



Prior Authorization Update Summary

Type of Service	Effective Date	Addition/Deletion
Initial Occupational, Physical, Speech Therapy Evaluations	9/1/2019	Deletion
Durable Medical Equipment (DME)/Equipment/Supplies exceeding Texas Medicaid Limitations	10/1/2019	Addition
Case by Case Added Services (CPT/HCPCS codes that are listed as not payable in the TMHP fee schedule)	10/1/2019	Addition
DME Repair (K0379) when greater than 35 units	10/1/2019	Addition
Miscellaneous DME (E1399) when billed amount is greater than \$500	10/1/2019	Addition
Clinician Administered Drugs: C9045 - Injection, moxetumomab pasudotox-tdfk (Lumoxiti) ; C9049 - Injection, tagraxofusp-erzs (Elzonris); C9050 - Injection, emapalumab-lzsg (Gamifant)	10/1/2019	Addition
Clinician Administered Drugs: Lutetium lu 177, dotatate (Lutathera) A9513	10/1/2019	Addition
Clinician Administered Drugs: Onasemnogene Abeparvovec-xioi (Zolgensma) (J3490)	10/1/2019	Addition
Clinician Administered Drugs: Esketamine (Spravato) (J3490)	10/1/2019	Addition
Mobility Aids: E0639 - Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories; E0640 - Patient lift, fixed System, includes all components/accessories	11/07/19	Addition
Therapeutic Continuous Glucose Monitoring (K0553, K0554)	04/01/20	Addition
Clinician Administered Drugs: Injection, crizanlizumab-tmca, (Adakveo) C9053	05/26/20	Addition
E0325, E0638 (removal from hospital bed group - unrelated)	05/26/20	Deletion
Secretion and Mucous Clearance Devices, IntraPercussive Ventilation (E0480, E0841, E0842, E0483)	06/03/20	Addition
Prosthetics code (reference provider alert for specific codes)	06/03/20	Addition
Augmentative Communication Device: Speech generating software -(E2511)	06/23/20	Addition
Wheelchair accessory -(E2227)	06/23/20	Addition
Clinician Administered Drug: C9055 - Brexanolone (Zulresso)	07/01/20	Addition
Mobility Aids: Patient Lifts (E0630, E0635, E0621, E0637, E0641)	07/03/20	Addition
Hospital bed group update - (E0250, E0255, E0260, E0265, E0271, E0300, E0316, E0328, E0329)	08/26/20	Addition
Electrical Bone Growth Stimulator (E0747, E0748)	09/04/20	Addition
Custom fitted orthosis (reference provider alert for specific codes)	09/05/20	Addition
Clinician Administered Drugs: Injection, golodirsen (Vyondys 53) - code updated to J1429 (replacing J3490)	07/01/20	Addition
Clinician Administered Drugs: Injection, crizanlizumab-tmca, (Adakveo) - code updated to J0791 (replacing C9053)	07/01/20	Addition
Clinician Administered Drugs: Onasemnogene Abeparvovec-xioi (Zolgensma) - code updated to J3399 (replacing J3590)	07/01/20	Addition
Clinician Administered Drugs: Injection, luspatercept-aamt (Reblozyl)	09/01/20	Addition