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BENEFIT CATEGORIES

(Clicking on the individual benefit category will allow you to jump to detailed information about that benefit)

Medical Services

Augmentative Communication Device and accessories
Autism Services (ABA Therapy)
Bariatric Surgery
Case by Case Added Services
Case Management for Children and Pregnant Women
Cerebral Seizure Monitoring (EEG) - Inpatient ONLY
Circumcision (members one year of age and older)
Clinician Administered Drugs
Continuous Glucose Monitoring
Cosmetic Surgery
Cranial Molding Orthosis
Electrical Bone Growth Stimulators
Fetal Magnetic Resonance Imaging (MRI)
Functional Endoscopic Sinus Surgery - Inpatient/Outpatient
General Anesthesia for Dental Procedures (Facility and Physician) 6 years and under
Genetic Testing
Hearing Devices (excluding batteries)
Home Health
Home Telemonitoring Services
Hospital Beds and Accessories
Hospital Inpatient Care and Inpatient Procedures

Incontinence Supplies (0 - 3 years)
Laser Interstitial Thermal Therapy (LITT)
Miscellaneous DME (when billed amount exceeds $500)
Mobility Aids
Non-Emergency Ambulance Transport
Nutritional Supplements (for oral nutrition and adults)
Oral Surgery and Medically Necessary Dental Procedures
Orthotics (custom)
Out of Network Services
Positive Airway Pressure Device (CPAP/BiPAP)
Positron Emission Tomography (PET) Scan
Prescribed Pediatric Extended Care Centers
Private Duty Nursing in Home
Prosthetics
Secretion and Mucus Clearing Devices
Single Photon Emission Computed Tomography (SPECT) Scan
Stereotactic Radiosurgery
Stimulation Devices
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)
Therapy-Speech (excluding Early Childhood Intervention (ECI) Programs, Reevaluations)
Transplants including Solid Organ and Bone Marrow
Wheelchairs and Accessories

Behavioral Health Services
Mental Health:

Inpatient Psychiatric Care
Intensive Outpatient Program (Mental Health)
Targeted Case Management and Mental Health Rehabilitation (PA required when over the authorization threshold)
Out of Network Services
Partial Hospitalization Program (Mental Health)

Behavioral Health Services
Substance Abuse Disorder Treatment:

Inpatient Care - Detoxification
Intensive Outpatient Program (Substance Abuse)
Outpatient Withdrawal Management
Residential Treatment Facility

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Review Criteria and Documentation:

Texas Children's Health Plan Augmentative Communication Device Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Augmentative_Communication_Device_Guideline_(27045_1).pdf
Texas Medicaid Provider Procedures Manual Durable Medical Equipment, Medical Supplies,and Nutritional Products Handbook
https://www.tmhp.com/resources/provider-manuals/tmppm

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Augmentative Communication Device & Accessories	E2500	Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time	✓		✓	✓	✓		1/1/19	4/8/26
Augmentative Communication Device & Accessories	E2502	Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	✓		✓	✓	✓		1/1/19	4/8/26
Augmentative Communication Device & Accessories	E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	✓		✓	✓	✓		1/1/19	4/8/26
Augmentative Communication Device & Accessories	E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	✓		✓	✓	✓		1/1/19	4/8/26
Augmentative Communication Device & Accessories	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	✓		✓	✓	✓		1/1/19	4/8/26
Augmentative Communication Device & Accessories	E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	✓		✓	✓	✓		1/1/19	4/8/26
Augmentative Communication Device & Accessories	E2511	Speech Generating Software program, for personal computer or personal digital assistant	✓		✓	✓	✓		6/23/20	4/8/26
Augmentative Communication Device & Accessories	E2512	Accessory for speech generating device, mounting system	✓		✓	✓	✓		1/1/19	4/8/26

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https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Augmentative_Communication_Device_Guideline_(27045_1).pdf

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Augmentative Communication Device & Accessories	E2599	Accessory for speech generating device, not otherwise classified	✓		✓	✓	✓		1/1/19	4/8/26
Augmentative Communication Device & Accessories	V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	✓		✓	✓	✓		1/1/19	4/8/26

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Review Criteria and Documentation: Texas Children's Health Plan Autism Services (ABA Therapy)
https://www.texaschildrenshealthplan.org/sites/default/files/2023-02/Autism%20Services%20Guideline%20(31079_1)%20final%20policytech%201.23.23.pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Autism Services (ABA Therapy)	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan			✓	✓	✓	✓	2/1/22	12/11/25
Autism Services (ABA Therapy)	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes			✓	✓	✓	✓	2/1/22	12/11/25
Autism Services (ABA Therapy)	97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes			✓	✓	✓	✓	2/1/22	12/11/25
Autism Services (ABA Therapy)	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes			✓	✓	✓	✓	2/1/22	12/11/25
Autism Services (ABA Therapy)	97156	Family adaptive behavior guidance, administered by physician or other qualified health care professional [with or without the patient present], face-to-face with guardian[s]/caregiver[s], each 15 minutes			✓	✓	✓	✓	2/2/22	12/11/25
Autism Services (ABA Therapy)	97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes			✓	✓	✓	✓	2/1/22	12/11/25
Autism Services (ABA Therapy)	99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional			✓	✓	✓		2/1/22	12/11/25

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Review Criteria and Documentation:

Texas Children's Health Plan Bariatric Surgery Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2023-02/Bariatric%20Surgery%20Guidelines%20(31081_1)%20final%20policy%20tech%201.23.23.pdf

Current Interqual® Level of Care Criteria
https://www.changehealthcare.com/solutions/clinical-decision-support/interqual/level-of-care-criteria

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Bariatric Surgery	43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less).			✓	✓	✓		1/1/19	12/11/25
Bariatric Surgery	43645	Laparoscopy with gastric bypass and small intestine reconstruction to limit absorption. (Do not report 43645 in conjunction with 49320, 43847.)			✓	✓	✓		1/1/19	12/11/25
Bariatric Surgery	43659	Unlisted laparoscopy procedure, stomach			✓	✓	✓		1/1/19	12/11/25
Bariatric Surgery	43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components).			✓	✓	✓		1/1/19	12/11/25
Bariatric Surgery	43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only			✓	✓	✓		1/1/19	12/11/25
Bariatric Surgery	43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only			✓	✓	✓		1/1/19	12/11/25
Bariatric Surgery	43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only			✓	✓	✓		1/1/19	12/11/25
Bariatric Surgery	43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components			✓	✓	✓		1/1/19	12/11/25
Bariatric Surgery	43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)			✓	✓	✓		1/1/19	12/11/25
Bariatric Surgery	43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty			✓	✓	✓		1/1/19	12/11/25

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Bariatric Surgery	43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty			✓	✓	✓		1/1/19	12/11/25
Bariatric Surgery	43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoieostomy (50 to 100 cm common channel.) to limit absorption (biliopancreatic diversion with duodenal switch).			✓	✓	✓		1/1/19	12/11/25
Bariatric Surgery	43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less Roux-en-Y gastroenterostomy. (For greater than 150 cm, use 43847)(For laparoscopic procedure, use 43644).			✓	✓	✓		1/1/19	12/11/25
Bariatric Surgery	43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption			✓	✓	✓		1/1/19	12/11/25
Bariatric Surgery	43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)			✓	✓	✓		1/1/19	12/11/25
Bariatric Surgery	43886	Gastric restrictive procedure, open; revision of subcutaneous port component only			✓	✓	✓		1/1/19	12/11/25
Bariatric Surgery	43887	Gastric restrictive procedure, open; removal of subcutaneous port component only			✓	✓	✓		1/1/19	12/11/25
Bariatric Surgery	43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only			✓	✓	✓		1/1/19	12/11/25

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Review Criteria and Documentation:

Texas Medicaid & Healthcare Partnership Fee Schedule
https://public.tmhp.com/FeeSchedules/Default.aspx

Texas Children's Health Plan Case by Case Added Services Procedure
https://www.texaschildrenshealthplan.org/sites/default/files/pdf/Case-by-Case_Added_Services__Procedure%20June%202021.pdf

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Case by Case Added Services	**Codes listed as not payable on Texas Medicaid & Healthcare Partnership Fee Schedule site:** http://public.tmhp.com/FeeSchedules/Default.aspx **will be reviewed for authorization on a case by case basis**	✓	✓	✓	✓	✓	✓	N/A	3/12/26

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Review Criteria and Documentation:

Texas Children's Health Plan Case Management for Children and Pregnant Women (CPW)
https://www.texaschildrenshealthplan.org/sites/default/files/2022-11/Case%20Management%20for%20Children%20and%20Pregnant%20Women%20(CPW)%20Guideline.pdf

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Case Management for Children and Pregnant Women (CPW)	G9012	Other specified case management service not elsewhere classified			✓	✓	✓		9/1/22	8/13/26

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Review Criteria and Documentation:

Texas Children's Health Plan Hospital Inpatient Care Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Hospital_Inpatient_Care_Guidelines_Nov%202021.pdf

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Cerebral Seizure Monitoring (EEG) - Inpatient ONLY	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	✓		✓	✓	✓		11/1/21	4/8/26
Cerebral Seizure Monitoring (EEG) - Inpatient ONLY	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 of EEG recording; with video (VEEG)	✓		✓	✓	✓		11/1/21	4/8/26
Cerebral Seizure Monitoring (EEG) - Inpatient ONLY	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)	✓		✓	✓	✓		11/1/21	4/8/26
Cerebral Seizure Monitoring (EEG) - Inpatient ONLY	95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	✓		✓	✓	✓		11/1/21	4/8/26
Cerebral Seizure Monitoring (EEG) - Inpatient ONLY	95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	✓		✓	✓	✓		11/1/21	4/8/26

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Review Criteria and Documentation:

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https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Hospital_Inpatient_Care_Guidelines_Nov%202021.pdf

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Cerebral Seizure Monitoring (EEG) - Inpatient ONLY	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)	✓		✓	✓	✓		11/1/21	4/8/26

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Review Criteria and Documentation:

Texas Children's Health Plan Circumcision Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Circumcision_Guidelines_(27048_1).pdf

Current Interqual® Level of Care Criteria
https://www.changehealthcare.com/solutions/clinical-decision-support/interqual/level-of-care-criteria

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Circumcision (members one year of age and older)	54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	✓		✓	✓	✓		1/1/19	4/8/26
Circumcision (members one year of age and older)	54161	Circumcision, surgical excision other than clamp, device, or dorsal slit, older than 28 days of age	✓		✓	✓	✓		1/1/19	4/8/26

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Clinician Administered Drugs	A9513	Injection, Lutetium lu 177 dotatate (Lutathera)	✓		✓	✓	✓		10/1/19	3/12/26
Clinician Administered Drugs	C9311	Injection, eplontersen, 1 mg (Wainua)	✓		✓	✓	✓		10/1/26	10/5/26
Clinician Administered Drugs	C9313	Injection, pivekimab sunirine-pvzy, 0.01 mg (Decnupaz)	✓		✓	✓	✓		10/1/26	10/5/26
Clinician Administered Drugs	C9399	Unclassified drugs or biologicals	✓		✓	✓	✓		1/1/21	3/12/26
Clinician Administered Drugs	J0129	Injection, abatacept, 10 mg (Orencia)	✓		✓	✓	✓		2/1/21	3/12/26
Clinician Administered Drugs	J0172	Injection, aducanumab-avwa, 2 mg (Aduhelm)	✓		✓	✓	✓		1/1/22	3/12/26
Clinician Administered Drugs	J0174	Injection, lecanemab-irmb, 1 mg (Leqembi)	✓		✓	✓	✓		11/1/23	3/12/26
Clinician Administered Drugs	J0175	Injection, donanemab-azbt, 2 mg (Kisunla)	✓		✓	✓	✓		1/13/25	3/12/26
Clinician Administered Drugs	J0180	Injection, agalsidase beta, 1 mg (Fabrazyme)	✓		✓	✓	✓		3/1/22	3/12/26
Clinician Administered Drugs	J0217	Injection, velmanase alfa-tycv, 1 mg (Lamzede)	✓		✓	✓	✓		2/1/24	3/12/26
Clinician Administered Drugs	J0218	Injection, olipudase alfa-rpcp, 1 mg (Xenpozyme)	✓		✓	✓	✓		5/1/23	3/12/26
Clinician Administered Drugs	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg (Nexviazyme)	✓		✓	✓	✓		3/1/22	3/12/26
Clinician Administered Drugs	J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	✓		✓	✓	✓		2/1/21	3/12/26
Clinician Administered Drugs	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	✓		✓	✓	✓		2/1/21	3/12/26
Clinician Administered Drugs	J0222	Injection, Patisiran, 0.1 mg (Onpattro)	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	J0225	Injection, vutrisiran, 1 mg (Amvuttra)	✓		✓	✓	✓		2/1/23	3/12/26

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Clinician Administered Drugs	J0517	Injection, benralizumab, 1 mg (Fasenra)	✓		✓	✓	✓		2/1/21	3/12/26
Clinician Administered Drugs	J0567	Injection, cerliponase alfa, 1 mg (Brineura)	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	J0584	Injection, burosumab-twza, 1 mg (Crysvita)	✓		✓	✓	✓		2/1/21	3/12/26
Clinician Administered Drugs	J0585	Injection, onabotulinumtoxinA, 1 unit (Botox)	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	J0586	Injection, abobotulinumtoxinA, 5 units (Dysport)	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	J0587	Injection, rimabotulinumtoxinB, 100 units (Myobloc)	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	J0588	Injection, incobotulinumtoxinA, 1 unit (Xeomin)	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	J0589	Injection, daxibotulinumtoxinA-lanm, 1 unit (Daxxify)	✓		✓	✓	✓		12/11/25	3/12/26
Clinician Administered Drugs	J0614	Injection, treosulfan, 50 mg (Grafapex)	✓		✓	✓	✓		10/9/25	3/12/26
Clinician Administered Drugs	J0717	Injection, certolizumab pegol, 1 mg (Cimzia)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J0741	Injection, cabotegravir/rilpivirine 2mg/3mg (Cabenuva)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg (Recarbr	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J0791	Injection, crizanlizumab-tmca, 1 mg (Adakveo)	✓		✓	✓	✓		5/6/20	3/12/26
Clinician Administered Drugs	J0870	Injection, imetelstat, 1 mg (Rytelo)	✓		✓	✓	✓		1/13/25	3/12/26
Clinician Administered Drugs	J0881	Injection, epoetin alfa, 1000 units (Aranesp)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J0885	Injection, epoetin alfa, 1000 units (Procrit/Epogen)	✓		✓	✓	✓		10/1/26	8/10/26

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Clinician Administered Drugs	J0888	Injection, epoetin beta, 1 microgram (Mircera)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J0896	Injection, luspatercept-aamt, 0.25 mg (Reblozyl)	✓		✓	✓	✓		9/1/20	3/12/26
Clinician Administered Drugs	J1000	Injection, depo-estradiol cypionate, up to 5 mg (Depo Estradiol)	✓		✓	✓	✓		3/1/24	3/12/26
Clinician Administered Drugs	J1071	Injection, testosterone cypionate, 1 mg (Depo Testosterone)	✓		✓	✓	✓		3/1/24	3/12/26
Clinician Administered Drugs	J1072	Injection, testosterone cypionate, 1 mg (Azmiro)	✓		✓	✓	✓		4/1/25	3/12/26
Clinician Administered Drugs	J1203	Injection, cipaglucosidase alfa-atga, 5 mg (Pombiliti)	✓		✓	✓	✓		5/1/24	3/12/26
Clinician Administered Drugs	J1299	Injection, eculizumab, 2 mg	✓		✓	✓	✓		4/1/25	3/12/26
Clinician Administered Drugs	J1301	Injection, edaravone, 1 mg (Radicava)	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	J1303	Injection, ravulizumab-cwvz, 10 mg (Ultomiris)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J1304	Injection, tofersen, 1mg (Qalsody)	✓		✓	✓	✓		3/1/24	3/12/26
Clinician Administered Drugs	J1322	Injection, elosulfase alfa, 1 mg (Vimizim)	✓		✓	✓	✓		3/1/22	3/12/26
Clinician Administered Drugs	J1326	Injection, zolbetuximab-clzb, 2 mg (Vyloy) - immunotherapy, monoclonal antibody	✓		✓	✓	✓		4/1/25	3/12/26
Clinician Administered Drugs	J1380	Injection estradoiol valerate, up to 10 mg	✓		✓	✓	✓		3/1/24	3/12/26
Clinician Administered Drugs	J1411	Injection, etranacogene dezaparvovec-drlb, per tx dose (Hemgenix)	✓		✓	✓	✓		10/1/23	3/12/26

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Clinician Administered Drugs	J1413	Injection delandistrogene moxeparvovec-rokl, per therapeutic dose, (Elevidys)	✓		✓	✓	✓		2/1/24	3/12/26
Clinician Administered Drugs	J1426	Injection, casimersen, 10 mg (Amondys 45 (Casimersen)	✓		✓	✓	✓		7/1/21	3/12/26
Clinician Administered Drugs	J1427	Injection, viltolarsen, 10 mg (Viltepso)	✓		✓	✓	✓		3/1/21	3/12/26
Clinician Administered Drugs	J1428	Injection, eteplirsen, 10 mg (Exondys 51)	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	J1429	Injection, golodirsen (Vyondys 53)	✓		✓	✓	✓		8/1/20	3/12/26
Clinician Administered Drugs	J1437	Injection, ferric derisomaltose, 10 mg (Monoferric)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J1442	Injection, filgrastim (G-CSF), 1 microgram (Neupogen)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J1449	Injection, eflapegrastim-xnst, 0.1 mg (Rolvedon)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J1458	Injection, galsulfase, 1 mg (Naglazyme)	✓		✓	✓	✓		3/1/22	3/12/26
Clinician Administered Drugs	J1632	Injection, brexanolone, 1 mg (Zulresso)	✓		✓	✓	✓		7/1/20	3/12/26
Clinician Administered Drugs	J1743	Injection, idursulfase, 1 mg (Elaprase)	✓		✓	✓	✓		3/1/22	3/12/26
Clinician Administered Drugs	J1745	Injection, infliximab, 10 mg (Remicade)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J1746	Injection, ibalizumab-uiyk, 10 mg (Trogarzo)	✓		✓	✓	✓		2/1/21	3/12/26
Clinician Administered Drugs	J1748	Injection, infliximab-dyyb, 10 mg (Zymfentra)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J1750	Injection, iron dextran, 50 mg (INFeD)	✓		✓	✓	✓		10/1/26	8/10/26

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Clinician Administered Drugs	J1786	Injection, imiglucerase, 10 units (Cerezyme)	✓		✓	✓	✓		3/1/22	3/12/26
Clinician Administered Drugs	J1823	Injection, inebilizumab-cdon, 1 mg (Uplizna)	✓		✓	✓	✓		1/1/21	3/12/26
Clinician Administered Drugs	J1931	Injection, laronidase, 0.1 mg (Aldurazyme)	✓		✓	✓	✓		3/1/22	3/12/26
Clinician Administered Drugs	J1950	Injection, leuprolide acetate, per 3.75 mg	✓		✓	✓	✓		3/1/24	3/12/26
Clinician Administered Drugs	J1951	Injection, leuprolide acetate, fensolvi, 0.25 mg	✓		✓	✓	✓		3/1/24	3/12/26
Clinician Administered Drugs	J2182	Injection, mepolizumab, 1 mg (Nucala)	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	J2323	Injection, natalizumab, 1 mg (Tysabri)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J2326	Injection, nusinersen, 0.1 mg (Spinraza)	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	J2329	Injection, ublituximab-xiiy, 1 mg (Briumvi)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq (Ocrevus Zunovo)	✓		✓	✓	✓		4/1/25	3/12/26
Clinician Administered Drugs	J2356	Injection, tezepelumab-ekko, 1 mg (Tezspire)	✓		✓	✓	✓		8/1/22	3/12/26
Clinician Administered Drugs	J2357	Injection, omalizumab, 5 mg (Xolair)	✓		✓	✓	✓		2/1/21	3/12/26
Clinician Administered Drugs	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg (Elfabrio)	✓		✓	✓	✓		3/1/24	3/12/26
Clinician Administered Drugs	J2724	Injection, protein C concentrate, intravenous, human, 10 IU (Ceprotin)	✓		✓	✓	✓		3/1/22	3/12/26

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Clinician Administered Drugs	J2781	Injection, pegcetacoplan, intravitreal, 1 mg	✓		✓	✓	✓		11/1/25	3/12/26
Clinician Administered Drugs	J2786	Injection, reslizumab, 1 mg (Cinqair)	✓		✓	✓	✓		2/1/21	3/12/26
Clinician Administered Drugs	J2787	Injection, riboflavin 5'-phosphate ophthalmic solution (Photrexa)	✓		✓	✓	✓		9/1/25	3/12/26
Clinician Administered Drugs	J2820	Injection, sargramostim (GM-CSF), 50 mcg (Leukine)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J2840	Injection, sebelipase alfa, 1 mg (Kanuma)	✓		✓	✓	✓		3/1/22	3/12/26
Clinician Administered Drugs	J2916	Injection, sodium ferric gluconate complex in sucrose, 12.5 mg (Ferrlecit)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J3060	Injection, taliglucerase alfa, 10 units (Elelyso)	✓		✓	✓	✓		3/1/22	3/12/26
Clinician Administered Drugs	J3121	Injection, testosterone enanthate, 1 mg	✓		✓	✓	✓		3/1/24	3/12/26
Clinician Administered Drugs	J3145	Injection, testosterone undecanoate, 1mg	✓		✓	✓	✓		3/1/24	3/12/26
Clinician Administered Drugs	J3241	Injection, teprotumumab-trbw, 10 mg (Tepezza)	✓		✓	✓	✓		10/1/20	3/12/26
Clinician Administered Drugs	J3247	Injection, secukinumab, intravenous, 1 mg (Cosentyx)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J3315	Injection, triptorelin pamoate, 3.75 mg	✓		✓	✓	✓		3/1/24	3/12/26
Clinician Administered Drugs	J3316	Injection, triptorelin ER, 3.75 mg	✓		✓	✓	✓		3/1/24	3/12/26
Clinician Administered Drugs	J3357	Ustekinumab, for subcutaneous injection, 1 mg (Stellara)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J3358	Ustekinumab, for intravenous injection, 1 mg (Stellara)	✓		✓	✓	✓		10/1/26	8/10/26

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Clinician Administered Drugs	J3385	Injection, velaglucerase alfa, 100 units (VPRIV)	✓		✓	✓	✓		3/1/22	3/12/26
Clinician Administered Drugs	J3389	Topical administration, prademagene zamikeracel, per treatment	✓		✓	✓	✓		4/1/26	4/8/26
Clinician Administered Drugs	J3391	Injection, atidarsagene autotemecel, per treatment (Lenmeldy)	✓		✓	✓	✓		7/1/25	3/12/26
Clinician Administered Drugs	J3392	Injection, exagamglogene autotemcel, per treatment (Casgevy)	✓		✓	✓	✓		12/30/24	3/12/26
Clinician Administered Drugs	J3393	Injection, betibeglogene autotemcel (Zynteglo), per treatment	✓		✓	✓	✓		7/1/24	3/12/26
Clinician Administered Drugs	J3394	Injection, lovotibeglogene autotemcel, per treatment (Lyfgenia)	✓		✓	✓	✓		12/30/24	3/12/26
Clinician Administered Drugs	J3397	Injection, vestronidase alfa-vjbk, 1 mg (Mepsevii)	✓		✓	✓	✓		2/1/21	3/12/26
Clinician Administered Drugs	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes (Luxturna)	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	J3399	Injection, Onasemnogene Abeparvovec-xioi (Zolgensma)	✓		✓	✓	✓		10/1/19	3/12/26
Clinician Administered Drugs	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml, (Vyjuvek)	✓		✓	✓	✓		2/1/24	3/12/26
Clinician Administered Drugs	J3402	Injection, remestemcel-l-rknd, per therapeutic dose (Ryoncil)	✓		✓	✓	✓		11/1/25	3/12/26
Clinician Administered Drugs	J3403	Revakinagene taroretcel-lwey, per implant (Encelto)	✓		✓	✓	✓		11/1/25	3/12/26

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Clinician Administered Drugs	J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose (Papzimeos)	✓		✓	✓	✓		4/1/26	4/8/26
Clinician Administered Drugs	J3405	Injection, onasemnogene abeparvovec-brve, per treatment	✓		✓	✓	✓		7/6/26	8/10/26
Clinician Administered Drugs	J3490	Unclassified drugs (>$5,000)	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	J3420	Injection, vitamin B-12 cyanocobalamin, up to 1000 mcg	✓		✓	✓	✓		7/6/26	8/10/26
Clinician Administered Drugs	J3590	Unclassified drugs - biologics	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	J7171	Injection, apadamtase alfa, 10 units (Adzyma)	✓		✓	✓	✓		5/1/24	3/12/26
Clinician Administered Drugs	J7172	Injection, marstacimab-hncq, 0.5 mg (Hympavzi) - hemophilia agent	✓		✓	✓	✓		4/1/25	3/12/26
Clinician Administered Drugs	J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs (Tekentriq Hybreza)	✓		✓	✓	✓		4/1/25	3/12/26
Clinician Administered Drugs	J9026	Injection, tarlatamab-dlle, 1 mg (Imdelltra)	✓		✓	✓	✓		1/13/25	3/12/26
Clinician Administered Drugs	J9027	Injection, clofarabine, 1 mg (Clolar)	✓		✓	✓	✓		2/1/21	3/12/26

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Clinician Administered Drugs	J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram (Anktiva)	✓		✓	✓	✓		1/13/25	3/12/26
Clinician Administered Drugs	J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose, (Adstiladrin)	✓		✓	✓	✓		2/1/24	3/12/26
Clinician Administered Drugs	J9038	Injection, axatilimab-csfr, 0.1 mg (Niktimvo)	✓		✓	✓	✓		7/1/25	3/12/26
Clinician Administered Drugs	J9054	Injection, bortezomib (boruzu)	✓		✓	✓	✓		4/1/25	3/12/26
Clinician Administered Drugs	J9118	Injection, calaspargase pegol-mknl, 10 units (Asparlas)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J9119	Injection, cemiplimab-rwlc, 1 mg (Libtayo)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J9144	Injection, daratumumab and hyaluronidase-fihj, 10 mg (Darzalex)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J9155	Injection, degarelix, 1mg (Firmagon)	✓		✓	✓	✓		3/1/24	3/12/26
Clinician Administered Drugs	J9161	Injection, denileukin diftitox-cxdl, for intravenous use, 1 microgram (Lymphir)	✓		✓	✓	✓		4/1/26	4/8/26
Clinician Administered Drugs	J9204	Injection, mogamulizumab-kpkc, 1 mg (Poteligeo)	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	J9210	Injection, emapalumab-lzsg, 1 mg (Gamifant)	✓		✓	✓	✓		10/1/19	3/12/26
Clinician Administered Drugs	J9217	Injection, leuprolide acetate, 7.5mg (Lupron)	✓		✓	✓	✓		3/1/24	3/12/26
Clinician Administered Drugs	J9218	Injection, leuprolide acetate, per 1mg (Lupron)	✓		✓	✓	✓		3/1/24	3/12/26

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Clinician Administered Drugs	J9227	Injection, isatuximab-irfc, 10 mg (Sarclisa)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J9229	Injection, inotuzumab ozogamicin, 0.1 mg (Besponsa)	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	J9269	Injection, tagraxofusp-erzs, 10 mcg (Elzonris)	✓		✓	✓	✓		2/1/21	3/12/26
Clinician Administered Drugs	J9276	Injection, zanidatamab-hrii, 2 mg (Ziihera) - chemotherapy	✓		✓	✓	✓		4/1/25	3/12/26
Clinician Administered Drugs	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg (Lumoxiti)	✓		✓	✓	✓		10/1/19	3/12/26
Clinician Administered Drugs	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg (Trodelvy)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J9329	Injection, tislelizumab-jsgr, 1mg (Tevimbra) - immunotherapy, monoclonal antibody	✓		✓	✓	✓		4/1/25	3/12/26
Clinician Administered Drugs	J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg (Ryzneuta)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J9380	Injection, teclistamab-cqyv, 0.5 mg (Tecvayli)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	J9381	Injection, teplizumab-mzwv, 5 mcg (Tzield)	✓		✓	✓	✓		8/1/23	3/12/26
Clinician Administered Drugs	J9999	Unclassfied drug - antineoplastic	✓		✓	✓	✓		N/A	3/12/26
Clinician Administered Drugs	Q2026	Injection, calcium hydroxylapatite, 0.1 ml, (Radiesse)	✓		✓	✓	✓		10/1/21	3/12/26

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Clinician Administered Drugs	Q2041	Axicabtagene Ciloleucel up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose, (Yescarta)	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	Q2042	Tisagenlecleucel), up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose, (Kymriah	✓		✓	✓	✓		1/1/19	3/12/26
Clinician Administered Drugs	Q2043	Sipuleucel-T , minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion, (Provenge)	✓		✓	✓	✓		11/1/21	3/12/26
Clinician Administered Drugs	Q2053	Injection, Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Tecartus)	✓		✓	✓	✓		1/1/21	3/12/26
Clinician Administered Drugs	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Breyanzi)	✓		✓	✓	✓		10/1/21	3/12/26

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https://www.texaschildrenshealthplan.org/sites/default/files/2023-02/Botulinum%20Toxin%20Guidelines%20(31077_1)%20final%20policytech%201.23.23.pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Clinician Administered Drugs	Q2055	Idecabtagene vicleucel, up to 460 million autologous anti-BCMA CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Abecma)	✓		✓	✓	✓		10/1/21	3/12/26
Clinician Administered Drugs	Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Carvykti)	✓		✓	✓	✓		12/1/22	3/12/26
Clinician Administered Drugs	Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	✓		✓	✓	✓		4/1/25	3/12/26
Clinician Administered Drugs	Q2058	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	✓		✓	✓	✓		7/1/25	3/12/26
Clinician Administered Drugs	Q5104	Injection, infliximab-abda, 10 mg (Renflexis)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	Q5106	Injection, epoetin alfa-epbx biosimilar, 1000 units (Retacrit)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	Q5108	Injection, pegfilgrastim-jmdb (Fulphila)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	Q5111	Injection, pegfilgrastim-cbqv biosimilar, 0.5 mg (Udenyca)	✓		✓	✓	✓		10/1/26	8/10/26

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Review Criteria and Documentation:

Texas Children's Health Plan Clinician Administered Drug Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Clinician_Administered_Drug_Guideline_(27050_1).pdf

Texas Medicaid Provider Procedures Manual Outpatient Drug Services Handbook
https://www.tmhp.com/resources/provider-manuals/tmppm

Texas Children's Health Plan Monoclonal Antibodies Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Monoclonal_Antibodies_Guideline%20Jan%202022.pdf

Texas Children's Health Plan Botulinum Toxin Guidelines
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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Clinician Administered Drugs	Q5120	Injection, pegfilgrastim-bmez biosimilar, 0.5 mg (Ziextenzo)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	Q5122	Injection, pegfilgrastim-apgf, 0.5 mg (Nyvepria)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	Q5125	Injection, filgrastim-ayow biosimilar, 1 mcg (Releuko)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	Q5127	Injection, pegfilgrastim-fpgk biosimilar, 0.5 mg (Stimufend)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	Q5130	Injection, pegfilgrastim-pbbk biosimilar, 0.5 mg (Fylnetra)	✓		✓	✓	✓		10/1/26	8/10/26
Clinician Administered Drugs	Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg (Pavblu)	✓		✓	✓	✓		7/1/25	3/12/26
Clinician Administered Drugs	Q9996	Injection, ustekinumab-ttwe (Pyzchiva), subcutaneous, 1 mg	✓		✓	✓	✓		7/1/25	3/12/26
Clinician Administered Drugs	Q9997	intravenous (IV) injection of ustekinumab-ttwe (Pyzchiva)	✓		✓	✓	✓		7/1/25	3/12/26
Clinician Administered Drugs	Q9998	Injection, ustekinumab-aekn (Selarsdi), biosimilar, 1 mg	✓		✓	✓	✓		7/1/25	3/12/26
Clinician Administered Drugs	Q9999	Injection, ustekinumab-aauz (Otulfi), biosimilar, 1 mg	✓		✓	✓	✓		7/1/25	3/12/26
Clinician Administered Drugs	S0189	Testosterone pellet, 75 mg (Testropel)	✓		✓	✓	✓		3/1/24	3/12/26
Clinician Administered Drugs	S0013	Esketamine, nasal spray, 1 mg (Spravato)	✓		✓	✓	✓		10/1/19	3/12/26

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Review Criteria and Documentation:

Texas Children's Health Plan Continuous Glucose Monitors Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Therapeutic_Continuous_Glucose_Monitors_july%202021.pdf

Texas Medicaid Provider Procedures Manual Durable Medical Equipment, Medical Supplies,and Nutritional Products Handbook
https://www.tmhp.com/resources/provider-manuals/tmppm

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Continuous Glucose Monitoring	E0784	External ambulatory infusion pump, insulin	✓		✓	✓	✓		11/1/25	1/15/26
Continuous Glucose Monitoring	E0784 (UD)	External ambulatory infusion pump, insulin	✓		✓	✓	✓		11/1/25	1/15/26
Continuous Glucose Monitoring	E2101(U4)	Blood glucose monitor with integrated lancing/blood sample	✓		✓	✓	✓		11/1/25	1/15/26
Continuous Glucose Monitoring	E2102	Adjunctive, nonimplemented continuos glucose monitor (CGM) or reciever	✓		✓	✓	✓		1/1/23	1/15/26
Continuous Glucose Monitoring	E2103	Non Adjunctive, nonimplemented continuos glucose monitor (CGM) or reciever	✓		✓	✓	✓		1/1/23	1/15/26
Continuous Glucose Monitoring	E2103(U4)	Non Adjunctive, nonimplemented continuos glucose monitor (CGM) or reciever	✓		✓	✓	✓		11/1/25	1/15/26
Continuous Glucose Monitoring	95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	✓	✓	✓	✓	✓		4/20/21	1/15/26

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Review Criteria and Documentation:

Texas Children's Health Plan Cosmetic Surgery Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/pdf/Cosmetic_Surgery_Guidelines-update%2012-12-21.pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Cosmetic Surgery	11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15781	Dermabrasion; segmental, face	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15782	Dermabrasion; regional, other than face	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15783	Dermabrasion; superficial, any site (eg, tattoo removal)	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15786	Abrasion; single lesion (eg, keratosis, scar)	✓		✓	✓	✓		3/8/21	4/8/26
Cosmetic Surgery	15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15788	Chemical peel, facial; epidermal	✓		✓	✓	✓		1/1/19	4/8/26

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Cosmetic Surgery	15789	Chemical peel, facial; dermal	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15792	Chemical peel, nonfacial; epidermal	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15793	Chemical peel, nonfacial; dermal	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15820	Blepharoplasty, lower eyelid;	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15822	Blepharoplasty, upper eyelid;	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15824	Rhytidectomy; forehead	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15826	Rhytidectomy; glabellar frown lines	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15828	Rhytidectomy; cheek, chin, and neck	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	✓		✓	✓	✓		3/8/21	4/8/26
Cosmetic Surgery	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	✓		✓	✓	✓		1/16/20	4/8/26
Cosmetic Surgery	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	✓		✓	✓	✓		1/16/20	4/8/26
Cosmetic Surgery	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	✓		✓	✓	✓		1/16/20	4/8/26
Cosmetic Surgery	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	✓		✓	✓	✓		1/16/20	4/8/26
Cosmetic Surgery	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	✓		✓	✓	✓		1/16/20	4/8/26

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Cosmetic Surgery	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	✓		✓	✓	✓		1/16/20	4/8/26
Cosmetic Surgery	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	✓		✓	✓	✓		1/16/20	4/8/26
Cosmetic Surgery	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	✓		✓	✓	✓		1/16/20	4/8/26
Cosmetic Surgery	15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15876	Suction assisted lipectomy; head and neck	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	15877	Suction assisted lipectomy; trunk	✓		✓	✓	✓		1/16/20	4/8/26
Cosmetic Surgery	15878	Suction assisted lipectomy; upper extremity	✓		✓	✓	✓		1/16/20	4/8/26
Cosmetic Surgery	15879	Suction assisted lipectomy; lower extremity	✓		✓	✓	✓		1/16/20	4/8/26
Cosmetic Surgery	17360	Chemical exfoliation for acne (eg, acne paste, acid)	✓		✓	✓	✓		1/16/20	4/8/26
Cosmetic Surgery	17380	Electrolysis epilation, each 30 minutes	✓		✓	✓	✓		1/16/20	4/8/26
Cosmetic Surgery	19300	Mastectomy for gynecomastia	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	19316	Mastopexy	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	19318	Breast reduction	✓		✓	✓	✓		8/1/21	4/8/26
Cosmetic Surgery	19328	Removal of intact breast implant	✓		✓	✓	✓		3/8/21	4/8/26
Cosmetic Surgery	19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	✓		✓	✓	✓		3/8/21	4/8/26
Cosmetic Surgery	19342	Insertion or replacement of breast implant on separate day from mastectomy	✓		✓	✓	✓		3/8/21	4/8/26
Cosmetic Surgery	19350	Nipple/areola reconstruction	✓		✓	✓	✓		3/8/21	4/8/26
Cosmetic Surgery	19396	Preparation of moulage for custom breast implant	✓		✓	✓	✓		3/8/21	4/8/26

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Cosmetic Surgery	21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	21740	Reconstructive repair of pectus excavatum or carinatum; open	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	30420	Rhinoplasty, primary; including major septal repair	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	30430	Rhinoplasty, secondary; minor revision (small amount of nasa	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	30435	Rhinoplasty, secondary; intermediate revision (bony work wit	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	30450	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	✓		✓	✓	✓		3/8/21	4/8/26
Cosmetic Surgery	30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	✓		✓	✓	✓		3/8/21	4/8/26

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Review Criteria and Documentation:

Texas Children's Health Plan Cosmetic Surgery Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/pdf/Cosmetic_Surgery_Guidelines-update%2012-12-21.pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Cosmetic Surgery	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	✓		✓	✓	✓		1/16/20	4/8/26
Cosmetic Surgery	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	✓		✓	✓	✓		8/1/21	4/8/26
Cosmetic Surgery	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	36479	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	37500	Unlisted vascular endoscopy procedure	✓		✓	✓	✓		1/1/19	4/8/26

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Review Criteria and Documentation:

Texas Children's Health Plan Cosmetic Surgery Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/pdf/Cosmetic_Surgery_Guidelines-update%2012-12-21.pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Cosmetic Surgery	37501	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	37700	Ligation, division, and stripping, short saphenous vein	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	37718	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	37722	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	37735	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	37760	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	37761	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	37765	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	37766	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	37780	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	37785	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	✓		✓	✓	✓		8/1/21	4/8/26
Cosmetic Surgery PA for 21 & up	67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	✓		✓	✓	✓		3/8/21	4/8/26

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Texas Children's Health Plan Cosmetic Surgery Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/pdf/Cosmetic_Surgery_Guidelines-update%2012-12-21.pdf

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Cosmetic Surgery PA for 21 & up	67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	✓		✓	✓	✓		3/8/21	4/8/26
Cosmetic Surgery PA for 21 & up	67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	✓		✓	✓	✓		3/8/21	4/8/26
Cosmetic Surgery PA for 21 & up	67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	✓		✓	✓	✓		3/8/21	4/8/26
Cosmetic Surgery	67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery	67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	✓		✓	✓	✓		1/1/19	4/8/26
Cosmetic Surgery PA for 21 & up	67909	Reduction of overcorrection of ptosis	✓		✓	✓	✓		3/8/21	4/8/26
Cosmetic Surgery PA for 21 & up	67911	Correction of lid retraction	✓		✓	✓	✓		3/8/21	4/8/26
Cosmetic Surgery	69300	Otoplasty, protruding ear, with or without size reduction	✓		✓	✓	✓		3/8/21	4/8/26

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Review Criteria and Documentation:

Texas Children's Health Plan Cranial Molding Orthosis Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Cranial_Molding_Orthosis_Guidelines_(26544_1).pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Cranial Molding Orthosis	S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	✓		✓	✓	✓	✓	1/1/19	1/15/26

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Review Criteria and Documentation:

Texas Medicaid Provider Procedures Manual Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook
https://www.tmhp.com/resources/provider-manuals/tmppm

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Electrical Bone Growth Stimulator	E0747	Osteogenesis stimulator, electrical non-invasive, other than spinal applications	✓		✓	✓	✓		9/4/20	6/11/26
Electrical Bone Growth Stimulator	E0748	Osteogenesis stimulator, electrical non-invasive, spinal applications	✓		✓	✓	✓		9/4/20	6/11/26
Electrical Bone Growth Stimulator	E0749	Osteogenesis stimulator, electrical, surgically implanted	✓		✓	✓	✓		2/1/21	6/11/26
Electrical Bone Growth Stimulator	E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	✓		✓	✓	✓		2/1/21	6/11/26

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Review Criteria and Documentation:

Texas Children's Health Plan Maternal Magnetic Resonance Imaging (MRI)
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Maternal_Magnetic_Resonance_Imaging_(MRI)%20Oct%202021.pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Fetal Magnetic Resonance Imaging	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	✓	✓	✓	✓	✓		1/1/20	4/8/26
Fetal Magnetic Resonance Imaging	74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	✓	✓	✓	✓	✓		4/1/20	4/8/26

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Review Criteria and Documentation:

Texas Children's Health Plan Functional Endoscopic Sinus Surgery - Inpatient/Outpatient
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Functional_Endoscopic_Sinus_Surgery_Guidelines%20Nov%202021.pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Functional Endoscopic Sinus Surgery - Inpatient/Outpatient	31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	✓		✓	✓	✓		11/1/21	6/11/26
Functional Endoscopic Sinus Surgery - Inpatient/Outpatient	31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	✓		✓	✓	✓		11/1/21	6/11/26
Functional Endoscopic Sinus Surgery - Inpatient/Outpatient	31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	✓		✓	✓	✓		11/1/21	6/11/26
Functional Endoscopic Sinus Surgery - Inpatient/Outpatient	31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	✓		✓	✓	✓		11/1/21	6/11/26
Functional Endoscopic Sinus Surgery - Inpatient/Outpatient	31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy	✓		✓	✓	✓		11/1/21	6/11/26
Functional Endoscopic Sinus Surgery - Inpatient/Outpatient	31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	✓		✓	✓	✓		11/1/21	6/11/26
Functional Endoscopic Sinus Surgery - Inpatient/Outpatient	31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	✓		✓	✓	✓		11/1/21	6/11/26
Functional Endoscopic Sinus Surgery - Inpatient/Outpatient	31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	✓		✓	✓	✓		11/1/21	6/11/26
Functional Endoscopic Sinus Surgery - Inpatient/Outpatient	31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	✓		✓	✓	✓		11/1/21	6/11/26
Functional Endoscopic Sinus Surgery - Inpatient/Outpatient	31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	✓		✓	✓	✓		11/1/21	6/11/26
Functional Endoscopic Sinus Surgery - Inpatient/Outpatient	31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of t	✓		✓	✓	✓		11/1/21	6/11/26

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Review Criteria and Documentation:

Texas Children's Health Plan General Anesthesia for Dental Procedures in Members 6 Years Old and Younger Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/General_Anesthesia_for_Dental_Procedures_in_Members_6_years_old_and_Younger_(26747_1).pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
General Anesthesia for Dental Procedures (Facility and Physician) 6 years and under	00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified			✓	✓	✓		1/1/19	1/15/26
General Anesthesia for Dental Procedures (Facility and Physician) 6 years and under	G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation and the use of an operating room)			✓	✓	✓		9/1/24	1/15/26

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Review Criteria and Documentation:

Texas Children's Health Plan Genetic Testing Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Genetic_Testing_Guidelines_July%202021.pdf

Current Interqual® Level of Care Criteria
https://www.changehealthcare.com/solutions/clinical-decision-support/interqual/level-of-care-criteria

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Genetic Testing	0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	✓		✓	✓	✓		5/1/26	6/11/26
Genetic Testing	0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations.	✓		✓	✓	✓		5/1/26	6/11/26
Genetic Testing	0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	✓		✓	✓	✓		5/1/26	6/11/26
Genetic Testing	0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	✓		✓	✓	✓		5/1/26	6/11/26
Genetic Testing	0540U	Transplantation medicine (allograft rejection), donor-derived cell-free DNA, analysis of single nucleotide polymorphisms (SNPs) in 266 loci, using plasma, reported as a percentage of donor-derived cell-free DNA in the total cell-free DNA	✓		✓	✓	✓		5/1/26	6/11/26
Genetic Testing	81105	HPA-1 genotyping (Integrin beta 3 antigen)	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81106	Human Platelet Antigen (HPA-2) genotyping; common alleles	✓		✓	✓	✓		10/1/26	8/10/26

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Review Criteria and Documentation:

Texas Children's Health Plan Genetic Testing Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Genetic_Testing_Guidelines_July%202021.pdf

Current Interqual® Level of Care Criteria
https://www.changehealthcare.com/solutions/clinical-decision-support/interqual/level-of-care-criteria

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Genetic Testing	81107	Human Platelet Antigen 3 (HPA-3) genotyping	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81109	HPA-5 genotyping	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]), common variant, HPA-6a/b (R489Q).	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81111	HPA-9 genotyping	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura) gene analysis, common variant, HPA-15a/b (S682Y)	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81161	DMD (eg, Duchenne/Becker muscular dystrophy) deletion analysis, if performed	✓		✓	✓	✓		1/1/19	6/11/26
Genetic Testing	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	✓		✓	✓	✓		1/1/19	6/11/26

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Genetic Testing	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	✓		✓	✓	✓		1/1/19	6/11/26
Genetic Testing	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	✓		✓	✓	✓		1/1/19	6/11/26
Genetic Testing	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	✓		✓	✓	✓		1/1/19	6/11/26
Genetic Testing	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	✓		✓	✓	✓		1/1/19	6/11/26
Genetic Testing	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	✓		✓	✓	✓		1/1/19	6/11/26
Genetic Testing	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	✓		✓	✓	✓		1/1/19	6/11/26
Genetic Testing	81177	TN1 (atrophin 1) (e.g., dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles	✓		✓	✓	✓		10/1/26	8/10/26

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Genetic Testing	81178	ATXN1 (ataxin 1) (e.g., spinocerebellar ataxia), gene analysis, evaluation to detect abnormal (e.g., expanded) alleles.	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81179	ATXN2 (ataxin 2) (e.g., spinocerebellar ataxia), gene analysis, evaluation for abnormal alleles.	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81180	TXN3 (ataxin 3) (e.g., spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles.	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81181	ATXN7 gene analysis for abnormal alleles.	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles.	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (e.g., spinocerebellar ataxia) gene analysis; full gene sequence.	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant.	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	✓		✓	✓	✓		1/1/19	6/11/26
Genetic Testing	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	✓		✓	✓	✓		3/1/21	6/11/26

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Genetic Testing	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (e.g., colon cancer, melanoma), gene analysis, V600 variant(s)	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	✓		✓	✓	✓		3/1/21	6/11/26

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Genetic Testing	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81218	KRAS (Kirsten rat sarcoma viral oncogene homolog) gene analysis; common variants (e.g., codon 12 and codon 13)	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81223	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; full gene sequence	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81224	CFTR (cystic fibrosis transmembrane conductance regulator) gene analysis; intron 8 poly-T analysis	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	✓		✓	✓	✓		3/1/21	6/11/26

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Genetic Testing	81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	✓		✓	✓	✓		9/1/21	6/11/26
Genetic Testing	81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81235	EGFR (epidermal growth receptor)(non-small cell lung) gene analysis, common variants (eg exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	✓		✓	✓	✓		3/1/21	6/11/26
Genetic Testing	81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	✓		✓	✓	✓		3/1/21	6/11/26

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Genetic Testing	81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	✓		✓	✓	✓		1/1/19	6/11/26
Genetic Testing	81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	✓		✓	✓	✓		N/A	6/11/26

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Genetic Testing	81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	✓		✓	✓	✓		N/A	6/11/26

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Genetic Testing	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	✓		✓	✓	✓		N/A	6/11/26

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Genetic Testing	81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	✓		✓	✓	✓		10/1/26	8/10/26

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Genetic Testing	81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	✓		✓	✓	✓		N/A	6/11/26

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Genetic Testing	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81279	JAK2 exons 12 and 13 for polycythemia vera	✓		✓	✓	✓		9/1/24	6/11/26
Genetic Testing	81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81290	MCOLN1 (mucolipin 1) (eg, Mucolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	✓		✓	✓	✓		N/A	6/11/26

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Genetic Testing	81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	✓		✓	✓	✓		N/A	6/11/26

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Genetic Testing	81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81305	Myeloid differentiation primary response, eg Waldenstrom's macroglobulinemia	✓		✓	✓	✓		9/1/24	6/11/26
Genetic Testing	81307	PALB2, partner and localizer of BRCA2-breast and pancreatic cancer gene analysis, full sequence	✓		✓	✓	✓		9/1/24	6/11/26
Genetic Testing	81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	✓		✓	✓	✓		N/A	6/11/26

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Genetic Testing	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81320	PLCG2, CLL gene analysis	✓		✓	✓	✓		9/1/24	6/11/26

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Genetic Testing	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	✓		✓	✓	✓		N/A	6/11/26

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Genetic Testing	81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	✓		✓	✓	✓		N/A	6/11/26

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Genetic Testing	81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81345	Telomerase reverse transcriptase; thyroid carcinoma, glioblastoma multiforme	✓		✓	✓	✓		9/1/24	6/11/26
Genetic Testing	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	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	✓		✓	✓	✓		N/A	6/11/26

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Genetic Testing	81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	✓		✓	✓	✓		N/A	6/11/26

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Genetic Testing	81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	✓		✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	✓		✓	✓	✓		N/A	6/11/26

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Genetic Testing	81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81416	Familial exome sequence analysis	✓		✓	✓	✓		5/1/26	6/11/26
Genetic Testing	81417	Re-evaluation and reanalysis of a previously sequenced patient exome	✓		✓	✓	✓		5/1/26	6/11/26

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Genetic Testing	81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	✓	✓	✓	✓	✓		N/A	6/11/26
Genetic Testing	81425	Whole genome sequencing	✓	✓	✓	✓	✓		9/1/24	6/11/26
Genetic Testing	81426	Parental comparator whole genome sequencing	✓	✓	✓	✓	✓		9/1/24	6/11/26
Genetic Testing	81427	Whole genome reanalysis	✓	✓	✓	✓	✓		9/1/24	6/11/26
Genetic Testing	81443	Expanded carrier screening (ECS) panel, prenatal screen *28, *36, *37)	✓	✓	✓	✓	✓		9/1/24	6/11/26
Genetic Testing	81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	✓	✓	✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	✓	✓	✓	✓	✓		10/1/26	8/10/26

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Genetic Testing	81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81456	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	✓	✓	✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	✓	✓	✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	✓	✓	✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	✓	✓	✓	✓	✓		10/1/26	8/10/26

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Genetic Testing	81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	✓	✓	✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	✓	✓	✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	✓	✓	✓	✓	✓		10/1/26	8/10/26
Genetic Testing	81479	Unlisted molecular pathology procedure	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	81517	Non-invasive, multianalyte assay with algorithmic analysis (MAAA) used to evaluate liver fibrosis	✓		✓	✓	✓		5/1/26	6/11/26
Genetic Testing	81518	Gene expression profiling test for breast cancer, Breast Cancer Index	✓		✓	✓	✓		5/1/26	6/11/26
Genetic Testing	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	✓		✓	✓	✓		N/A	6/11/26

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Genetic Testing	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	✓		✓	✓	✓		4/1/22	6/11/26
Genetic Testing	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	✓		✓	✓	✓		5/1/26	6/11/26
Genetic Testing	88230	Tissue culture for non-neoplastic disorders; lymphocyte	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	✓	✓	✓	✓	✓		N/A	6/11/26
Genetic Testing	88239	Tissue culture for neoplastic disorders; solid tumor	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88240	Cryopreservation, freezing and storage of cells, each cell line	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88241	Thawing and expansion of frozen cells, each aliquot	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88248	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)	✓		✓	✓	✓		N/A	6/11/26

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***Effective Dates and Last Review Date listed as 'N/A' indicates that the date was prior to 9/1/2019.**

Review Criteria and Documentation:

Texas Children's Health Plan Genetic Testing Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Genetic_Testing_Guidelines_July%202021.pdf

Current Interqual® Level of Care Criteria
https://www.changehealthcare.com/solutions/clinical-decision-support/interqual/level-of-care-criteria

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Genetic Testing	88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88283	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88285	Chromosome analysis; additional cells counted, each study	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88289	Chromosome analysis; additional high resolution study	✓		✓	✓	✓		N/A	6/11/26

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Genetic Testing	88291	Cytogenetics and molecular cytogenetics, interpretation and report	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	88299	Unlisted cytogenetic study	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	S3841	Genetic testing for retinoblastoma	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	S3842	Genetic testing for Von Hippel-Lindau disease	✓		✓	✓	✓		N/A	6/11/26
Genetic Testing	S3846	Genetic testing for hemoglobin E beta-thalassemia	✓		✓	✓	✓		N/A	6/11/26

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Review Criteria and Documentation:

Texas Children's Health Plan Hearing Device Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Hearing%20Device%20Guideline.pdf

Texas Medicaid Provider Procedures Manual Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook
https://www.tmhp.com/resources/provider-manuals/tmppm

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Hearing Aid Devices (excluding batteries)	69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	✓		✓	✓	✓		1/1/22	1/15/26
Hearing Aid Devices (excluding batteries)	69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	✓		✓	✓	✓		1/1/22	1/15/26
Hearing Aid Devices (excluding batteries)	69728	Removal of the Osseointegrated implant with magnetic transcutaneous attachment to an external speech processor outside of the mastoid resulting in the removal of greater than or equal to 100 sq mm surface area of bone.	✓		✓	✓	✓		1/1/23	1/15/26

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Hearing Aid Devices (excluding batteries)	69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	✓		✓	✓	✓		1/1/23	1/15/26
Hearing Aid Devices (excluding batteries)	69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	✓		✓	✓	✓		1/1/23	1/15/26
Hearing Aid Devices (excluding batteries)	69930	Cochlear device implantation, with or without mastoidectomy	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	L8499	Unlisted procedure for miscellaneous prosthetic services	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	L8614	Cochlear device, includes all internal and external components	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	L8615	Headset/headpiece for use with cochlear implant device, replacement	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	L8616	Microphone for use with cochlear implant device, replacemen	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	L8617	Transmitting coil for use with cochlear implant device, replacement	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	✓		✓	✓	✓		1/1/19	1/15/26

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Hearing Aid Devices (excluding batteries)	L8627	Cochlear implant, external speech processor, component, replacement	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	L8628	Cochlear implant, external controller component, replacement	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	L8690	Auditory osseointegrated device, includes all internal and external components	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	✓		✓	✓	✓	✓	1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	L8693	Auditory osseointegrated device abutment, any length, replacement only	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	S2235	Implantation of auditory brain stem implant	✓		✓	✓	✓		1/1/19	1/15/26
Hearing Aid Devices (excluding batteries)	V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	✓		✓	✓	✓	✓	2/25/21	1/15/26

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Review Criteria and Documentation:

Texas Children's Health Plan Home Health Skilled Nursing (SN) and Home Health Aids (HHA) Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Home%20Health%20Skilled%20Nursing%20(SN)%20and%20Home%20Health%20Aid%20(HHA).pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Home Health	G0156	Services of home health/hospice aid in home health or hospice settings, each 15 minutes	✓		✓	✓	✓		1/1/19	6/11/26
Home Health	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	✓		✓	✓	✓		1/1/19	6/11/26
Home Health	G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	✓		✓	✓	✓		1/1/19	6/11/26
Home Health	G0495	Skilled services of a registered nurse (rn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	✓		✓	✓	✓		1/1/19	6/11/26

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Review Criteria and Documentation:

Texas Children's Health Plan Telemonitoring Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Telemonitoring_Guideline_Nov%202021.pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Home Telemonitoring Services	G0511	Telemonitoring - Initial equipment setup, patient education on use of the equipment, monthly collection and transmission of physiologic data	✓		✓	✓	✓		9/1/24	7/6/26
Home Telemonitoring Services	S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month	✓		✓	✓	✓		3/1/21	7/6/26
Home Telemonitoring Services	99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	✓		✓	✓	✓		3/1/21	7/6/26

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Review Criteria and Documentation:

Texas Children's Health Plan Hospital Bed Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Hospital_Bed_Guidelines_July%202021.pdf

Texas Medicaid Provider Procedures Manual Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook
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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Hospital Beds and accessories	E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	✓		✓	✓	✓		10/1/22	1/15/26
Hospital Beds and accessories	E0184	Dry pressure mattress	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0186	Air pressure mattress	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0187	Water pressure mattress	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0188	Synthetic sheepskin pad	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0189	Lambs wool sheepskin pad, any size	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0193	Powered air flotation bed (low air loss therapy)	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0194	Air fluidized bed	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0196	Gel pressure mattress	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0197	Air pressure pad for mattress, standard mattress length and width	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0198	Water pressure pad for mattress, standard mattress length and width	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0199	Dry pressure pad for mattress, standard mattress length and width	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0250	Hospital bed, fixed height, with any type side rails, with mattress- 1 purchase every 5 years; 1 per month rental	✓		✓	✓	✓		8/26/20	1/15/26
Hospital Beds and accessories	E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress – 1 purchase every 5 years; 1 per month rental	✓		✓	✓	✓		8/26/20	1/15/26

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Review Criteria and Documentation:

Texas Children's Health Plan Hospital Bed Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Hospital_Bed_Guidelines_July%202021.pdf

Texas Medicaid Provider Procedures Manual Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook
https://www.tmhp.com/resources/provider-manuals/tmppm

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Hospital Beds and accessories	E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress- 1 purchase every 5 years; 1 per month rental	✓		✓	✓	✓		8/26/20	1/15/26
Hospital Beds and accessories	E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress- 1 purchase every 5 years; 1 per month rental	✓		✓	✓	✓		8/26/20	1/15/26
Hospital Beds and accessories	E0271	Mattress, innerspring- 1 purchase every 5 years	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0277	Powered pressure-reducing air mattress	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure- 1 per month rental	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0315	Bed accessory: board, table, or support device, any type	✓		✓	✓	✓	✓	1/1/19	1/15/26
Hospital Beds and accessories	E0316	Safety enclosure frame/canopy for use with hospital bed, any type-1 per month rental	✓		✓	✓	✓		8/26/20	1/15/26
Hospital Beds and accessories	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress-1 per month rental	✓		✓	✓	✓		8/26/20	1/15/26
Hospital Beds and accessories	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring includes mattress-1 per month rental	✓		✓	✓	✓		8/26/20	1/15/26
Hospital Beds and accessories	E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	✓		✓	✓	✓		8/26/20	1/15/26

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Hospital Beds and accessories	E0372	Powered air overlay for mattress, standard mattress length and width	✓		✓	✓	✓		8/26/20	1/15/26
Hospital Beds and accessories	E0373	Nonpowered advanced pressure reducing mattress	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0910	Trapeze bar, attached to bed, with grab bar	✓		✓	✓	✓		8/26/20	1/15/26
Hospital Beds and accessories	E0911	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to the bed, complete with grab bar	✓		✓	✓	✓		8/26/20	1/15/26
Hospital Beds and accessories	E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar	✓		✓	✓	✓		1/1/19	1/15/26
Hospital Beds and accessories	E0940	Trapeze bar, freestanding, complete with grab bar	✓		✓	✓	✓		1/1/19	1/15/26

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Texas Children's Health Plan Hospital Inpatient Care Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Hospital_Inpatient_Care_Guidelines_Nov%202021.pdf

Current Interqual® Level of Care Criteria
https://www.changehealthcare.com/solutions/clinical-decision-support/interqual/level-of-care-criteria

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Hospital Inpatient Care and Procedures		All Inpatient admissions require authorization, excluding: • Observation stays at participating and non-participating facilities • Labor and Delivery within mandate federal timeframes (48 hours for vaginal delivery, 96 hours for Cesarean delivery)	✓	✓	✓	✓	✓	✓	N/A	4/8/26
Planned inpatient procedures, surgeries and other services, including behavioral health, require prior authorization, medical necessity review, inpatient admission and discharge notification. View this code list for requirements										

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Review Criteria and Documentation:

Texas Children's Health Plan DME Service Procedure
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Durable_Medical_Equipment_(DME)_Service_Procedure_(28088_1).pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Incontinence Supplies (For 0-3 yrs)	A4335	Incontinence supply; miscellaneous	✓		✓	✓	✓	✓	12/22/20	10/5/2026
Incontinence Supplies (For 0-3 yrs)	A4554	Disposable underpads, all sizes	✓		✓	✓	✓	✓	12/22/20	10/5/2026
Incontinence Supplies (For 0-3 yrs)	A5120	Skin barrier, wipes or swabs, each	✓		✓	✓	✓	✓	12/22/20	10/5/2026
Incontinence Supplies (For 0-3 yrs)	A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	✓		✓	✓	✓	✓	12/22/20	10/5/2026
Incontinence Supplies (For 0-3 yrs)	T4521	Adult sized disposable incontinence product, brief/diaper, small, each	✓		✓	✓	✓	✓	12/22/20	6/11/26
Incontinence Supplies (For 0-3 yrs)	T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	✓		✓	✓	✓	✓	12/22/20	6/11/26
Incontinence Supplies (For 0-3 yrs)	T4523	Adult sized disposable incontinence product, brief/diaper, large, each	✓		✓	✓	✓	✓	12/22/20	6/11/26
Incontinence Supplies (For 0-3 yrs)	T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	✓		✓	✓	✓	✓	12/22/20	6/11/26
Incontinence Supplies (For 0-3 yrs)	T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	✓		✓	✓	✓	✓	12/22/20	6/11/26
Incontinence Supplies (For 0-3 yrs)	T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	✓		✓	✓	✓	✓	12/22/20	6/11/26
Incontinence Supplies (For 0-3 yrs)	T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	✓		✓	✓	✓	✓	12/22/20	6/11/26
Incontinence Supplies (For 0-3 yrs)	T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	✓		✓	✓	✓	✓	12/22/20	6/11/26
Incontinence Supplies (For 0-3 yrs)	T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	✓		✓	✓	✓	✓	12/22/20	6/11/26
Incontinence Supplies (For 0-3 yrs)	T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	✓		✓	✓	✓	✓	12/22/20	6/11/26

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Review Criteria and Documentation:

Texas Children's Health Plan DME Service Procedure
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Durable_Medical_Equipment_(DME)_Service_Procedure_(28088_1).pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Incontinence Supplies (For 0-3 yrs)	T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	✓		✓	✓	✓	✓	12/22/20	6/11/26
Incontinence Supplies (For 0-3 yrs)	T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	✓		✓	✓	✓	✓	12/22/20	6/11/26
Incontinence Supplies (For 0-3 yrs)	T4533	Youth sized disposable incontinence product, brief/diaper, each	✓		✓	✓	✓	✓	12/22/20	6/11/26
Incontinence Supplies (For 0-3 yrs)	T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	✓		✓	✓	✓	✓	12/22/20	6/11/26
Incontinence Supplies (For 0-3 yrs)	T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	✓		✓	✓	✓	✓	12/22/20	6/11/26
Incontinence Supplies (For 0-3 yrs)	T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	✓		✓	✓	✓	✓	12/22/20	6/11/26
Incontinence Supplies (For 0-3 yrs)	T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	✓		✓	✓	✓	✓	12/22/20	6/11/26

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Texas Medicaid Provider Procedures Manual Radiology and Laboratory Services Handbook
https://www.tmhp.com/resources/provider-manuals/tmppm

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Laser Interstitial Thermal Therapy	61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	✓		✓	✓	✓		7/5/22	4/8/26
Laser Interstitial Thermal Therapy	61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	✓		✓	✓	✓		7/5/22	4/8/26

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Review Criteria and Documentation:

Texas Children's Health Plan Miscellaneous Durable Medical Equipment When Billed Amount Exceeds $500
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Miscellaneous_Durable_Medical_Equipment_(DME)_%20Nov%202021.pdf

Texas Children's Health Plan DME Service Procedure
https://www.texaschildrenshealthplan.org/sites/default/files/pdf/DME%20Service%20Procedure.pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Miscellaneous DME when billed amount exceeds $500	A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	✓		✓	✓	✓		3/1/21	3/12/26
Miscellaneous DME when billed amount exceeds $500	E1399	Durable medical equipment, miscellaneous	✓		✓	✓	✓		10/1/19	3/12/26
Miscellaneous DME when billed amount exceeds $500	T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified	✓		✓	✓	✓	✓	11/1/21	3/12/26

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Review Criteria and Documentation:

Star Kids Handbook; STAR Kids Screening and Assessment Instrument(SAI)
https://hhs.texas.gov/laws-regulations/handbooks/skh/star-kids-handbook

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Mobility Aids	E0621	Patient lift, sling or seat, canvas or nylon	✓		✓	✓	✓		7/3/20	1/15/26
Mobility Aids	E0630	Patient left, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	✓		✓	✓	✓		7/3/20	1/15/26
Mobility Aids	E0635	Patient lift, electric with seat or sling	✓		✓	✓	✓		7/3/20	1/15/26
Mobility Aids	E0638	Standing frame/table system, one position, any size including pediatric, with or without wheels	✓		✓	✓	✓	✓	1/1/19	1/15/26
Mobility Aids	E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	✓		✓	✓	✓		7/3/20	1/15/26
Mobility Aids	E0640	Patient lift, fixed system, includes all components/accessories	✓		✓	✓	✓		7/3/20	1/15/26
Mobility Aids	E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	✓		✓	✓	✓	✓	11/1/21	1/15/26
Mobility Aids	E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	✓		✓	✓	✓	✓	1/1/19	1/15/26
Mobility Aids	E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	✓		✓	✓	✓		8/1/21	1/15/26
Mobility Aids	E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	✓		✓	✓	✓	✓	1/1/19	1/15/26

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Review Criteria and Documentation:

Texas Children's Health Plan Non Emergency Ambulance Guideline

https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Non-Emergency%20Ambulance%20Guideline.pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Non-Emergency Ambulance Transport	A0382	BLS basic routine supplies	✓	✓	✓	✓	✓	✓	1/1/19	1/15/26
Non-Emergency Ambulance Transport	A0398	ALS basic routine supplies	✓	✓	✓	✓	✓	✓	1/1/19	1/15/26
Non-Emergency Ambulance Transport	A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments	✓	✓	✓	✓	✓	✓	1/1/19	1/15/26
Non-Emergency Ambulance Transport	A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	✓	✓	✓	✓	✓	✓	1/1/19	1/15/26
Non-Emergency Ambulance Transport	A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	✓	✓	✓	✓	✓	✓	1/1/19	1/15/26
Non-Emergency Ambulance Transport	A0425	Ground mileage, per statute mile	✓	✓	✓	✓	✓		1/1/19	1/15/26
Non-Emergency Ambulance Transport	A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	✓	✓	✓	✓	✓		1/1/19	1/15/26
Non-Emergency Ambulance Transport	A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	✓	✓	✓	✓	✓		1/1/19	1/15/26
Non-Emergency Ambulance Transport	A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	✓	✓	✓	✓	✓		1/1/19	1/15/26
Non-Emergency Ambulance Transport	A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	✓	✓	✓	✓	✓		1/1/19	1/15/26
Non-Emergency Ambulance Transport	A0433	Advanced life support, level 2 (ALS 2)	✓	✓	✓	✓	✓		1/1/19	1/15/26
Non-Emergency Ambulance Transport	A0434	Specialty care transport (SCT)	✓	✓	✓	✓	✓		1/1/19	1/15/26
Non-Emergency Ambulance Transport	A0435	Fixed wing air mileage, per statute mile	✓	✓	✓	✓	✓		1/1/19	1/15/26
Non-Emergency Ambulance Transport	A0436	Rotary wing air mileage, per statute mile	✓	✓	✓	✓	✓		1/1/19	1/15/26
Non-Emergency Ambulance Transport	A0999	Unlisted ambulance service	✓	✓	✓	✓	✓	✓	1/1/19	1/15/26
Non-Emergency Ambulance Transport	T2002	Non-emergency transportation; per diem	✓		✓	✓	✓	✓	1/1/19	1/15/26
Non-Emergency Ambulance Transport	T2003	Non-emergency transportation; encounter/trip	✓	✓	✓	✓	✓	✓	6/1/21	1/15/26

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Nutritional Supplements for oral nutrition and adults	B4100	Food Thickener, Administered Orally, Per Ounce	✓		✓	✓	✓	✓	1/1/19	4/8/26
Nutritional Supplements for oral nutrition and adults	B4103	Enteral Formula, For Pediatrics, Used To Replace Fluids And Electrolytes	✓		✓	✓	✓		1/1/19	4/8/26
Nutritional Supplements for oral nutrition and adults	B4104	Additive For Enteral Formula	✓		✓	✓	✓		1/1/19	4/8/26
Nutritional Supplements for oral nutrition and adults	B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	✓		✓	✓	✓		3/1/21	4/8/26
Nutritional Supplements for oral nutrition and adults	B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube	✓		✓	✓	✓		1/1/19	4/8/26
Nutritional Supplements for oral nutrition and adults	B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, May include fiber, administered through an enteral feeding tube	✓		✓	✓	✓		1/1/19	4/8/26
Nutritional Supplements for oral nutrition and adults	B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, May include fiber, administered through an enteral feeding tube	✓		✓	✓	✓		1/1/19	4/8/26
Nutritional Supplements for oral nutrition and adults	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, May include fiber, administered through an enteral feeding tube	✓		✓	✓	✓		1/1/19	4/8/26

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Nutritional Supplements for oral nutrition and adults	B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited Disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, May include fiber, administered through an enteral feeding tube	✓		✓	✓	✓		1/1/19	4/8/26
Nutritional Supplements for oral nutrition and adults	B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube	✓		✓	✓	✓		1/1/19	4/8/26
Nutritional Supplements for oral nutrition and adults	B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited Disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, May include fiber, administered through an enteral feeding tube	✓		✓	✓	✓		1/1/19	4/8/26
Nutritional Supplements for oral nutrition and adults	B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, May include fiber and/or iron, administered through an enteral feeding tube	✓		✓	✓	✓		1/1/19	4/8/26
Nutritional Supplements for oral nutrition and adults	B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, May include fiber and/or iron, administered through an enteral feeding tube	✓		✓	✓	✓		1/1/19	4/8/26

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Nutritional Supplements for oral nutrition and adults	B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, May include fiber, administered through an enteral feeding tube	✓		✓	✓	✓		1/1/19	4/8/26
Nutritional Supplements for oral nutrition and adults	B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, May include fiber, administered through an enteral feeding tube	✓		✓	✓	✓		1/1/19	4/8/26
Nutritional Supplements for oral nutrition and adults	B4162	Enteral formula, for pediatrics, special metabolic needs for inherited Disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, May include fiber, administered through an enteral feeding tube	✓		✓	✓	✓		1/1/19	4/8/26

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Oral Surgery & Medically Necessary Dental Procedures	21076	Impression and custom preparation; surgical obturator prosthesis	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21079	Impression and custom preparation; interim obturator prosthesis	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21080	Impression and custom preparation; definitive obturator prosthesis	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21081	Impression and custom preparation; mandibular resection prosthesis	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21082	Impression and custom preparation; palatal augmentation prosthesis	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21083	Impression and custom preparation; palatal lift prosthesis	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21121	Genioplasty; sliding osteotomy, single piece	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21125	Augmentation, mandibular body or angle; prosthetic material	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	✓		✓	✓	✓		3/1/21	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	✓		✓	✓	✓		3/1/21	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	✓		✓	✓	✓		3/1/21	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21198	Osteotomy, mandible, segmental;	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21199	Osteotomy, mandible, segmental; with genioglossus advancement	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21215	Graft, bone; mandible (includes obtaining graft)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21246	Reconstruction of mandible or maxilla, subperiosteal implant	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0120	Periodic oral evaluation - established patient	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0140	Limited oral evaluation - problem focused	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0150	Comprehensive oral evaluation - new or established patient	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0160	Detailed and extensive oral evaluation - problem focused, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0170	Re-evaluation, limited, problem-focused (established patient; not post-operative visit)	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D0180	Comprehensive periodontal evaluation - new or established patient	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0210	Intraoral, complete series (including bitewings)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0220	Intraoral, periapical, first film	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0230	Intraoral, periapical, each additional film	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0240	Intraoral - occlusal film	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0250	Extraoral, first film	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0270	Bitewing, single film	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0272	Bitewings, 2 films	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0273	Bitewings, 3 films	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0274	Bitewings, 4 films	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0277	Vertical bitewings - 7 to 8 films	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0310	Sialography	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0320	Temporomandibular joint arthrogram, including injection	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D0321	Other temporomandibular joint films, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0322	Tomographic survey	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0330	Panoramic film	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0340	Cephalometric film	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0350	Oral/facial photographic images	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0415	Collection of microorganisms for culture and sensitivity	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0460	Pulp vitality tests	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0470	Diagnostic casts	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0502	Other oral pathology procedures, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D0999	Unspecified diagnostic procedure, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D1110	Prophylaxis, adult	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D1120	Prophylaxis, child	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D1206	Topical fluoride varnish; therapeutic application	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D1330	Oral hygiene instruction	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D1351	Sealant, per tooth	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D1510	Space maintainer, fixed unilateral	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D1520	Space maintainer, removable unilateral	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2140	Amalgam-one surface, primary or permanent	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2150	Amalgam, 2 surfaces, primary or permanent	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2160	Amalgam, 3 surfaces, primary or permanent	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2161	Amalgam, 4 or more surfaces, primary or permanent	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2330	Resin, one surface, anterior	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2331	Resin, 2 surfaces, anterior	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2332	Resin, 3 surfaces, anterior	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2335	Resin, 4 or more surfaces or involving incisal angle (anterior)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2390	Resin-based composite crown, anterior	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D2391	Resin-based composite - one surface, posterior	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2392	Resin-based composite, 2 surfaces, posterior	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2393	Resin-based composite, 3 surfaces, posterior	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2394	Resin-based composite, 4 or more surfaces, posterior	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2510	Inlay, metallic, one surface	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2520	Inlay, metallic, 2 surfaces	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2530	Inlay, metallic, 3 or more surfaces	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2542	Onlay, metallic, 2 surfaces	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2543	Onlay, metallic, 3 surfaces	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2544	Onlay, metallic, 4 or more surfaces	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2650	Inlay, resin-based composite - one surface	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2651	Inlay, resin-based composite, 2 surfaces	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2652	Inlay, resin-based composite, 3 or more surfaces	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D2662	Onlay, resin-based composite, 2 surfaces	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2663	Onlay, resin-based composite, 3 surfaces	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2664	Onlay, resin-based composite, 4 or more surfaces	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2710	Crown - resin-based composite (indirect)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2720	Crown, resin with high noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2721	Crown, resin with predominantly base metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2722	Crown, resin with noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2740	Crown, porcelain/ceramic substrate	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2750	Crown, porcelain fused to high noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2751	Crown - porcelain fused to predominantly base metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2752	Crown, porcelain fused to noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2780	Crown - 3/4 cast high noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2781	Crown - 3/4 cast predominantly base metal	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D2782	Crown - 3/4 cast noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2783	Crown - 3/4 porcelain/ceramic	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2790	Crown, full cast high noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2791	Crown, full cast predominantly base metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2792	Crown, full cast noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2794	Crown, titanium	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2910	Recement inlay, onlay or partial coverage restoration	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2915	Recement cast or prefabricated post and core	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2920	Recement crown	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2930	Prefabricated stainless steel crown, primary tooth	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2931	Prefabricated stainless steel crown, permanent tooth	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2932	Prefabricated resin crown	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2933	Prefabricated stainless steel crown with resin window	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D2934	Prefabricated esthetic coated stainless steel crown - primary	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2940	Sedative filling	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2950	Core buildup, including any pins	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2951	Pin retention, per tooth, in addition to restoration	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2952	Post and core in addition to crown, indirectly fabricated	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2953	Each additional indirectly fabricated post - same tooth	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2954	Prefabricated post and core in addition to crown	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2955	Post removal (not in conjunction with endodontic therapy)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2957	Each additional prefabricated post - same tooth	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2960	Labial veneer (laminate)-chairside	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2961	Labial veneer (resin laminate), laboratory	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2962	Labial veneer (porcelain laminate), laboratory	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2971	Additional procedures to construct new crown under existing	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D2980	Crown repair, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D2999	Unspecified restorative procedure, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3110	Pulp cap, direct (excluding final restoration)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3120	Pulp cap, indirect (excluding final restoration)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3220	Therapeutic pulpotomy (excluding final restoration), removal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3230	Pulpal therapy (resorbable filling), anterior, primary tooth	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3240	Pulpal therapy (resorbable filling), posterior, primary tooth	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3330	Endodontic therapy, molar (excluding final restoration)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3346	Retreatment of previous root canal therapy, anterior	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3347	Retreatment of previous root canal therapy, bicuspid	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3348	Retreatment of previous root canal therapy, molar	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D3351	Apexification/recalcification, initial visit (apical closure	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3352	Apexification/recalcification, interim medication replacement	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3353	Apexification/recalcification, final visit (includes completion of treatement)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3410	Apicoectomy/periradicular surgery, anterior	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3421	Apicoectomy/periradicular surgery, bicuspid (first root)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3425	Apicoectomy/periradicular surgery, molar (first root)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3426	Apicoectomy/periradicular surgery (each additional root)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3430	Retrograde filling, per root	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3450	Root amputation, per root	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3460	Endodontic endosseous implant	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3470	Intentional replantation (including necessary splinting)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3910	Surgical procedure for isolation of tooth with rubber dam	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3920	Hemisection (including any root removal), not including root	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D3950	Canal preparation and fitting of preformed dowel or post	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D3999	Unspecified endodontic procedure, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4210	Gingivectomy or gingivoplasty, 4 or more contiguous teeth or tooth bounded spaces per quadrant)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4211	Gingivectomy or gingivoplasty, 1 to 3 contiguous teeth or tooth bounded spaces per quadrant)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4230	Anatomical crown exposure, 4 or more contiguous teeth per quadrant)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4231	Anatomical crown exposure, 1 to 3 teeth per quadrant	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4240	Gingival flap procedure, including root planing, 4 or more contiguous teeth or tooth bounded spaces per quadrant)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4241	Gingival flap procedure, including root planing, 1 to 3 continguous teeth or tooth bounded spaces per quadrant)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4245	Apically positioned flap	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4249	Clinical crown lengthening, hard tissue	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4260	Osseous surgery (including flap entry and closure), 4 or more contiguous teeth or tooth bounded spaces per quadrant)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4261	Osseous surgery (including flap entry and closure), 1 to 3 continguous teeth or tooth bounded spaces per quadrant	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4266	Guided tissue regeneration - resorbable barrier, per site	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D4267	Guided tissue regeneration, nonresorbable barrier, per site	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4270	Pedicle soft tissue graft procedure	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4273	Subepithelial connective tissue graft procedures, per tooth	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4275	Soft tissue allograft	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4276	Combined connective tissue and double pedicle graft, per too	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4320	Provisional splinting, intracoronal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4321	Provisional splinting, extracoronal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4341	Periodontal scaling and root planing, 4 or more teeth per quadrant	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4342	Periodontal scaling and root planing, 1 to 3 teeth, per quadrant	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis on a subsequent visit	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D4910	Periodontal maintenance	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4920	Unscheduled dressing change (by someone other than treating dentist)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D4999	Unspecified periodontal procedure, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5110	Complete denture - maxillary	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5120	Complete denture - mandibular	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5130	Immediate denture - maxillary	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5140	Immediate denture - mandibular	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5211	Upper partial denture - resin base (including any conventional clasps, rests and teeth)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5212	Lower partial denture - resin base (including any conventional clasps, rests and teeth)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5213	Maxillary partial denture - cast metal framework with resin	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5214	Mandibular partial denture, cast metal framework with resin	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5410	Adjust complete denture - maxillary	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5411	Adjust complete denture - mandibular	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D5421	Adjust partial denture - maxillary	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5422	Adjust partial denture - mandibular	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5520	Replace missing or broken teeth, complete denture (each tooth)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5630	Repair or replace broken clasp	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5640	Replace broken teeth, per tooth	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5650	Add tooth to existing partial denture	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5660	Add clasp to existing partial denture	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5710	Rebase complete maxillary denture	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5711	Rebase complete mandibular denture	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5720	Rebase maxillary partial denture	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5721	Rebase mandibular partial denture	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D5730	Reline complete maxillary denture (chairside)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5731	Reline lower complete mandibular denture (chairside)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5740	Reline maxillary partial denture (chairside)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5741	Reline mandibular partial denture (chairside)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5750	Reline complete maxillary denture (laboratory)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5751	Reline complete mandibular denture (laboratory)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5760	Reline maxillary partial denture (laboratory)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5761	Reline mandibular partial denture (laboratory)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5810	Interim complete denture (maxillary)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5811	Interim complete denture (mandibular)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5820	Interim partial denture (maxillary)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5821	Interim partial denture (mandibular)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5850	Tissue conditioning, maxillary	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D5851	Tissue conditioning, mandibular	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5862	Precision attachment, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5899	Unspecified removable prosthodontic procedure, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5911	Facial moulage (sectional)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5912	Facial moulage (complete)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5913	Nasal prosthesis	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5914	Auricular prosthesis	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5915	Orbital prosthesis	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5916	Ocular prosthesis	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5919	Facial prosthesis	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5922	Nasal septal prosthesis	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5923	Ocular prosthesis, interim	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5924	Cranial prosthesis	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D5925	Facial augmentation implant prosthesis	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5926	Nasal prosthesis, replacement	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5927	Auricular prosthesis, replacement	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5928	Orbital prosthesis, replacement	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5929	Facial prosthesis, replacement	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5931	Obturator prosthesis, surgical	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5932	Obturator prosthesis, definitive	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5933	Obturator prosthesis, modification	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5934	Mandibular resection prosthesis with guide flange	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5935	Mandibular resection prosthesis without guide flange	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5936	Obturator/prosthesis, interim	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5937	Trismus appliance (not for TM treatment)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5951	Feeding aid	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D5952	Speech aid prosthesis, pediatric	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5953	Speech aid prosthesis, adult	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5954	Palatal augmentation prosthesis	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5955	Palatal lift prosthesis, definitive	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5958	Palatal lift prosthesis, interim	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5959	Palatal lift prosthesis, modification	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5960	Speech aid prosthesis, modification	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5982	Surgical stent	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5983	Radiation carrier	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5984	Radiation shield	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5985	Radiation cone locator	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5986	Fluoride gel carrier	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5987	Commissure splint	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D5988	Surgical splint	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D5999	Unspecified maxillofacial prosthesis, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6094	Abutment supported crown - (titanium)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6210	Pontic, cast high noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6211	Pontic, cast predominantly base metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6212	Pontic, cast noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6240	Pontic, porcelain fused to high noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6241	Pontic, porcelain fused to predominantly base metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6242	Pontic, porcelain fused to noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6245	Pontic - porcelain/ceramic	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6250	Pontic, resin with high noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6251	Pontic, resin with predominantly base metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6252	Pontic, resin with noble metal	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D6545	Retainer, cast metal for resin bonded fixed prosthesis	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6720	Crown, resin with high noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6721	Crown, resin with predominantly base metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6722	Crown, resin with noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6740	Crown - porcelain/ceramic	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6750	Crown, porcelain fused to high noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6751	Crown, porcelain fused to predominantly base metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6752	Crown, porcelain fused to noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6780	Crown, 3/4 cast high noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6781	Crown - 3/4 cast predominantly base metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6782	Crown - 3/4 cast noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6783	Crown - 3/4 porcelain/ceramic	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D6790	Crown, full cast high noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6791	Crown, full cast predominantly base metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6792	Crown, full cast noble metal	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6920	Connector bar	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6930	Recement bridge	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6940	Stress breaker	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6950	Precision attachment	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6980	Bridge repair, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6985	Pediatric partial denture, fixed	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D6999	Unspecified fixed prosthodontic procedure, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7111	Extraction, coronal remnants - deciduous tooth	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D7220	Removal of impacted tooth, soft tissue	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7230	Removal of impacted tooth, partially bony	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7240	Removal of impacted tooth, completely bony	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7241	Removal of impacted tooth, completely bony, with unusual surgical complications	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7250	Surgical removal of residual tooth roots (cutting procedure)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7260	Oral antral fistula closure	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7261	Primary closure of a sinus perforation	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7272	Tooth transplantation (includes reimplantation from one site	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7280	Surgical access of an unerupted tooth	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7283	Placement of device to facilitate eruption of impacted tooth	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7285	Biopsy of oral tissue - hard (bone, tooth)	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D7286	Biopsy of oral tissue - soft	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7290	Surgical repositioning of teeth	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7310	Alveoloplasty in conjunction with extractions, 4 or more teeth or tooth spaces, per quadrant	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7320	Alveoloplasty not in conjunction with extractions, 4 or more teeth or tooth spaces, per quadrant	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7340	Vestibuloplasty, ridge extension (second epithelialization)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7350	Vestibuloplasty, ridge extension (including soft tissue graft	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7410	Excision of benign lesion up to 1.25 cm	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7411	Excision of benign lesion greater than 1.25 cm	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7413	Excision of malignant lesion up to 1.25 cm	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7414	Excision of malignant lesion greater than 1.25 cm	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7440	Excision of malignant tumor, lesion diameter up to 1.25 cm	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7441	Excision of malignant tumor, lesion diameter greater than 1.	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7451	Removal of benign odontogenic cyst or tumor, lesion diameter	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7460	Removal of benign nonodontogenic cyst or tumor, lesion diameter	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7461	Removal of benign nonodontogenic cyst or tumor, lesion diameter	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7465	Destruction of lesion(s) by physical or chemical methods, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7472	Removal of torus palatinus	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7510	Incision and drainage of abscess, intraoral soft tissue	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7520	Incision and drainage of abscess, extraoral soft tissue	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7550	Partial ostectomy/sequestrectomy for removal of nonvital bone partial O	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D7670	Alveolus - closed reduction, may include stabilization of teeth	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7820	Closed reduction of dislocation	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7880	Occlusal orthotic appliance	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7899	Unspecified TMD therapy, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7910	Suture of recent small wounds up to 5 cm	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7911	Complicated suture, up to 5 cm	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7912	Complicated suture, greater than 5 cm	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7955	Repair of maxillofacial soft and/or hard tissue defect	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7970	Excision of hyperplastic tissue, per arch	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7971	Excision of pericoronal gingiva	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7972	Surgical reduction of fibrous tuberosity	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7980	Sialolithotomy	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D7983	Closure of salivary fistula	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7997	Appliance removal (not by dentist who placed appliance), inc	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D7999	Unspecified oral surgery procedure, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D8050	Interceptive orthodontic treatment of the primary dentition	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D8060	Interceptive orthodontic treatment of the transitional dentition	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D8080	Comprehensive orthodontic treatment of the adolescent dentition	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D8210	Removable appliance therapy	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D8220	Fixed appliance therapy	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D8660	Preorthodontic visit	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D8670	Periodic orthodontic treatment visit (as part of contract)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D8999	Unspecified orthodontic procedure, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9110	Palliative (emergency) treatment of dental pain-minor procedure	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D9120	Fixed partial denture sectioning	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9210	Local anesthesia not in conjunction with operative or surgical procedure	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9211	Regional block anesthesia	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9212	Trigeminal division block anesthesia	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9248	Nonintravenous conscious sedation	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9310	Consultation, diagnostic service provided by dentist or physician	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9410	House/extended care facility call	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9420	Hospital call	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9430	Office visit for observation (during regularly scheduled hours)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9440	Office visit, after regularly scheduled hours	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9610	Therapeutic parenteral drug, single administration	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9612	Therapeutic parenteral drugs, 2 or more administrations, different medications)	✓		✓	✓	✓		1/1/19	12/11/25

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Oral Surgery & Medically Necessary Dental Procedures	D9630	Other drugs and/or medicaments, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9910	Application of desensitizing medicament	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9920	Behavior management, by report	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9930	Treatment of complications (postsurgical) - unusual circumstances by report)	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9950	Occlusion analysis, mounted case	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9951	Occlusal adjustment, limited	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9952	Occlusal adjustment, complete	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9970	Enamel microabrasion	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9974	Internal bleaching - per tooth	✓		✓	✓	✓		1/1/19	12/11/25
Oral Surgery & Medically Necessary Dental Procedures	D9999	Unspecified adjunctive procedure, by report	✓		✓	✓	✓		1/1/19	12/11/25

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Orthotics (custom)	E1803	Dynamic adjustable elbow extension only device, includes soft interface material	✓		✓	✓	✓		1/13/2025	7/6/2026
Orthotics (custom)	E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	✓		✓	✓	✓		1/13/2025	7/6/2026
Orthotics (custom)	E1807	Dynamic adjustable wrist extension only device, includes soft interface material	✓		✓	✓	✓		1/13/2025	7/6/2026
Orthotics (custom)	E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	✓		✓	✓	✓		1/13/2025	7/6/2026
Orthotics (custom)	E1813	Dynamic adjustable knee extension only device, includes soft interface material	✓		✓	✓	✓		1/13/2025	7/6/2026
Orthotics (custom)	E1814	Dynamic adjustable knee flexion only device, includes soft interface material	✓		✓	✓	✓		1/13/2025	7/6/2026
Orthotics (custom)	E1822	Dynamic adjustable ankle extension only device, includes soft interface material	✓		✓	✓	✓		1/13/2025	7/6/2026
Orthotics (custom)	E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	✓		✓	✓	✓		1/13/2025	7/6/2026
Orthotics (custom)	E1826	Dynamic adjustable finger extension only device, includes soft interface material	✓		✓	✓	✓		1/13/2025	7/6/2026
Orthotics (custom)	E1827	Dynamic adjustable finger flexion only device, includes soft interface material	✓		✓	✓	✓		1/13/2025	7/6/2026
Orthotics (custom)	E1828	Dynamic adjustable toe extension only device, includes soft interface material	✓		✓	✓	✓		1/13/2025	7/6/2026

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Orthotics (custom)	E1829	Dynamic adjustable toe flexion only device, includes soft interface material	✓		✓	✓	✓		1/13/2025	7/6/2026
Orthotics (custom)	E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	✓		✓	✓	✓		5/22/2025	7/6/2026
Orthotics (custom)	L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0130	Cervical, flexible, thermoplastic collar, molded to patient	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0170	Cervical, collar, molded to patient model	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0220	Thoracic, rib belt, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0452	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L0454	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0456	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L0460	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0464	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L0466	Thoracic-lumbar-sacral orthosis (TLSO), sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L0480	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0482	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0484	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L0486	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0629	Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0630	Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0632	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0633	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L0634	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0636	Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L0637	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0638	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L0639	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0640	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0700	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L0710	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L0720	Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		4/1/25	7/6/2026
Orthotics (custom)	L0999	Addition to spinal orthosis, not otherwise specified	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1007	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla, to trochanter, includes all accessory pads, straps, and interface, custom fabricated	✓		✓	✓	✓		10/9/25	7/6/2026
Orthotics (custom)	L1040	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, lumbar or lumbar rib pad	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1060	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, thoracic pad	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1080	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, outrigger	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1100	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, ring flange, plastic or leather	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1110	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L1200	Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis only	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1210	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral thoracic extension	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1220	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior thoracic extension	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1240	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lumbar derotation pad	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1290	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral trochanteric pad	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1300	Other scoliosis procedure, body jacket molded to patient model	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	✓		✓	✓	✓		1/15/26	7/6/2026
Orthotics (custom)	L1499	Spinal orthosis, not otherwise specified	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L1600	Hip orthosis (HO), abduction control of hip joints, flexible, Frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1610	Hip orthosis (HO), abduction control of hip joints, flexible, (Frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1620	Hip orthosis (HO), abduction control of hip joints, flexible, (Pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1630	Hip orthosis (HO), abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1640	Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1680	Hip orthosis (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L1686	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1710	Legg Perthes orthosis, (Newington type), custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1810	Knee orthosis (KO), elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1820	Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1832	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1834	Knee orthosis (KO), without knee joint, rigid, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L1840	Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L1843	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1844	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1845	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1846	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L1847	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1860	Knee orthosis (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1900	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1904	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1907	Ankle orthosis (AO), supramalleolar with straps, with or without interface/pads, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1920	Ankle-foot orthosis (AFO), single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1930	Ankle-foot orthosis (AFO), plastic or other material, prefabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1932	Ankle-foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf	✓		✓	✓	✓		4/1/25	7/6/2026

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Orthotics (custom)	L1945	Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1950	Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1951	Ankle-foot orthosis (AFO), spiral, (Institute of rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf	✓		✓	✓	✓		4/1/25	7/6/2026
Orthotics (custom)	L1960	Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1970	Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1980	Ankle-foot orthosis (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L1990	Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L2000	Knee-ankle-foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2005	Knee-ankle-foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2006	Knee-ankle-foot (KAF) device, any material, single or double upright, swing and 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	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2010	Knee-ankle-foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2020	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2030	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L2034	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2036	Knee-ankle-foot orthosis (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2037	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2038	Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2040	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2050	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2060	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2070	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2080	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L2090	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2106	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2112	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2114	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2128	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2200	Addition to lower extremity, limited ankle motion, each joint	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2221	Addition to lower extremity orthosis, ankle system, microprocessor-controlled feature plantarflexion and/or dorsiflexion, includes power source	✓		✓	✓	✓		4/1/26	7/6/2026

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Orthotics (custom)	L2232	Addition to lower extremity orthosisis, rocker bottom for total contact ankle-foot orthos (AFO), for custom fabricated orthosis only	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2270	Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2280	Addition to lower extremity, molded inner boot	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2320	Addition to lower extremity, nonmolded lacer, for custom fabricated orthosis only	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2340	Addition to lower extremity, pretibial shell, molded to patient model	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee-ankle-foot orthosis (KAFO), each joint	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2405	Addition to knee joint, drop lock, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2530	Addition to lower extremity, thigh/weight bearing, lacer, nonmolded	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type two-position joint, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2768	Orthotic side bar disconnect device, per bar	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2780	Addition to lower extremity orthosis, noncorrosive finish, per bar	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2785	Addition to lower extremity orthosis, drop lock retainer, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2795	Addition to lower extremity orthosis, knee control, full kneecap	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2810	Addition to lower extremity orthosis, knee control, condylar pad	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L2999	Lower extremity orthoses, not otherwise specified	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each (For Podiatry)	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3001	Foot, insert, removable, molded to patient model, Spenco, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3003	Foot insert, removable, molded to patient model, silicone gel, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3040	Foot, arch support, removable, premolded, longitudinal, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3050	Foot, arch support, removable, premolded, metatarsal, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3203	Orthopedic shoe, Oxford with supinator or pronator, junior	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3206	Orthopedic shoe, hightop with supinator or pronator, child	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3207	Orthopedic shoe, hightop with supinator or pronator, junior	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3230	Orthopedic footwear, custom shoe, depth inlay, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3251	Foot, shoe molded to patient model, silicone shoe, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L3253	Foot, molded shoe, Plastazote (or similar), custom fitted, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3300	Lift, elevation, heel, tapered to metatarsals, per in	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3310	Lift, elevation, heel and sole, neoprene, per in	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3320	Lift, elevation, heel and sole, cork, per in	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3332	Lift, elevation, inside shoe, tapered, up to one-half in	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3334	Lift, elevation, heel, per in	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3350	Heel wedge	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3400	Metatarsal bar wedge, rocker	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3540	Orthopedic shoe addition, sole, full	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3671	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3674	Shoulder orthosis (SO), abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3677	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3702	Elbow orthosis (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L3720	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3730	Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3740	Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	✓		✓	✓	✓		3/8/21	7/6/2026
Orthotics (custom)	L3760	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3763	Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3764	Elbow-wrist-hand orthosis (EWHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3765	Elbow-wrist-hand-finger orthosis (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3766	Elbow-wrist-hand-finger orthosis (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L3806	Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3807	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3808	Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	✓		✓	✓	✓		3/8/21	7/6/2026
Orthotics (custom)	L3900	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3901	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3904	Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L3905	Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3906	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3913	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3915	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3917	Hand orthosis (HO), metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3919	Hand orthosis (HO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3921	Hand-finger orthosis (HFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L3923	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3929	Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with exp	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3933	Finger orthosis (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3935	Finger orthosis (FO), nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3961	Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3967	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L3973	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3975	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3976	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3977	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3978	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026

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Orthotics (custom)	L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L3999	Upper limb orthosis, not otherwise specified	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L4020	Replace quadrilateral socket brim, molded to patient model	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L4030	Replace quadrilateral socket brim, custom fitted	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L4040	Replace molded thigh lacer, for custom fabricated orthosis only	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L4045	Replace nonmolded thigh lacer, for custom fabricated orthosis only	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L4050	Replace molded calf lacer, for custom fabricated orthosis only	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L4055	Replace nonmolded calf lacer, for custom fabricated orthosis only	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L4392	Replacement, soft interface material, static AFO	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	✓		✓	✓	✓		9/5/20	7/6/2026
Orthotics (custom)	L4631	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	✓		✓	✓	✓		9/5/20	7/6/2026

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Review Criteria and Documentation:

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https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Out_of_Network_Services_Guideline_(28110_1).pdf

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Out of Network Services	Auth required for all services, medical and behavioral, rendered by Non-Participating Providers and Facilities except for: • Emergency Department Services and Urgent Care Services • Family Planning Services (STAR/STAR Kids only) • Texas Health Steps	✓	✓	✓	✓	✓	✓	N/A	3/12/26

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Review Criteria and Documentation:

Texas Children's Health Plan Positive Airway Pressure (PAP) Device Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Positive_Airway_Pressure_(PAP)_Device_Guideline%20june%202021.pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Positive Airway Pressure Device (CPAP/BiPAP)	E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	✓		✓	✓	✓		4/1/25	1/15/26
Positive Airway Pressure Device (CPAP/BiPAP)	E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	✓		✓	✓	✓		1/1/19	1/15/26
Positive Airway Pressure Device (CPAP/BiPAP)	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	✓		✓	✓	✓		1/1/19	1/15/26
Positive Airway Pressure Device (CPAP/BiPAP)	E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	✓		✓	✓	✓		1/1/19	1/15/26
Positive Airway Pressure Device (CPAP/BiPAP)	E0561	Humidifier, nonheated, used with positive airway pressure device	✓		✓	✓	✓		1/1/19	1/15/26
Positive Airway Pressure Device (CPAP/BiPAP)	E0562	Humidifier, heated, used with positive airway pressure device	✓		✓	✓	✓		1/1/19	1/15/26
Positive Airway Pressure Device (CPAP/BiPAP)	E0601	Continuous positive airway pressure (CPAP) device	✓		✓	✓	✓		1/1/19	1/15/26
Positive Airway Pressure Device (CPAP/BiPAP)	K0730	Controlled dose inhalation drug delivery system	✓		✓	✓	✓		3/8/21	1/15/26

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Review Criteria and Documentation:

Texas Children's Health Plan Positron Emission Tomography (PET) Scan Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Positron_Emission_Tomography_(PET_Scan_Guidelines)_july%202021.pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Positron Emission Tomography (PET) scan	78608	Brain imaging, positron emission tomography (PET)	✓		✓	✓	✓		1/1/19	6/11/26
Positron Emission Tomography (PET) scan	78811	Positron emission tomography (PET) imaging	✓		✓	✓	✓		1/1/19	6/11/26
Positron Emission Tomography (PET) scan	78812	Positron emission tomography (PET) imaging	✓		✓	✓	✓		1/1/19	6/11/26
Positron Emission Tomography (PET) scan	78813	Positron emission tomography (PET) imaging	✓		✓	✓	✓		1/1/19	6/11/26
Positron Emission Tomography (PET) scan	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging	✓		✓	✓	✓		1/1/19	6/11/26
Positron Emission Tomography (PET) scan	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging	✓		✓	✓	✓		1/1/19	6/11/26
Positron Emission Tomography (PET) scan	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging	✓		✓	✓	✓		1/1/19	6/11/26

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Review Criteria and Documentation:

Texas Children's Health Plan Prescribed Pediatric Extended Care Center Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Prescribed_Pediatric_Extended_Care_Center_(PPECC)_Oct%202021.pdf

Texas Medicaid Provider Procedures Manual: Children's Services Handbook
https://www.tmhp.com/resources/provider-manuals/tmppm

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Prescribed Pediatric Extended Care Centers	T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem	✓		✓	✓	✓	✓	1/1/19	7/6/26
Prescribed Pediatric Extended Care Centers	T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour	✓		✓	✓	✓	✓	1/1/19	7/6/26

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Review Criteria and Documentation:

Texas Children's Health Plan Private Duty Nursing (PDN) Guideline

https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Private%20Duty%20Nursing%20(PDN)%20Guidelines.pdf

Texas Medicaid Provider Procedures Manual: Home Health Nursing and Private Duty services Handbook

https://www.tmhp.com/resources/provider-manuals/tmppm

Prior authorization requests submitted on or after November 1, 2025 for PDN with specialized services will require authorization of the modifier UA. Providers should include the modifier UA and an appropriate diagnosis on the prior authorization form.

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Private Duty Nursing in Home	T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	✓		✓	✓	✓		1/1/19	1/15/26

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Review Criteria and Documentation:

Texas Children's Health Plan Prosthetics Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Prosthetics%20Guideline%202021.pdf

Texas Medicaid Provider Procedures Manual Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook
https://www.tmhp.com/resources/provider-manuals/tmppm

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Prosthetics	L5000	Partial foot, shoe insert with longitudinal arch, toe filler	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5010	Partial foot, molded socket, ankle height, with toe filler	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5050	Ankle, Symes, molded socket, SACH foot	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5100	Below knee (BK), molded socket, shin, SACH foot	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5105	Below knee (BK), plastic socket, joints and thigh lacer, SACH foot	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5200	Above knee (AK), molded socket, single axis constant friction knee, shin, SACH foot	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5210	Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5220	Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5230	Above knee (AK), for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	✓		✓	✓	✓		6/3/20	1/15/26

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Prosthetics	L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5301	Below knee (BK), molded socket, shin, SACH foot, endoskeletal system	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5321	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5331	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	✓		✓	✓	✓		6/3/20	1/15/26

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Prosthetics	L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change above knee (AK) or knee disarticulation	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (AK) or knee disarticulation, each additional cast change and realignment	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5450	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (AK) or knee disarticulation, each additional cast change and realignment	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (AK)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5500	Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5505	Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5510	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L5520	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5530	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5535	Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5540	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5560	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5570	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5580	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L5585	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5590	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5610	Addition to lower extremity, endoskeletal system, above knee (AK), hydracadence system	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5611	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5613	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5614	Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L5616	Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5617	Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5618	Addition to lower extremity, test socket, Symes	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5620	Addition to lower extremity, test socket, below knee (BK)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5622	Addition to lower extremity, test socket, knee disarticulation	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5624	Addition to lower extremity, test socket, above knee (AK)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5626	Addition to lower extremity, test socket, hip disarticulation	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5628	Addition to lower extremity, test socket, hemipelvectomy	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5629	Addition to lower extremity, below knee, acrylic socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5630	Addition to lower extremity, Symes type, expandable wall socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5631	Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5632	Addition to lower extremity, Symes type, PTB brim design socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5636	Addition to lower extremity, Symes type, medial opening socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5637	Addition to lower extremity, below knee (BK), total contact	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L5638	Addition to lower extremity, below knee (BK), leather socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5639	Addition to lower extremity, below knee (BK), wood socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5640	Addition to lower extremity, knee disarticulation, leather socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5642	Addition to lower extremity, above knee (AK), leather socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5644	Addition to lower extremity, above knee (AK), wood socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5645	Addition to lower extremity, below knee (BK), flexible inner socket, external frame	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5646	Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5647	Addition to lower extremity, below knee (BK), suction socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5648	Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5649	Addition to lower extremity, ischial containment/narrow M-L socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5650	Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5651	Addition to lower extremity, above knee (AK), flexible inner socket, external frame	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5652	Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5655	Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5658	Addition to lower extremity, socket insert, above knee (AK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5661	Addition to lower extremity, socket insert, multidurometer Symes	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5665	Addition to lower extremity, socket insert, multidurometer, below knee (BK)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5666	Addition to lower extremity, below knee (BK), cuff suspension	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5668	Addition to lower extremity, below knee (BK), molded distal cushion	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5670	Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5671	Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L5672	Addition to lower extremity, below knee (BK), removable medial brim suspension	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5673	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5676	Additions to lower extremity, below knee (BK), knee joints, single axis, pair	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5677	Additions to lower extremity, below knee (BK), knee joints, polycentric, pair	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5678	Additions to lower extremity, below knee (BK), joint covers, pair	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5679	Additions to lower extremity, below knee (BK), joint covers, pair	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5680	Addition to lower extremity, below knee (BK), thigh lacer, nonmolded	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5681	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5682	Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, molded	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L5683	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5684	Addition to lower extremity, below knee, fork strap	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5686	Addition to lower extremity, below knee (BK), back check (extension control)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5688	Addition to lower extremity, below knee (BK), waist belt, webbing	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5690	Addition to lower extremity, below knee (BK), waist belt, padded and lined	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5692	Addition to lower extremity, above knee (AK), pelvic control belt, light	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5694	Addition to lower extremity, above knee (AK), pelvic control belt, padded and lined	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5695	Addition to lower extremity, above knee (AK), pelvic control, sleeve suspension, neoprene or equal, each	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L5696	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic joint	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5697	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic band	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5698	Addition to lower extremity, above knee (AK) or knee disarticulation, Silesian bandage	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5699	All lower extremity prostheses, shoulder harness	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5700	Replacement, socket, below knee (BK), molded to patient model	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5701	Replacement, socket, above knee (AK)/knee disarticulation, including attachment plate, molded to patient model	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5704	Custom shaped protective cover, below knee (BK)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5705	Custom shaped protective cover, above knee (AK)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5706	Custom shaped protective cover, knee disarticulation	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5707	Custom shaped protective cover, hip disarticulation	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5785	Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5790	Addition, exoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	✓		✓	✓	✓		6/3/20	1/15/26

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https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Prosthetics%20Guideline%202021.pdf

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Prosthetics	L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5827	Addition, endoskeletal knee-shin system with single-axis, electromechanical swing and stance control	✓		✓	✓	✓		7/1/25	1/15/26

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Prosthetics	L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5840	Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5850	Addition, endoskeletal system, above knee (AK) or hip disarticulation, knee extension assist	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5910	Addition, endoskeletal system, below knee (BK), alignable system	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5920	Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5925	Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	✓		✓	✓	✓		1/1/24	1/15/26
Prosthetics	L5930	Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5940	Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5950	Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L5962	Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5964	Addition, endoskeletal system, above knee (AK), flexible protective outer surface covering system	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5970	All lower extremity prostheses, foot, external keel, SACH foot	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5971	All lower extremity prostheses, solid ankle cushion heel (SACH) foot, replacement only	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5972	All lower extremity prostheses, foot, flexible keel	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5974	All lower extremity prostheses, foot, single axis ankle/foot	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5975	All lower extremity prostheses, combination single axis ankle and flexible keel foot	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5980	All lower extremity prostheses, flex-foot system	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5981	All lower extremity prostheses, flex-walk system or equal	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5982	All exoskeletal lower extremity prostheses, axial rotation unit	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5990	Addition to lower extremity prosthesis, user adjustable heel height	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L5999	Lower extremity prosthesis, not otherwise specified	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6000	Partial hand, thumb remaining	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6010	Partial hand, little and/or ring finger remaining	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6020	Partial hand, no finger remaining	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by l6692	✓		✓	✓	✓		4/1/25	1/15/26
Prosthetics	L6029	Upper extremity addition, test socket/interface, partial hand including fingers	✓		✓	✓	✓		4/1/25	1/15/26
Prosthetics	L6030	Upper extremity addition, external frame, partial hand including fingers	✓		✓	✓	✓		4/1/25	1/15/26
Prosthetics	L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power	✓		✓	✓	✓		4/1/25	1/15/26
Prosthetics	L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	✓		✓	✓	✓		4/1/25	1/15/26
Prosthetics	L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	✓		✓	✓	✓		4/1/25	1/15/26
Prosthetics	L6034	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb	✓		✓	✓	✓		10/9/25	1/15/26
Prosthetics	L6037	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	✓		✓	✓	✓		4/1/25	1/15/26
Prosthetics	L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6360	Interscapular thoracic, passive restoration (complete prosthesis)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6370	Interscapular thoracic, passive restoration (shoulder cap only)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6382	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6384	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6386	Immediate postsurgical or early fitting, each additional cast change and realignment	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6388	Immediate postsurgical or early fitting, application of rigid dressing only	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6600	Upper extremity additions, polycentric hinge, pair	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6605	Upper extremity additions, single pivot hinge, pair	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6610	Upper extremity additions, flexible metal hinge, pair	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6615	Upper extremity addition, disconnect locking wrist unit	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6624	Upper extremity addition, flexion/extension and rotation wrist unit	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6625	Upper extremity addition, rotation wrist unit with cable lock	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6630	Upper extremity addition, stainless steel, any wrist	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6632	Upper extremity addition, latex suspension sleeve, each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6635	Upper extremity addition, lift assist for elbow	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6637	Upper extremity addition, nudge control elbow lock	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6640	Upper extremity additions, shoulder abduction joint, pair	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6641	Upper extremity addition, excursion amplifier, pulley type	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6642	Upper extremity addition, excursion amplifier, lever type	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6645	Upper extremity addition, shoulder flexion-abduction joint, each	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6650	Upper extremity addition, shoulder universal joint, each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6655	Upper extremity addition, standard control cable, extra	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6660	Upper extremity addition, heavy-duty control cable	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6665	Upper extremity addition, Teflon, or equal, cable lining	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6670	Upper extremity addition, hook to hand, cable adapter	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6672	Upper extremity addition, harness, chest or shoulder, saddle type	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6686	Upper extremity addition, suction socket	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6689	Upper extremity addition, frame type socket, shoulder disarticulation	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6690	Upper extremity addition, frame type socket, interscapular-thoracic	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6691	Upper extremity addition, removable insert, each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6692	Upper extremity addition, silicone gel insert or equal, each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6693	Upper extremity addition, locking elbow, forearm counterbalance	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement	✓		✓	✓	✓		7/1/25	1/15/26
Prosthetics	L6703	Terminal device, passive hand/mitt, any material, any size	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6704	Terminal device, sport/recreational/work attachment, any material, any size	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6721	Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6805	Addition to terminal device, modifier wrist unit	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L6810	Addition to terminal device, precision pinch device	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	✓		✓	✓	✓		6/3/20	1/15/26

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Review Criteria and Documentation:

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https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Prosthetics%20Guideline%202021.pdf

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Prosthetics	L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6915	Hand restoration (shading and measurements included), replacement glove for above	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7007	Electric hand, switch or myoelectric controlled, adult	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7008	Electric hand, switch or myoelectric, controlled, pediatric	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7009	Electric hook, switch or myoelectric controlled, adult	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L7040	Prehensile actuator, switch controlled	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7045	Electric hook, switch or myoelectric controlled, pediatric	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7170	Electronic elbow, Hosmer or equal, switch controlled	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7186	Electronic elbow, child, Variety Village or equal, switch controlled	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal)	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7499	Upper extremity prosthesis, not otherwise specified	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7510	Repair of prosthetic device, repair or replace minor parts	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7520	Repair prosthetic device, labor component, per 15 minutes	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7600	Prosthetic donning sleeve, any material, each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L7700	Gasket or seal, for use with prosthetic socket insert, any type, each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8040	Nasal prosthesis, provided by a nonphysician	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8041	Midfacial prosthesis, provided by a nonphysician	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8042	Orbital prosthesis, provided by a nonphysician	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8043	Upper facial prosthesis, provided by a nonphysician	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8044	Hemi-facial prosthesis, provided by a nonphysician	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8045	Auricular prosthesis, provided by a nonphysician	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8046	Partial facial prosthesis, provided by a nonphysician	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8047	Nasal septal prosthesis, provided by a nonphysician	✓		✓	✓	✓		6/3/20	1/15/26

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Prosthetics	L8400	Prosthetic sheath, below knee, each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8410	Prosthetic sheath, above knee, each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8415	Prosthetic sheath, upper limb, each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee (BK) or above knee (AK), each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8420	Prosthetic sock, multiple ply, below knee (BK), each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8430	Prosthetic sock, multiple ply, above knee (AK), each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8435	Prosthetic sock, multiple ply, upper limb, each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8440	Prosthetic shrinker, below knee (BK), each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8460	Prosthetic shrinker, above knee (AK), each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8465	Prosthetic shrinker, upper limb, each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8470	Prosthetic sock, single ply, fitting, below knee (BK), each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8480	Prosthetic sock, single ply, fitting, above knee (AK), each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8485	Prosthetic sock, single ply, fitting, upper limb, each	✓		✓	✓	✓		6/3/20	1/15/26
Prosthetics	L8610	Ocular implant	✓		✓	✓	✓		11/1/21	1/15/26

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Review Criteria and Documentation:

Texas Children's Health Plan Secretion and Mucous Clearance Devices Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Secretion_and_Mucous_Clearance_Devices_Guideline_(28204_1).pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Secretion and Mucus Clearing Devices	E0480	Percussor, electric or pneumatic, home model	✓		✓	✓	✓		6/3/20	7/6/26
Secretion and Mucus Clearing Devices	E0481	Intrapulmonary percussive ventilation system and related accessories	✓		✓	✓	✓		6/3/20	7/6/26
Secretion and Mucus Clearing Devices	E0482	Cough stimulating device, alternating positive and negative airway pressure	✓		✓	✓	✓		6/3/20	7/6/26
Secretion and Mucus Clearing Devices	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	✓		✓	✓	✓		6/3/20	7/6/26
Secretion and Mucus Clearing Devices	E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	✓		✓	✓	✓		3/8/21	7/6/26

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https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Single_Photon_Emission_Computed_Tomography_(SPECT)_Scan_Guidelines_Nov%202021.pdf

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Single Photon Emission Tomography (SPECT) Scan	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed)	✓		✓	✓	✓		1/1/19	7/6/26
Single Photon Emission Tomography (SPECT) Scan	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed)	✓		✓	✓	✓		1/1/19	7/6/26
Single Photon Emission Tomography (SPECT) Scan	78469	Myocardial imaging, infarct avid, planar	✓		✓	✓	✓		7/18/19	7/6/26
Single Photon Emission Tomography (SPECT) Scan	78494	Diagnostic Nuclear Medicine Procedures on the Cardiovascular System	✓		✓	✓	✓		1/1/19	7/6/26
Single Photon Emission Tomography (SPECT) Scan	78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s)	✓		✓	✓	✓		1/1/19	7/6/26

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Review Criteria and Documentation:

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Stereotactic Radiosurgery	G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	✓		✓	✓	✓	✓	1/13/25	12/11/25

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Stimulation Devices	A4560	Neuromuscular electrical stimulator (nmes), disposable, replacement only	✓		✓	✓	✓		7/1/23	6/11/26
Stimulation Devices	C8007	Open implantation of a hypoglossal nerve neurostimulator array and pulse generator used to treat obstructive sleep apnea (OSA)	✓		✓	✓	✓		4/1/26	6/11/26
Stimulation Devices	C8011	Open implantation of a hypoglossal nerve neurostimulator electrode array and receiver, including the external power source and all system components	✓		✓	✓	✓		4/1/26	6/11/26
Stimulation Devices	E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	✓		✓	✓	✓		1/1/24	6/11/26

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Review Criteria and Documentation:

Texas Children's Health Plan Therapeutic and Reconstructive Breast Procedures Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2023-02/Therapeutic%20and%20Reconstructive%20Breast%20Procedures%20Guideline%20(31080_1)%20final%20policy%20tech%201.23.23.pdf

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Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	11970	Replacement of tissue expander with permanent implant	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	11971	Removal of tissue expander(s) without insertion of implant	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19300	Mastectomy for gynecomastia	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19303	Mastectomy, simple, complete	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	✓		✓	✓	✓		1/1/19	12/11/25

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Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19316	Mastopexy	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19318	Breast reduction	✓		✓	✓	✓		8/1/21	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19325	Breast augmentation with implant	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19328	Removal of intact breast implant	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19340	Insertion of breast implant on same day of mastectomy	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19342	Insertion or replacement of breast implant on separate day from mastectomy	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19350	Nipple/areola reconstruction	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19355	Correction of inverted nipples	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	✓		✓	✓	✓		1/1/19	12/11/25

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Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19361	Breast reconstruction with latissimus dorsi flap	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19396	Preparation of moulage for custom breast implant	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	S2068	Breast reconstruction with deep inferior epigastric perforat	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	✓		✓	✓	✓		12/8/20	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	✓		✓	✓	✓		12/8/20	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19499	Unlisted procedure, breast	✓		✓	✓	✓		1/1/19	12/11/25

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Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	✓		✓	✓	✓		12/8/20	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	✓		✓	✓	✓		3/1/22	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	✓		✓	✓	✓		3/1/22	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8010	Breast prosthesis, mastectomy sleeve	✓		✓	✓	✓		3/1/22	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8015	External breast prosthesis garment, with mastectomy form, post mastectomy	✓		✓	✓	✓		3/1/22	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8020	Breast prosthesis, mastectomy form	✓		✓	✓	✓		3/1/22	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8030	Breast prosthesis, silicone or equal, without integral adhesive	✓		✓	✓	✓		3/1/22	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8031	Breast prosthesis, silicone or equal, with integral adhesive	✓		✓	✓	✓		3/1/22	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8032	Nipple prosthesis, reusable, any type, each	✓		✓	✓	✓		3/1/22	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	✓		✓	✓	✓		3/1/22	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8035	Custom breast prosthesis, post mastectomy, molded to patient model	✓		✓	✓	✓		1/1/19	12/11/25
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8039	Breast prosthesis, not otherwise specified	✓		✓	✓	✓		12/8/20	12/11/25

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https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Occupational_Therapy_Guidelines_(28200_1).pdf

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Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97012	Application of a modality to 1 or more areas; traction, mechanical	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97016	Application of a modality to 1 or more areas; vasopneumatic devices	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97018	Application of a modality to 1 or more areas; paraffin bath	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97022	Application of a modality to 1 or more areas; whirlpool	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	✓		✓	✓	✓		1/1/19	4/8/26

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Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97026	Application of a modality to 1 or more areas; infrared	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97028	Application of a modality to 1 or more areas; ultraviolet	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26

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Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	✓		✓	✓	✓		1/1/19	4/8/26

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Review Criteria and Documentation:

Texas Children's Health Plan Occupational Therapy Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Occupational_Therapy_Guidelines_(28200_1).pdf

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Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97150	Therapeutic procedure(s), group (2 or more individuals)	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26

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Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97799	Unlisted physical medicine/rehabilitation service or procedure	✓		✓	✓	✓		1/1/19	4/8/26

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Review Criteria and Documentation:

Texas Children's Health Plan Physical Therapy Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Physical_Therapy_Guidelines_(27718_1).pdf

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Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97012	Application of a modality to 1 or more areas; traction, mechanical	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97016	Application of a modality to 1 or more areas; vasopneumatic devices	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97018	Application of a modality to 1 or more areas; paraffin bath	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97022	Application of a modality to 1 or more areas; whirlpool	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	✓		✓	✓	✓		1/1/19	4/8/26

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Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97026	Application of a modality to 1 or more areas; infrared	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97028	Application of a modality to 1 or more areas; ultraviolet	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26

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Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	✓		✓	✓	✓		1/1/19	4/8/26

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Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97150	Therapeutic procedure(s), group (2 or more individuals)	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26

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Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97799	Unlisted physical medicine/rehabilitation service or procedure	✓		✓	✓	✓		1/1/19	4/8/26

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Review Criteria and Documentation:

Texas Children's Health Plan Speech Therapy Guideline
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Therapy-Speech (excluding Early Childhood Intervention (ECI) Programs, Reevaluations)	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Speech (excluding Early Childhood Intervention (ECI) Programs, Reevaluations)	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	✓		✓	✓	✓		1/1/19	4/8/26
Therapy-Speech (excluding Early Childhood Intervention (ECI) Programs, Reevaluations)	92526	Treatment of swallowing dysfunction and/or oral function for feeding	✓		✓	✓	✓		1/1/19	4/8/26

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Texas Children's Health Plan Organ Tissue Transplant Guideline
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Transplants including Solid Organ and Bone Marrow	38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	✓		✓	✓	✓		2/20/20	7/6/26
Transplants including Solid Organ and Bone Marrow	38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	38230	Bone marrow harvesting for transplantation; allogeneic	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	38241	Hematopoietic progenitor cell (HPC); autologous transplantation	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	38242	Allogeneic lymphocyte infusions	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	38243	Hematopoietic progenitor cell (HPC); HPC boost	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	44132	Donor enterectomy (including cold preservation), open; from cadaver donor	✓		✓	✓	✓		2/20/20	7/6/26
Transplants including Solid Organ and Bone Marrow	44133	Donor enterectomy (including cold preservation), open; partial, from living donor	✓		✓	✓	✓		2/20/20	7/6/26
Transplants including Solid Organ and Bone Marrow	44135	Intestinal allotransplantation; from cadaver donor	✓		✓	✓	✓	✓	7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	44136	Intestinal allotransplantation; from living donor	✓		✓	✓	✓	✓	7/1/21	7/6/26

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Transplants including Solid Organ and Bone Marrow	44137	Removal of transplanted intestinal allograft, complete	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	47133	Donor hepatectomy (including cold preservation), from cadaver donor	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	✓		✓	✓	✓		2/20/20	7/6/26
Transplants including Solid Organ and Bone Marrow	47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	✓		✓	✓	✓		2/20/20	7/6/26
Transplants including Solid Organ and Bone Marrow	47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	✓		✓	✓	✓		2/20/20	7/6/26

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Transplants including Solid Organ and Bone Marrow	47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	✓		✓	✓	✓		7/1/21	7/6/26

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Transplants including Solid Organ and Bone Marrow	47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	48554	Transplantation of pancreatic allograft	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	48556	Removal of transplanted pancreatic allograft	✓		✓	✓	✓		2/20/20	7/6/26
Transplants including Solid Organ and Bone Marrow	50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	✓		✓	✓	✓		2/20/20	7/6/26

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Transplants including Solid Organ and Bone Marrow	50320	Donor nephrectomy (including cold preservation); open, from living donor	✓		✓	✓	✓		2/20/20	7/6/26
Transplants including Solid Organ and Bone Marrow	50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	✓		✓	✓	✓		2/20/20	7/6/26
Transplants including Solid Organ and Bone Marrow	50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	50340	Recipient nephrectomy (separate procedure)	✓		✓	✓	✓		7/1/21	7/6/26

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Transplants including Solid Organ and Bone Marrow	50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	✓		✓	✓	✓		2/20/20	7/6/26
Transplants including Solid Organ and Bone Marrow	50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	50370	Removal of transplanted renal allograft	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	50380	Renal autotransplantation, reimplantation of kidney	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	32851	Lung transplant, single; without cardiopulmonary bypass	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	32852	Lung transplant, single; with cardiopulmonary bypass	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	33945	Heart transplant, with or without recipient cardiectomy	✓		✓	✓	✓		7/1/21	7/6/26

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Transplants including Solid Organ and Bone Marrow	38232	Bone marrow harvesting for transplantation; autologous	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	S2053	Transplantation of small intestine and liver allografts	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	S2054	Transplantation of multivisceral organs	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor	✓		✓	✓	✓		2/20/20	7/6/26
Transplants including Solid Organ and Bone Marrow	S2060	Lobar lung transplantation	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	S2061	Donor lobectomy (lung) for transplantation, living donor	✓		✓	✓	✓		2/20/20	7/6/26
Transplants including Solid Organ and Bone Marrow	S2065	Simultaneous pancreas kidney transplantation	✓		✓	✓	✓		7/1/21	7/6/26
Transplants including Solid Organ and Bone Marrow	S2140	Cord blood harvesting for transplantation, allogeneic	✓		✓	✓	✓		2/20/20	7/6/26
Transplants including Solid Organ and Bone Marrow	S2142	Cord blood-derived stem-cell transplantation, allogeneic	✓		✓	✓	✓		7/1/21	7/6/26

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Transplants including Solid Organ and Bone Marrow	S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and posttransplant care in the global definition	✓		✓	✓	✓		2/20/20	7/6/26
Transplants including Solid Organ and Bone Marrow	S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and posttransplant care in the global definition	✓		✓	✓	✓		2/20/20	7/6/26

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Wheelchair and accessories	E0942	Cervical head harness/ halter	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0944	Pelvic belt/harness/ boot	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0945	Extremity belt/harness	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0950	Wheelchair accessory, tray, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0951	Heel loop/holder, any type, with or without ankle strap, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0952	Toe loop/holder, any type, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0958	Manual wheelchair accessory, one-arm drive attachment, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0959	Manual wheelchair accessory, adapter for amputee, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0969	Narrowing device, wheelchair	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0970	No. 2 footplates, except for elevating legrest	✓		✓	✓	✓	✓	1/1/19	1/15/26
Wheelchair and accessories	E0971	Manual wheelchair accessory, antitipping device, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0974	Manual wheelchair accessory, antirollback device, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0980	Safety vest, wheelchair	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0981	Wheelchair accessory, seat upholstery, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0982	Wheelchair accessory, back upholstery, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0986	Push-rim activated power assist wheelchair	✓		✓	✓	✓		6/1/22	1/15/26
Wheelchair and accessories	E0990	Wheelchair accessory, elevating legrest, complete assembly, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0992	Manual wheelchair accessory, solid seat insert	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0994	Armrest, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E0995	Wheelchair accessory, calf rest/pad, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1002	Wheelchair accessory, power seating system, tilt only	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	✓		✓	✓	✓		9/28/21	1/15/26
Wheelchair and accessories	E1014	Reclining back, addition to pediatric size wheelchair	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	E1015	Shock absorber for manual wheelchair, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1016	Shock absorber for power wheelchair, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1020	Residual limb support system for wheelchair, any type	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1022	Wheelchair transportation securement system, any type includes all components and accessories	✓		✓	✓	✓		4/1/25	1/15/26
Wheelchair and accessories	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1029	Wheelchair accessory, ventilator tray, fixed	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	✓		✓	✓	✓		4/1/25	1/15/26
Wheelchair and accessories	E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	✓		✓	✓	✓		4/1/25	1/15/26
Wheelchair and accessories	E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	✓		✓	✓	✓		4/1/25	1/15/26

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Wheelchair and accessories	E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1161	Manual adult size wheelchair, includes tilt in space	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	✓		✓	✓	✓	✓	1/1/19	1/15/26
Wheelchair and accessories	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1229	Wheelchair, pediatric size, not otherwise specified	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E1239	Power wheelchair, pediatric size, not otherwise specified	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2207	Wheelchair accessory, crutch and cane holder, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2208	Wheelchair accessory, cylinder tank carrier, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2209	Accessory, arm trough, with or without hand support, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2210	Wheelchair accessory, bearings, any type, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2219	Manual wheelchair accessory, foam caster tire, any size, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2227	Manual wheelchair accessory, gear reduction drive wheel, each	✓		✓	✓	✓		6/23/20	1/15/26

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Wheelchair and accessories	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	✓		✓	✓	✓		4/1/24	1/15/26
Wheelchair and accessories	E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2324	Power wheelchair accessory, chin cup for chin control interface	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 in	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2368	Power wheelchair component, drive wheel motor, replacement only	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2369	Power wheelchair component, drive wheel gear box, replacement only	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	E2375	Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2378	Power wheelchair component, actuator, replacement only	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2398	Wheelchair accessory, dynamic positioning hardware for back	✓		✓	✓	✓		3/1/21	1/15/26
Wheelchair and accessories	E2601	General use wheelchair seat cushion, width less than 22 in, any depth	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	E2602	General use wheelchair seat cushion, width 22 in or greater, any depth	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2603	Skin protection wheelchair seat cushion, width less than 22 in, any depth	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2604	Skin protection wheelchair seat cushion, width 22 in or greater, any depth	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2605	Positioning wheelchair seat cushion, width less than 22 in, any depth	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2606	Positioning wheelchair seat cushion, width 22 in or greater, any depth	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2608	Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2609	Custom fabricated wheelchair seat cushion, any size	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2611	General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2612	General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2613	Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	E2614	Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2619	Replacement cover for wheelchair seat cushion or back cushion, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2623	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0001	Standard wheelchair	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0002	Standard hemi (low seat) wheelchair	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0003	Lightweight wheelchair	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0004	High strength, lightweight wheelchair	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0005	Ultralightweight wheelchair	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0006	Heavy-duty wheelchair	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0007	Extra heavy-duty wheelchair	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0008	Custom manual wheelchair/base	✓		✓	✓	✓		12/8/20	1/15/26
Wheelchair and accessories	K0009	Other manual wheelchair/base	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0010	Standard-weight frame motorized/power wheelchair	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0012	Lightweight portable motorized/power wheelchair	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0013	Custom motorized/power wheelchair base	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0015	Detachable, nonadjustable height armrest, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0017	Detachable, adjustable height armrest, base, replacement only	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0019	Arm pad, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0020	Fixed, adjustable height armrest, pair	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0037	High mount flip-up footrest, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0038	Leg strap, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0039	Leg strap, H style, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0040	Adjustable angle footplate, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0041	Large size footplate, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0042	Standard size footplate, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0043	Footrest, lower extension tube, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0044	Footrest, upper hanger bracket, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0045	Footrest, complete assembly, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0046	Elevating legrest, lower extension tube, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0047	Elevating legrest, upper hanger bracket, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0050	Ratchet assembly, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0051	Cam release assembly, footrest or legrest, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0052	Swingaway, detachable footrests, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0053	Elevating footrests, articulating (telescoping), each	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	K0056	Seat height less than 17 in or equal to or greater than 21 in for a high-strength, lightweight, or ultralightweight wheelchair	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0065	Spoke protectors, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0072	Front caster assembly, complete, with semipneumatic tire, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0073	Caster pin lock, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0077	Front caster assembly, complete, with solid tire, replacement only, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0098	Drive belt for power wheelchair, replacement only	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0105	IV hanger, each	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0108	Wheelchair component or accessory, not otherwise specified	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0195	Elevating legrests, pair (for use with capped rental wheelchair base)	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26

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Wheelchair and accessories	K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	✓		✓	✓	✓		1/1/19	1/15/26

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***Effective Dates and Last Review Date listed as 'N/A' indicates that the date was prior to 9/1/2019.**

Review Criteria and Documentation:

Texas Children's Health Plan Wheelchairs Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Wheelchairs%20Guidelines.pdf

Texas Medicaid Provider Procedures Manual Durable Medical Equipment, Medical Supplies,and Nutritional Products Handbook
https://www.tmhp.com/resources/provider-manuals/tmppm

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Wheelchair and accessories	K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓	✓	1/1/19	1/15/26
Wheelchair and accessories	K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓	✓	1/1/19	1/15/26
Wheelchair and accessories	K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	✓		✓	✓	✓	✓	1/1/19	1/15/26

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Texas Medicaid Provider Procedures Manual Durable Medical Equipment, Medical Supplies,and Nutritional Products Handbook
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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Wheelchair and accessories	K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	✓		✓	✓	✓	✓	1/1/19	1/15/26
Wheelchair and accessories	K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓	✓	1/1/19	1/15/26
Wheelchair and accessories	K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓	✓	1/1/19	1/15/26
Wheelchair and accessories	K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	✓		✓	✓	✓	✓	1/1/19	1/15/26
Wheelchair and accessories	K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	✓		✓	✓	✓	✓	1/1/19	1/15/26
Wheelchair and accessories	K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓	✓	1/1/19	1/15/26
Wheelchair and accessories	K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓	✓	1/1/19	1/15/26
Wheelchair and accessories	K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	✓		✓	✓	✓	✓	1/1/19	1/15/26

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Wheelchair and accessories	K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0898	Power wheelchair, not otherwise classified	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	✓		✓	✓	✓		1/1/19	1/15/26
Wheelchair and accessories	K0900	Customized durable medical equipment, other than wheelchair	✓		✓	✓	✓		1/1/19	1/15/26

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Review Criteria and Documentation:

Texas Children's Health Plan Hospital Inpatient Care Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/pdf/Behavioral%20Health%20Level%20of%20Care%20TCHP%20Guideline.pdf

Current Interqual® Level of Care Criteria
https://www.changehealthcare.com/solutions/clinical-decision-support/interqual/level-of-care-criteria

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BENEFIT CATEGORY	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Inpatient Psychiatric Care and Procedures	All Inpatient admissions require authorization, excluding: • Observation stays at participating and non-participating facilities	✓	✓	✓	✓	✓	✓	N/A	4/8/26

Planned inpatient procedures, surgeries and other services, including behavioral health, require prior authorization, medical necessity review, inpatient admission and discharge notification. View this code list for requirements.

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Review Criteria and Documentation:

Texas Medicaid Provider Procedures Manual Behavioral Health and Case Management Handbook
https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/pdf-chapters/2023/2023-09-september/2_02_Behavioral_Health_0.pdf

Texas Children's Health Plan Behavioral Health Level of Care Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/pdf/Behavioral%20Health%20Level%20of%20Care%20TCHP%20Guideline.pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Intensive Outpatient Program (Mental Health)	S9480	Intensive outpatient psychiatric services, per diem	✓		✓	✓	✓		12/20/20	3/12/26
Intensive Outpatient Program (Substance Abuse)	H0015	Alcohol and/or drug services, including assessment, counseling, crisis intervention and activity therapies	✓		✓	✓	✓		12/20/20	3/12/26

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Review Criteria and Documentation:

Texas Children's Health Plan Targeted Case Management and Mental Health Rehabilitation Guideline

https://www.texaschildrenshealthplan.org/sites/default/files/pdf/Targeted%20Case%20Management%20%26%20Mental%20Health.pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Targeted Case Management and Mental Health Rehabilitation (when over the authorization threshold)	H0034	Medication training and support, per 15 minutes	✓		✓	✓	✓	✓	10/15/24	3/12/26
Targeted Case Management and Mental Health Rehabilitation (when over the authorization threshold)	H2012	Behavioral health day treatment, per hour	✓		✓	✓	✓		10/15/24	3/12/26
Targeted Case Management and Mental Health Rehabilitation (when over the authorization threshold)	H2014	Skills training and development, per 15 minutes			✓	✓	✓	✓	10/15/24	3/12/26
Targeted Case Management and Mental Health Rehabilitation (when over the authorization threshold)	H2017	Psychosocial rehabilitation services, per 15 minutes	✓		✓	✓	✓	✓	10/15/24	3/12/26
Targeted Case Management and Mental Health Rehabilitation (when over the authorization threshold)	T1017	Targeted case management, each 15 minutes	✓		✓	✓	✓	✓	10/15/24	3/12/26

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Review Criteria and Documentation:

Texas Children's Health Plan Out of Network Services Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Out_of_Network_Services_Guideline_(28110_1).pdf

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BENEFIT CATEGORY	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Out of Network Services	Auth required for all services, medical and behavioral, rendered by Non-Participating Providers and Facilities except for: • Emergency Department Services and Urgent Care Services • Family Planning Services (STAR/STAR Kids only) • Texas Health Steps	✓	✓	✓	✓	✓	✓	N/A	3/12/26

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Review Criteria and Documentation:

Texas Medicaid & Healthcare Partnership: Texas Health Steps
https://www.tmhp.com/programs/thsteps

Current Interqual® Level of Care Criteria
https://www.changehealthcare.com/solutions/clinical-decision-support/interqual/level-of-care-criteria

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BENEFIT CATEGORY	REV CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Partial Hospitalization (Mental Health)	H0035	Mental health partial hospitalization, treatment, less than 24 hours	✓		✓	✓	✓		1/1/19	3/12/26

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BENEFIT CATEGORY	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Inpatient Care - Detoxification	All Inpatient admissions require authorization, excluding: • Observation stays at participating and non-participating facilities	✓	✓	✓	✓	✓	✓	N/A	4/8/26

Planned inpatient procedures, surgeries and other services, including behavioral health, require prior authorization, medical necessity review, inpatient admission and discharge notification. View this code list for requirements.

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Review Criteria and Documentation:

Texas Medicaid Provider Procedures Manual Behavioral Health and Case Management Handbook
https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/pdf-chapters/2023/2023-09-september/2_02_Behavioral_Health_0.pdf

Texas Children's Health Plan Behavioral Health Level of Care Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/pdf/Behavioral%20Health%20Level%20of%20Care%20TCHP%20Guideline.pdf

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Intensive Outpatient Program (Mental Health)	S9480	Intensive outpatient psychiatric services, per diem	✓		✓	✓	✓		12/20/20	3/12/26
Intensive Outpatient Program (Substance Abuse)	H0015	Alcohol and/or drug services, including assessment, counseling, crisis intevention and activity therapies	✓		✓	✓	✓		12/20/20	3/12/26

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Texas Medicaid Provider Procedures Manual: Behavioral Health and Case Management Services Handbook
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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Outpatient Withdrawal Management	H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	✓		✓	✓	✓	✓	9/23/20	3/12/26
Outpatient Withdrawal Management	H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	✓		✓	✓	✓	✓	9/23/20	3/12/26
Outpatient Withdrawal Management	H0031	Mental health assessment, by nonphysician	✓		✓	✓	✓	✓	9/23/20	3/12/26
Outpatient Withdrawal Management	H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	✓		✓	✓	✓	✓	9/23/20	3/12/26

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Review Criteria and Documentation:

Texas Children's Health Plan Psychological/Neuropsychological Testing Guideline
https://www.texaschildrenshealthplan.org/sites/default/files/2022-07/Psychological%20Neuropsychological%20Testing.pdf

Current Interqual® Level of Care Criteria
https://www.changehealthcare.com/solutions/clinical-decision-support/interqual/level-of-care-criteria

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP	STAR Kids Dual	Prior Auth Effective Date	Last Review Date
Residential Treatment Facility	H2035	Alcohol and/or other drug treatment program, per diem	✓		✓	✓	✓	✓	1/1/19	3/12/26
Residential Treatment Facility	H2036	Alcohol and/or other drug treatment program	✓		✓	✓	✓		1/1/19	3/12/26
Residential Treatment Facility	S9445	Patient education, not otherwise classified, non-physician provider, individual, per session	✓		✓	✓	✓	✓	1/1/19	3/12/26
Residential Treatment Facility	T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	✓		✓	✓	✓	✓	1/1/19	3/12/26