



## 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)/Equipement/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, 0.01 mg; C9049 - Injection, tagraxofusp-erzs, 10 mcg; C9050 - Injection, emapalumab-lzsg, 1 mg	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	11/7/2019	Addition