and Pregnant Women (CPW) - will follow the Texas Medicaid Provider Procedure Manual.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gaphoscial history; •Information and consultations with the treating practitioner; •Pertinent chalsdoors from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Information regulting the coal delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	J7799	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent 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 psychosocial histors; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment explauations from other health care practitioners and providers; •Pertiment explanations; •Pertiment explanations; •Information evaluations; •Information evaluations; •Information evaluations;	Additional information is required to define this code and Bevacizumab when billed for determine criteria. intraocular injection does not require a PA	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from thother health care practitioners and providers; •Pertinent evaluations from thother health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from toher health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	K0899	PWR MOBILTY DVC NOT CODED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent explauations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent patient psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information equalutions; •Information equalutions; •Information equalutions;	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information egarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L5999	LOWER EXTREMITY PROSTHESIS NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exploations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L7499	UPPER EXTREMITY PROSTHESIS NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information erganding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent diganostic testing and consultations with the treating practitioner; +Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exalts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history or photographic information, as appropriate; •Pertinent exaluations from other health care practitioners and providers; •Pertinent characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8698	MISC COMP SPL ACCESS FOR USE WITH TOT AH SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent polychoscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: MyoPro Orthosis (Myomo, Inc.) for Upper Extremity Paralysis/Paresis	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diganostic testing results, operative and/or pathological reports; -Pertinent approximations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; and providers; -Pertinent examples from other health care practitioners; and providers; -Pertinent starts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: MyoPro Orthosis (Myomo, Inc.) for Upper Extremity Paralysis/Paresis	Keview 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	4/1/2020	P9099	Blood component or product not otherwise classified	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	P9603	TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent plxoboscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tarts, graphs or photographic information, as appropriate; •Retinent charts, graphs or photographic information, as appropriate; •Retinomation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	P9604	TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHRG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent test, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	Q0507	MISC SUPPLY OR ACCESSORY USE WITH EXTERNAL VAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment glan and progress notes; •Pertiment plan and progress notes; •Pertiment plan and progress notes; •Pertiment plan and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment tarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019		MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diganostic testing results, operative and/or pathological reports; -Pertinent approximations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioner; and providers; -Pertinent examples from other health care practitioner; and providers; -Pertinent examples from other health care practitioner; -Pertinent examples from other health care practitioner; -Pertinent examples from other health care practitioner; -Pertinent examples from other health care practitioner; -Rehabilitation evaluations; -Information regaring the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019		MISC SPL ACSS IMPL VAD NO PAYMENT MEDICARE PRT A	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent chalaudions from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information services in local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019		INFLUENZA VIRUS VACCINE NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent plxoboscial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tarts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019		CAST SUPPLIES UNLISTED TYPES AND MATERIALS OF CASTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent polychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	Q4051	SPLINT SUPPLIES MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment glan and progress notes; •Pertiment plan and progress notes; •Pertiment plan and progress notes; •Pertiment plan and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment taylardisons for hotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	Q4082	DRUG OR BIOLOGICAL NOC PART I DRUG CAP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	Review 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	Q4100	SKIN SUBSTITUTE NOT OTHERWISI SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial histor health care practitioners; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exalts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	S0590	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Hormation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	S8189	TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent exolutations with the treating practitioner; +Pertinent evaluations from other health care practitioners; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; +Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2022	S9432	MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment exat, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	5/20/2020	T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	Keview 2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent polautions from ther health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2021	T2047	HABILITATION, PREVOCATIONAL, WAIVER; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2021	T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Uinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	T5999	SUPPLY NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tests graphs or photographic information, as papropriate; •Rehabilitation evaluations; •Information evaluations;	Additional information is required to define this code and determine criteria.	2/23/2023

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Vistory of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestiment paychosocial history; •Information and consultations with the treating practitioner; •Pertinent divates, regnisor or hotorpaphic information, as appropriate; •Pertinent divates, regnisor or hotorpaphic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2021	V2524	CONTACT LENS, HYDROPHILIC, SPHERICAL, PHOTOCHROMIC ADDITIVE, PER LENS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; Information evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	V2797	VISN SPLACSS AND SRVC CMPP ANOTHER HCPCS CODE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tracks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	V2799	VISION ITEM OR SERVICE MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent valuations or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	V5299	HEARING SERVICE MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/23/2023