

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Medicaid	TX	70450	Ct Scan, Head/Brain; W/O Contrast Matl
Medicaid	TX	70460	Ct Scan, Head/Brain; W/Contrast Matl(S)
Medicaid	TX	70548	Mra, Neck; W/Contrast Matl(S)
Medicaid	TX	70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	TX	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma
Medicaid	TX	70544	Mra, Head; W/O Contrast Matl(S)
Medicaid	TX	70547	Mra, Neck; W/O Contrast Matl(S)
Medicaid	TX	70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	TX	70545	Mra, Head; W/Contrast Matl(S)
Medicaid	TX	70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)
Medicaid	TX	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
Medicaid	TX	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
Medicaid	TX	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	TX	70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	TX	70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast
Medicaid	TX	70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)
Medicaid	TX	70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl
Medicaid	TX	70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast
Medicaid	TX	70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl
Medicaid	TX	70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	TX	70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/Contrast
Medicaid	TX	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	TX	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	TX	72128	Computed tomography, thoracic spine; without contrast material
Medicaid	TX	71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Matl(S)
Medicaid	TX	71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	TX	72126	Computed tomography, cervical spine; with contrast material
Medicaid	TX	72125	Computed tomography, cervical spine; without contrast material

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	TX	71551	Mri, Chest; W/Contrast Matl(S)
Medicaid	TX	71550	Mri, Chest; W/O Contrast Matl(S)
Medicaid	TX	70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences
Medicaid	TX	71270	Ct Scan, Thorax; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	TX	71250	Ct Scan, Thorax; W/O Contrast Matl
Medicaid	TX	70551	Mri, Brain; W/O Contrast
Medicaid	TX	70552	Mri, Brain; W/Contrast
Medicaid	TX	72149	Mri, Lumbar Spine; W/Contrast
Medicaid	TX	72146	Mri, Thoracic Spine; W/O Contrast
Medicaid	TX	72141	Mri, Cervical Spine; W/O Contrast
Medicaid	TX	72142	Mri, Cervical Spine; W/Contrast
Medicaid	TX	72132	Computed tomography, lumbar spine; with contrast material
Medicaid	TX	72131	Computed tomography, lumbar spine; without contrast material
Medicaid	TX	72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar
Medicaid	TX	72159	Mra, Spine W/Wo Contrast
Medicaid	TX	72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical
Medicaid	TX	73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)
Medicaid	TX	73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	TX	73201	Ct Scan, Upper Extremity; W/Contrast
Medicaid	TX	72198	Mra, Pelvis, W/Wo Contrast
Medicaid	TX	72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	TX	72196	Mri, Pelvis; W/Contrast Matl(S)
Medicaid	TX	72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	TX	72193	Ct Scan, Pelvis; W/Contrast
Medicaid	TX	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima
Medicaid	TX	72195	Mri, Pelvis; W/O Contrast Matl(S)
Medicaid	TX	72192	Ct Scan, Pelvis; W/O Contrast
Medicaid	TX	73701	Ct Scan, Lower Extremity; W/Contrast
Medicaid	TX	73700	Ct Scan, Lower Extremity; W/O Contrast
Medicaid	TX	73225	Mra, Upper Extremity, W/Wo Contrast
Medicaid	TX	73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ
Medicaid	TX	73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)
Medicaid	TX	73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)
Medicaid	TX	73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc
Medicaid	TX	73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)
Medicaid	TX	74181	Mri, Abdomen; W/O Contrast Matl(S)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq
Medicaid	TX	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
Medicaid	TX	74177	Computed tomography, abdomen and pelvis; with contrast material(s)
Medicaid	TX	74176	Computed tomography, abdomen and pelvis; without contrast material
Medicaid	TX	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im
Medicaid	TX	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
Medicaid	TX	74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	TX	74160	Computed tomography, abdomen; with contrast material(s)
Medicaid	TX	74150	Ct Scan, Abdomen; W/O Contrast
Medicaid	TX	73725	Mra, Lower Extremity, W/Wo Contrast
Medicaid	TX	73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)
Medicaid	TX	73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)
Medicaid	TX	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl
Medicaid	TX	73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq
Medicaid	TX	73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	TX	73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)
Medicaid	TX	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi
Medicaid	TX	74182	Mri, Abdomen; W/Contrast Matl(S)
Medicaid	TX	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc
Medicaid	TX	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of
Medicaid	TX	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	TX	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
Medicaid	TX	74263	Computed tomographic (CT) colonography, screening, including image postprocessing
Medicaid	TX	74185	Mra, Abdomen, W/Wo Contrast
Medicaid	TX	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including
Medicaid	TX	77047	Magnetic resonance imaging, breast, without contrast material; bilateral
Medicaid	TX	77046	Magnetic resonance imaging, breast, without contrast material; unilateral

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
Medicaid	TX	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
Medicaid	TX	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
Medicaid	TX	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed
Medicaid	TX	77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms
Medicaid	TX	77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
Medicaid	TX	77520	Proton Treatment Delivery; Simple W/O Compensation
Medicaid	TX	78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification
Medicaid	TX	78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification
Medicaid	TX	78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant
Medicaid	TX	78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	TX	78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress
Medicaid	TX	78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress
Medicaid	TX	78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique
Medicaid	TX	78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative
Medicaid	TX	78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	TX	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicaid	TX	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, dur
Medicaid	TX	93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	93303	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Complete
Medicaid	TX	S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy
Medicaid	TX	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Medicaid	TX	78816	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning.
Medicaid	TX	78815	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	78814	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. These radionuclides must be produced in a cyclotron or generator that can bombard chemicals with neutrons to produce unstable, short-lived radioisotopes, such as carbon-11, nitrogen-13, and oxygen-15. These can be readily incorporated into common and important, biological body compounds for administration. Data from this kind of imaging yields metabolic or biochemical function information depending on the type of molecule tagged. In PET tumor imaging, information about the tumor's glucose and oxygen utilization is obtained, which reveals the tumor's behavior compared to normal tissue or benign tumors. Report 78811 for PET imaging of a limited area such as the chest alone; 78812 for imaging from the skull base to the mid-thigh; and 78813 for imaging of the whole body.
Medicaid	TX	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofun
Medicaid	TX	78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation
Medicaid	TX	76390	Mr Spectroscopy
Medicaid	TX	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
Medicaid	TX	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
Medicaid	TX	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Medicaid	TX	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en
Medicaid	TX	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid	TX	77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
Medicaid	TX	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image g
Medicaid	TX	77761	Intracavitary Radiation Source Application; Simple
Medicaid	TX	70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast
Medicaid	TX	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
Medicaid	TX	72148	Mri, Lumbar Spine; W/O Contrast
Medicaid	TX	73200	Ct Scan, Upper Extremity; W/O Contrast
Medicaid	TX	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	TX	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	TX	78813	Positron emission tomography (PET) imaging; whole body
Medicaid	TX	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part m
Medicaid	TX	71260	Ct Scan, Thorax; W/Contrast Matl(S)
Medicaid	TX	72129	Computed tomography, thoracic spine; with contrast material
Medicaid	TX	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	TX	72147	Mri, Thoracic Spine; W/Contrast
Medicaid	TX	74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences
Medicaid	TX	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D ima
Medicaid	TX	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	TX	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
Medicaid	TX	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Medicaid	TX	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed
Medicaid	TX	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr
Medicaid	TX	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid	TX	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT
Medicaid	TX	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	TX	70336	Mri, Temporomandibular Joints
Medicaid	TX	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	TX	93978	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Complete Study
Medicaid	TX	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)
Medicaid	TX	72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic
Medicaid	TX	76965	Us Guided, Interstitial Radioelement Application
Medicaid	TX	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, wit
Medicaid	TX	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
Medicaid	TX	77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
Medicaid	TX	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
Medicaid	TX	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
Medicaid	TX	77525	Proton Treatment Delivery; Complex
Medicaid	TX	77523	Proton Treatment Delivery; Intermediate
Medicaid	TX	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
Medicaid	TX	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Medicaid	TX	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	TX	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	TX	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
Medicaid	TX	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	TX	93925	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study
Medicaid	TX	93979	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Unilat/Limited
Medicaid	TX	93882	Duplex Scan, Extracranial Arteries; Unilat/Limited Study
Medicaid	TX	93880	Duplex Scan, Extracranial Arteries; Complete Bilat Study

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)
Medicaid	TX	A7031	Face Mask Interface, Replacement For Full Face Mask, Each
Medicaid	TX	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each
Medicaid	TX	A7037	Tubing Used With Positive Airway Pressure Device
Medicaid	TX	A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair
Medicaid	TX	A7036	Chinstrap Used With Positive Airway Pressure Device
Medicaid	TX	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Press
Medicaid	TX	A7028	Oral cushion for combination oral/nasal mask, replacement only, each
Medicaid	TX	A7027	Combination oral/nasal mask, used with continuous positive airway pressure
Medicaid	TX	93931	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicaid	TX	93930	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study
Medicaid	TX	93926	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicaid	TX	A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
Medicaid	TX	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device
Medicaid	TX	A7038	Filter, Disposable, Used With Positive Airway Pressure Device
Medicaid	TX	A7033	Pillow for use on nasal cannula type interface, replacement only, pair
Medicaid	TX	C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Medicaid	TX	A7032	Cushion for use on nasal mask interface, replacement only, each
Medicaid	TX	C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
Medicaid	TX	C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Medicaid	TX	C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	TX	G0340	Robt lin-radsurg fractx 2-5
Medicaid	TX	G0339	Robot lin-radsurg com, first
Medicaid	TX	G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels
Medicaid	TX	C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
Medicaid	TX	E0601	Continuous positive airway pressure (cpap) device
Medicaid	TX	E0562	Humidifier, heated, used with positive airway pressure device
Medicaid	TX	E0561	Humidifier, non-heated, used with positive airway pressure device
Medicaid	TX	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate
Medicaid	TX	E0470	Respiratory assist device, bi-level pressure capability, without backup rate
Medicaid	TX	S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)
Medicaid	TX	G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart r
Medicaid	TX	G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow,
Medicaid	TX	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
Medicaid	TX	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid	TX	95807	Sleep Study, Attended
Medicaid	TX	95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
Medicaid	TX	95805	Multiple Sleep Latency Test, Multiple Trails
Medicaid	TX	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
Medicaid	TX	95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid	TX	0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)
Medicaid	TX	92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)
Medicaid	TX	32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
Medicaid	TX	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid	TX	19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
Medicaid	TX	0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)
Medicaid	TX	0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)
Medicaid	TX	0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)
Medicaid	TX	0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements
Medicaid	TX	0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure)
Medicaid	TX	0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)
Medicaid	TX	0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation
Medicaid	TX	0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative
Medicaid	TX	0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status
Medicaid	TX	0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])
Medicaid	TX	0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])
Medicaid	TX	0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants
Medicaid	TX	0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities
Medicaid	TX	0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)
Medicaid	TX	0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband
Medicaid	TX	0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage
Medicaid	TX	0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue
Medicaid	TX	0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or
Medicaid	TX	0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants
Medicaid	TX	58346	Insertion, Heyman Capsules, Clinical Brachytherapy
Medicaid	TX	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separat
Medicaid	TX	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid	TX	77763	Intracavitary Radiation Source Application; Complex
Medicaid	TX	77762	Intracavitary Radiation Source Application; Intermediate
Medicaid	TX	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
Medicaid	TX	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
Medicaid	TX	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography
Medicaid	TX	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Medicaid	TX	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Medicaid	TX	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Medicaid	TX	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Medicaid	TX	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
Medicaid	TX	55860	Exposure, Prostate, Any Approach, Radiation Insertion
Medicaid	TX	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
Medicaid	TX	77778	Interstitial Radioelement Application; Complex
Medicaid	TX	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
Medicaid	TX	A7035	Headgear Used With Positive Airway Pressure Device
Medicaid	TX	93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
Medicaid	TX	C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)
Medicaid	TX	77522	Proton Treatment Delivery; Simple W/Compensation
Medicaid	TX	0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy
Medicaid	TX	0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)
Medicaid	TX	93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)
Medicaid	TX	61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
Medicaid	TX	77370	Special Medical Radiation Physics Consultation
Medicaid	TX	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (Li
Medicaid	TX	61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
Medicaid	TX	61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
Medicaid	TX	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (Lis
Medicaid	TX	0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicaid	TX	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
Medicaid	TX	81291	Mthfr (5,10-Methylenetetrahydrofolate Reductase) (Eg, Hereditary Hypercoagulability) Gene Analysis, Common Variants (Eg, 677T, 1298C)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	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)
Medicaid	TX	81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A
Medicaid	TX	0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	TX	0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease
Medicaid	TX	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4
Medicaid	TX	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)
Medicaid	TX	81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11
Medicaid	TX	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
Medicaid	TX	81599	Unlisted Multianalyte Assay With Algorithmic Analysis
Medicaid	TX	81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability
Medicaid	TX	81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant
Medicaid	TX	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
Medicaid	TX	S3842	Genetic testing for von hippel-lindau disease
Medicaid	TX	81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	81380	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Locus (Eg, Hla-A, -B, Or -C), Each
Medicaid	TX	81303	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Known Familial Variant
Medicaid	TX	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7
Medicaid	TX	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)
Medicaid	TX	S3841	Genetic testing for retinoblastoma
Medicaid	TX	0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service
Medicaid	TX	81383	Hla Class Ii Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (Eg, Hla-Dqb1*06:02P), Each
Medicaid	TX	81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *8, *17)
Medicaid	TX	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,
Medicaid	TX	81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and micros
Medicaid	TX	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,
Medicaid	TX	81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion an
Medicaid	TX	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2
Medicaid	TX	81381	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (Eg, B*57:01P), Each
Medicaid	TX	81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants (Eg, -1639/3673)
Medicaid	TX	81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) (Eg, Irinotecan Metabolism), Gene Analysis, Common Variants (Eg, *28, *36, *37)
Medicaid	TX	81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis
Medicaid	TX	81241	F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene Analysis, Leiden Variant
Medicaid	TX	81240	F2 (Prothrombin, Coagulation Factor Ii) (Eg, Hereditary Hypercoagulability) Gene Analysis, 20210G>A Variant
Medicaid	TX	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	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)
Medicaid	TX	0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma
Medicaid	TX	0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	TX	0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions
Medicaid	TX	0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	TX	0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile
Medicaid	TX	0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	TX	0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	TX	0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	TX	0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score
Medicaid	TX	0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status
Medicaid	TX	0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement
Medicaid	TX	0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)
Medicaid	TX	0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])
Medicaid	TX	0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")
Medicaid	TX	0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected
Medicaid	TX	0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma
Medicaid	TX	0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis
Medicaid	TX	0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes
Medicaid	TX	0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 gene

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant
Medicaid	TX	0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)
Medicaid	TX	0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)
Medicaid	TX	84999	Unlisted Chemistry Proc
Medicaid	TX	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)
Medicaid	TX	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
Medicaid	TX	81330	Smpd1(Sphingomyelin Phosphodiesterase 1, Acid Lysosomal) (Eg, Niemann-Pick Disease, Type A) Gene Analysis, Common Variants (Eg, R496L, L302P, Fsp330)
Medicaid	TX	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
Medicaid	TX	81304	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	TX	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
Medicaid	TX	81290	Mcoln1 (Mucolipin 1) (Eg, Mucolipidosis, Type Iv) Gene Analysis, Common Variants (Eg, lvs3-2A>G, Del6.4Kb)
Medicaid	TX	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis
Medicaid	TX	81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score
Medicaid	TX	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9
Medicaid	TX	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8
Medicaid	TX	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6
Medicaid	TX	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5
Medicaid	TX	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3
Medicaid	TX	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1
Medicaid	TX	81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence
Medicaid	TX	81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)
Medicaid	TX	81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)
Medicaid	TX	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
Medicaid	TX	81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass
Medicaid	TX	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
Medicaid	TX	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)
Medicaid	TX	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
Medicaid	TX	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)
Medicaid	TX	81256	Hfe (Hemochromatosis) (Eg, Hereditary Hemochromatosis) Gene Analysis, Common Variants (Eg, C282Y, H63D)
Medicaid	TX	81255	Hexa (Hexosaminidase A [Alpha Polypeptide]) (Eg, Tay-Sachs Disease) Gene Analysis, Common Variants (Eg, 1278Instatc, 1421+1G>C, G269S)
Medicaid	TX	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)])
Medicaid	TX	81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants
Medicaid	TX	81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence
Medicaid	TX	81251	Gba (Glucosidase, Beta, Acid) (Eg, Gaucher Disease) Gene Analysis, Common Variants (Eg, N370S, 84Gg, L444P, lvs2+1G>A)
Medicaid	TX	81250	G6Pc (Glucose-6-Phosphatase, Catalytic Subunit) (Eg, Glycogen Storage Disease, Type 1A, Von Gierke Disease) Gene Analysis, Common Variants (Eg, R83C, Q347X)
Medicaid	TX	81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)
Medicaid	TX	81243	Fmr1 (Fragile X Mental Retardation 1) (Eg, Fragile X Mental Retardation) Gene Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles
Medicaid	TX	81242	Fancc (Fanconi Anemia, Complementation Group C) (Eg, Fanconi Anemia, Type C) Gene Analysis, Common Variant (Eg, lvs4+4A>T)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities
Medicaid	TX	81224	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Intron 8 Poly-T Analysis (Eg, Male Infertility)
Medicaid	TX	81223	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Full Gene Sequence
Medicaid	TX	81209	Blm (Bloom Syndrome, Recq Helicase-Like) (Eg, Bloom Syndrome) Gene Analysis, 2281Del6Ins7 Variant
Medicaid	TX	81205	Bckdhb (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide) (Eg, Maple Syrup Urine Disease) Gene Analysis, Common Variants (Eg, R183P, G278S, E422X)
Medicaid	TX	81200	Aspa (Aspartoacylase) (Eg, Canavan Disease) Gene Analysis, Common Variants (Eg, E285A, Y231X)
Medicaid	TX	81222	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Duplication/Deletion Variants
Medicaid	TX	81221	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Known Familial Variants
Medicaid	TX	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)
Medicaid	TX	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	TX	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)
Medicaid	TX	0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)
Medicaid	TX	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
Medicaid	TX	S3846	Genetic testing for hemoglobin e beta-thalassemia
Medicaid	TX	S3840	DNA analysis for germline mutations of the ret proto-oncogene
Medicaid	TX	81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score
Medicaid	TX	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

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	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
Medicaid	TX	81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1,
Medicaid	TX	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
Medicaid	TX	81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET),
Medicaid	TX	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
Medicaid	TX	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
Medicaid	TX	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
Medicaid	TX	81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)
Medicaid	TX	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
Medicaid	TX	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)
Medicaid	TX	81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis
Medicaid	TX	81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis
Medicaid	TX	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant
Medicaid	TX	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
Medicaid	TX	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	TX	81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	TX	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	TX	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis
Medicaid	TX	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
Medicaid	TX	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)
Medicaid	TX	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
Medicaid	TX	81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	TX	81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	TX	81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	TX	81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	TX	81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	TX	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	TX	81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	TX	81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	TX	81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	TX	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)
Medicaid	TX	81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) Gene Analysis, Variants In Codons 12 And 13
Medicaid	TX	81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)
Medicaid	TX	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)
Medicaid	TX	81270	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant
Medicaid	TX	81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)
Medicaid	TX	81245	FIt3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute Myeloid Leukemia), Gene Analysis, Internal Tandem Duplication (ItD) Variants (Ie, Exons 14, 15)
Medicaid	TX	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)
Medicaid	TX	81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
Medicaid	TX	81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)
Medicaid	TX	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence
Medicaid	TX	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicaid	TX	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	TX	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicaid	TX	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
Medicaid	TX	81210	Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer), Gene Analysis, V600E Variant
Medicaid	TX	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
Medicaid	TX	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
Medicaid	TX	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)
Medicaid	TX	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain
Medicaid	TX	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	TX	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	TX	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	TX	81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)
Medicaid	TX	81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)
Medicaid	TX	81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite
Medicaid	TX	81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability
Medicaid	TX	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)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicaid	TX	0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicaid	TX	0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicaid	TX	0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicaid	TX	15821	Blepharoplasty, Lower Eyelid; W/Extensive Herniated Fat Pad
Medicaid	TX	67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of
Medicaid	TX	66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
Medicaid	TX	0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device
Medicaid	TX	67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)
Medicaid	TX	T2003	Non-Emergency Transportation; Encounter/Trip
Medicaid	TX	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
Medicaid	TX	Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg
Medicaid	TX	64405	Injection, Anesthetic Agent; Greater Occipital Nerve
Medicaid	TX	J1326	Injection, zolbetuximab-clzb, 2 mg
Medicaid	TX	J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq
Medicaid	TX	Q9999	Injection, ustekinumab-aaaz (Otulfi), biosimilar, 1 mg
Medicaid	TX	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
Medicaid	TX	33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture
Medicaid	TX	0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif
Medicaid	TX	81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)
Medicaid	TX	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le
Medicaid	TX	J1307	Injection, crovalimab-akkz, 10 mg
Medicaid	TX	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes
Medicaid	TX	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
Medicaid	TX	J1823	Injection, inebilizumab-cdon, 1 mg
Medicaid	TX	Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	TX	Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg
Medicaid	TX	J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs
Medicaid	TX	55899	Unlisted Proc, Male Genital System
Medicaid	TX	E0784	Ext Amb Infusn Pump Insulin
Medicaid	TX	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
Medicaid	TX	Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram
Medicaid	TX	J9271	Injection, pembrolizumab, 1 mg
Medicaid	TX	J9304	Injection, pemetrexed (pemfexy), 10 mg
Medicaid	TX	J9314	Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg
Medicaid	TX	J3032	Injection, eptinezumab-jjmr, 1 mg
Medicaid	TX	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
Medicaid	TX	S5121	Home Care Training, Family, Per Diem/TX LTC Pest Control
Medicaid	TX	T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification
Medicaid	TX	J0178	Injection, aflibercept, 1 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve
Medicaid	TX	J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg
Medicaid	TX	J9348	Injection, naxitamab-gqgk, 1 m
Medicaid	TX	J3299	Injection, triamcinolone acetone (xipere), 1 mg
Medicaid	TX	27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft
Medicaid	TX	J0588	Injection, incobotulinumtoxinA, 1 unit
Medicaid	TX	A0888	Noncovered Ambulance Mileage
Medicaid	TX	E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
Medicaid	TX	J1073	Testosterone pellet, implant, 75 mg
Medicaid	TX	S5161	Emergency Response System, Service Fee Per Month
Medicaid	TX	L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement
Medicaid	TX	69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral
Medicaid	TX	47999	Unlisted Proc, Biliary Tract
Medicaid	TX	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
Medicaid	TX	E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions
Medicaid	TX	J0218	Injection, olipudase alfa-rpcp, 1 mg
Medicaid	TX	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
Medicaid	TX	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
Medicaid	TX	Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	TX	Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg
Medicaid	TX	J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy
Medicaid	TX	J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
Medicaid	TX	J1961	Injection, lenacapavir, 1 mg
Medicaid	TX	J0801	Injection, corticotropin (Acthar Gel), up to 40 units
Medicaid	TX	J0802	Injection, corticotropin (ANI), up to 40 units
Medicaid	TX	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg
Medicaid	TX	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 m
Medicaid	TX	J0589	Injection, daxibotulinumtoxina-lanm, 1 unit

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	J3247	Injection, secukinumab, IV, 1 mg
Medicaid	TX	E2398	Wheelchair accessory, dynamic positioning hardware for back
Medicaid	TX	69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
Medicaid	TX	0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis
Medicaid	TX	22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance; 1 or mor
Medicaid	TX	J1299	Injection, eculizumab, 2 mg
Medicaid	TX	J1303	Injection, ravulizumab-cwvz, 10 mg
Medicaid	TX	J0174	Injection, lecanemab-irmb, 1 mg
Medicaid	TX	J0175	Injection, donanemab-azbt, 2 mg
Medicaid	TX	J0614	Injection, treosulfan, 50 mg
Medicaid	TX	J0738	Injection, lenacapavir, 1 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (PrEP) (not for use as treatment for HIV)
Medicaid	TX	J0739	Injection, cabotegravir, 1 mg
Medicaid	TX	J0752	Oral, lenacapavir, 300 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (PrEP) (not for use as treatment for HIV)
Medicaid	TX	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5×10^9 pfu/ml vector genomes, per 0.1 ml
Medicaid	TX	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,
Medicaid	TX	J7173	Injection, concizumab-mtci, 0.5 mg
Medicaid	TX	J7174	Injection, fitusiran, 0.04 mg
Medicaid	TX	J7356	Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg
Medicaid	TX	J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg
Medicaid	TX	Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	TX	81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT
Medicaid	TX	97039	Unlisted Modality (Specify Type & Time If Constant Attendance)
Medicaid	TX	J0217	Injection, velmanase alfa-tycv, 1 mg
Medicaid	TX	J9229	Injection, inotuzumab ozogamicin, 0.1 mg
Medicaid	TX	J9269	Injection, tagraxofusp-erzs, 10 micrograms
Medicaid	TX	J1632	Injection, brexanolone, 1 mg
Medicaid	TX	J2356	Injection, tezepelumab-ekko, 1 mg
Medicaid	TX	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5×10^{15} vector genomes
Medicaid	TX	27132	Conversion, Previous Hip Surgery To Total Hip Arthroplasty, W/Wo Autograft/Allograft
Medicaid	TX	27134	Revision, Total Hip Arthroplasty; Both Components, W/Wo Autograft/Allograft

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	27138	Revision, Total Hip Arthroplasty; Femoral Component Only, W/Wo Allograft
Medicaid	TX	E0735	Non-invasive vagus nerve stimulator
Medicaid	TX	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
Medicaid	TX	L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
Medicaid	TX	33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
Medicaid	TX	33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial ana
Medicaid	TX	33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)
Medicaid	TX	38230	Bone marrow harvesting for transplantation; allogeneic
Medicaid	TX	50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy
Medicaid	TX	61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrode Array
Medicaid	TX	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupl
Medicaid	TX	66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif
Medicaid	TX	E0986	Manual wheelchair accessory, push-rim activated power assist, each
Medicaid	TX	A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
Medicaid	TX	J9026	Injection, tarlatamab-dlle, 1 mg
Medicaid	TX	A0420	Ambulance Waiting 1/2 Hr
Medicaid	TX	A0422	Ambulance 02 Life Sustaining
Medicaid	TX	A0424	Extra Ambulance Attendant
Medicaid	TX	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only
Medicaid	TX	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
Medicaid	TX	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)
Medicaid	TX	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
Medicaid	TX	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance
Medicaid	TX	A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each
Medicaid	TX	S9128	Speech Therapy, In The Home
Medicaid	TX	S9131	Physical therapy, in the home, per diem
Medicaid	TX	G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia ca
Medicaid	TX	J3392	Injection, exagamlogene autotemcel, per treatment
Medicaid	TX	J3402	Injection, remestemcel-l-rknd, per therapeutic dose
Medicaid	TX	J3394	Injection, lovotibeglogene autotemcel, per treatment
Medicaid	TX	L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
Medicaid	TX	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
Medicaid	TX	C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
Medicaid	TX	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed
Medicaid	TX	43499	Unlisted Proc, Esophagus
Medicaid	TX	43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
Medicaid	TX	38243	Hematopoietic progenitor cell (HPC); HPC boost
Medicaid	TX	0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)
Medicaid	TX	J1072	Injection, testosterone cypionate (Azmiro), 1 mg
Medicaid	TX	J1954	Injection, leuprolide acetate for depot suspension (Lutrate), 7.5 mg
Medicaid	TX	J9161	Injection, denileukin diftitox-cxdl, 1 mcg
Medicaid	TX	J9382	Injection, zenocutuzumab-zbco, 1 mg
Medicaid	TX	Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg
Medicaid	TX	Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg
Medicaid	TX	Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg
Medicaid	TX	Q5148	Injection, filgrastim-txid (Nypozi), biosimilar, 1 mcg
Medicaid	TX	Q5149	Injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	Q5150	Injection, aflibercept-mrbb (Ahzantive), biosimilar, 1 mg
Medicaid	TX	0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
Medicaid	TX	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
Medicaid	TX	64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)
Medicaid	TX	J0139	Injection, adalimumab, 1 mg
Medicaid	TX	J0219	Injection, avaluclusidase alfa-ngpt, 4 mg
Medicaid	TX	J0517	Injection, benralizumab, 1 mg
Medicaid	TX	J0791	Injection, crizanlizumab-tmca, 5 mg
Medicaid	TX	J0870	Injection, imetelstat, 1 mg
Medicaid	TX	J0896	Injection, luspatercept-aamt, 0.25 mg
Medicaid	TX	J1203	Injection, cipagluclusidase alfa-atga, 5 mg
Medicaid	TX	J1552	Injection, immune globulin (alyglo), 500 mg
Medicaid	TX	J2802	Injection, romiplostim, 1 microgram
Medicaid	TX	J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram
Medicaid	TX	J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg
Medicaid	TX	J9329	Injection, tislelizumab-jsgr, 1mg
Medicaid	TX	J9381	Injection, teplizumab-mzww, 5 mcg
Medicaid	TX	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	TX	Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	TX	Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures
Medicaid	TX	Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg
Medicaid	TX	Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg
Medicaid	TX	Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg
Medicaid	TX	Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg
Medicaid	TX	Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg
Medicaid	TX	Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg
Medicaid	TX	Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	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
Medicaid	TX	97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
Medicaid	TX	97156	Family adaptive behavior treatment 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
Medicaid	TX	97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
Medicaid	TX	E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels
Medicaid	TX	48160	Pancreatectomy, Total/Subtotal W/Autologous Transplantation Pancreas/Pancreatic Islets
Medicaid	TX	22800	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; Up To 6 Vertebral Segments
Medicaid	TX	61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with co
Medicaid	TX	61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)
Medicaid	TX	62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>
Medicaid	TX	62264	Lysis, Perq Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 1 Day
Medicaid	TX	C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to-bone (implantable)
Medicaid	TX	C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])
Medicaid	TX	Q4306	American Amnion AC, per sq cm
Medicaid	TX	Q4307	American Amnion, per sq cm
Medicaid	TX	Q4308	Sanopellis, per sq cm
Medicaid	TX	Q4305	American Amnion AC Tri-Layer, per sq cm
Medicaid	TX	Q4309	VIA Matrix, per sq cm
Medicaid	TX	Q4310	Procenta, per 100 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
Medicaid	TX	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode arra
Medicaid	TX	64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electr
Medicaid	TX	64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator
Medicaid	TX	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
Medicaid	TX	A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
Medicaid	TX	C9047	Injection, caplacizumab-yhdp, 1 mg
Medicaid	TX	J0208	Injection, sodium thiosulfate, 100 mg
Medicaid	TX	J0224	Injection, lumasiran, 0.5 m
Medicaid	TX	J0225	Injection, vutrisiran, 1 mg
Medicaid	TX	J0491	Injection, anifrolumab-fnia, 1 mg
Medicaid	TX	J0584	Injection, burosumab-twza 1 mg
Medicaid	TX	J0585	Injection, Onabotulinumtoxina, 1 Unit
Medicaid	TX	J0586	Injection, Abobotulinumtoxina, 5 Units
Medicaid	TX	J0587	Injection, Rimabotulinumtoxinb, 100 Units
Medicaid	TX	J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units
Medicaid	TX	J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg
Medicaid	TX	J1301	Injection, edaravone, 1 mg
Medicaid	TX	J1305	Injection, evinacumab-dgnb, 5 mg
Medicaid	TX	J1306	Injection, inclisiran, 1 mg
Medicaid	TX	J1426	Injection, casimersen, 10 mg
Medicaid	TX	J1427	Injection, viltolarsen, 10 mg
Medicaid	TX	J1429	Injection, golodirsen, 10 mg
Medicaid	TX	J1440	Fecal microbiota, live - jsfm, 1 ml
Medicaid	TX	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
Medicaid	TX	J0567	Injection, cerliponase alfa, 1 mg
Medicaid	TX	J1558	Injection, immune globulin (xembify), 100 mg
Medicaid	TX	J1554	Injection, immune globulin (asceniv), 500 mg
Medicaid	TX	J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
Medicaid	TX	J1628	Injection, guselkumab, 1 mg
Medicaid	TX	J1747	Injection, spesolimab-sbzo, 1 mg
Medicaid	TX	J1932	Injection, lanreotide, (cipl), 1 mg
Medicaid	TX	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
Medicaid	TX	J2329	Injection, ublituximab-xiiy, 1mg
Medicaid	TX	J2781	Injection, pegcetacoplan, intravitreal, 1 mg
Medicaid	TX	J2998	Injection, plasminogen, human-tvmh, 1 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	J3111	Injection, romosozumab-aqqg, 1 mg
Medicaid	TX	J3245	Injection, tildrakizumab, 1 mg
Medicaid	TX	J7170	Injection, emicizumab-kxwh, 0.5 mg
Medicaid	TX	J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg
Medicaid	TX	J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebinyn), 1 IU
Medicaid	TX	J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.
Medicaid	TX	J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram
Medicaid	TX	J7214	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviio), per Factor VIII IU
Medicaid	TX	J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg
Medicaid	TX	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg
Medicaid	TX	J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.
Medicaid	TX	93580	Perc Transcatheter Closure, Congenital Interatrial Communication W/Implant
Medicaid	TX	J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg
Medicaid	TX	J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg
Medicaid	TX	95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Medicaid	TX	95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Medicaid	TX	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
Medicaid	TX	J7351	Injection, bimatoprost, intracameral implant, 1 microgram
Medicaid	TX	J7999	Compounded drug, not otherwise classified
Medicaid	TX	J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose
Medicaid	TX	J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg
Medicaid	TX	J9118	Injection, calaspargase pegol-mknl, 10 units
Medicaid	TX	J9119	Injection, cemiplimab-rwlc, 1 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	J9057	Injection, copanlisib, 1 mg
Medicaid	TX	J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg
Medicaid	TX	J9173	Injection, durvalumab, 10 mg
Medicaid	TX	J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj
Medicaid	TX	J9210	Injection, emapalumab-lzsg, 1 mg
Medicaid	TX	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg
Medicaid	TX	J9273	Injection, tisotumab vedotin-tftv, 1 mg
Medicaid	TX	J9286	Injection, glofitamab-gxbm, 2.5 mg
Medicaid	TX	J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg
Medicaid	TX	J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
Medicaid	TX	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
Medicaid	TX	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
Medicaid	TX	J9319	Injection, romidepsin, lyophilized, 0.1 mg
Medicaid	TX	J9321	Injection, epcoritamab-bysp, 0.16 mg
Medicaid	TX	J9323	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
Medicaid	TX	J9324	Injection, pemetrexed (pemrydi rtu), 10 mg
Medicaid	TX	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg
Medicaid	TX	J9331	Injection, sirolimus protein-bound particles, 1 mg
Medicaid	TX	J9332	Injection, efgartigimod alfa-fcab, 2mg
Medicaid	TX	J9333	Injection, rozanolixizumab-noli, 1 mg
Medicaid	TX	J9345	Injection, retifanlimab-dlwr, 1 mg
Medicaid	TX	J9350	Injection, mosunetuzumab-axgb, 1 mg
Medicaid	TX	J9353	Injection, margetuximab-cmkb, 5 m
Medicaid	TX	J9347	Injection, tremelimumab-actl, 1 mg
Medicaid	TX	J9380	Injection, teclistamab-cqyv, 0.5 mg
Medicaid	TX	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
Medicaid	TX	J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg
Medicaid	TX	J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg
Medicaid	TX	J9395	Injection, fulvestrant, 25 mg
Medicaid	TX	J3403	Revakinagene taroretcel-lwey, per implant
Medicaid	TX	27447	Arthroplasty, Knee, Condyle & Plateau; Medial & Lateral Compartments, W/Wo Patella Resurfacing
Medicaid	TX	31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve
Medicaid	TX	J1746	Injection, ibalizumab-uiyk, 10 mg
Medicaid	TX	J2277	Injection, motixafortide, 0.25 mg
Medicaid	TX	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
Medicaid	TX	J2778	Injection, ranibizumab, 0.1 mg
Medicaid	TX	J2782	Injection, avacincaptad pegol, 0.1 mg
Medicaid	TX	J9035	Bevacizumab injection
Medicaid	TX	J9274	Injection, tebentafusp-tebn, 1 microgram

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	J9312	Injection, rituximab, 10 mg
Medicaid	TX	Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg
Medicaid	TX	Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Medicaid	TX	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg
Medicaid	TX	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg
Medicaid	TX	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Medicaid	TX	Q5119	Injection, rituximab-pwv, biosimilar, (RUXIENCE), 10 mg
Medicaid	TX	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg
Medicaid	TX	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg
Medicaid	TX	Q5126	Injection, bevacizumab-maly, biosimilar, (alymysys), 10 mg
Medicaid	TX	Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg
Medicaid	TX	J0177	Injection, aflibercept HD, 1 mg
Medicaid	TX	J0179	Injection, brolocizumab-dbl, 1 mg
Medicaid	TX	J1302	Injection, sutimlimab-jome, 10 mg
Medicaid	TX	J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg
Medicaid	TX	J2267	Injection, mirikizumab-mrkz, 1 mg
Medicaid	TX	J3263	Injection, toripalimab-tpzi, 1 mg
Medicaid	TX	J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU
Medicaid	TX	J7355	Injection, travoprost, intracameral implant, 1 mcg
Medicaid	TX	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
Medicaid	TX	B9006	Parenteral nutrition infusion pump, stationary
Medicaid	TX	E0240	Bath/shower chair, with or without wheels, any size
Medicaid	TX	E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels
Medicaid	TX	E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric
Medicaid	TX	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
Medicaid	TX	96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
Medicaid	TX	96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
Medicaid	TX	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi
Medicaid	TX	A9590	Iodine I-131, iobenguane, 1 mCi
Medicaid	TX	63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Discect, Re-Explor, Sngle Interspc; Lumbar
Medicaid	TX	63047	Laminectomy. Facetectomy & Foraminotomy, 1 Segment; Lumbar
Medicaid	TX	55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)
Medicaid	TX	55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy
Medicaid	TX	95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recor
Medicaid	TX	0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed
Medicaid	TX	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
Medicaid	TX	J7172	Injection, marstacimab-hncq, 0.5 mg
Medicaid	TX	J9999	NOC, antineoplastic drug
Medicaid	TX	C9399	Unclassified Drugs Or Biologicals
Medicaid	TX	J3490	Unclassified drugs
Medicaid	TX	J3590	Unclassified Biologics
Medicaid	TX	Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg
Medicaid	TX	J2797	Injection, rolapitant, 0.5 mg
Medicaid	TX	S5160	Emergency Response System, Installation And Testing
Medicaid	TX	J1304	Injection, tofersen, 1 mg
Medicaid	TX	Q5105	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units
Medicaid	TX	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg
Medicaid	TX	H0050	Alcohol and/or drug services, brief intervention, per 15 minutes
Medicaid	TX	Q2058	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion
Medicaid	TX	J9256	Injection, nipocalimab-aahu, 3 mg
Medicaid	TX	H0047	Alcohol and/or other drug abuse services, not otherwise specified
Medicaid	TX	E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	J0013	Esketamine, nasal spray, 1 mg
Medicaid	TX	Q5106	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units
Medicaid	TX	S5100	Day Care Services, Adult, Per 15 Minutes
Medicaid	TX	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
Medicaid	TX	E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
Medicaid	TX	C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical dev
Medicaid	TX	J3241	Injection, teprotumumab-trbw, 10 mg
Medicaid	TX	J9038	Injection, axatilimab-csfr, 0.1 mg
Medicaid	TX	J7199	Hemophilia Clot Factor Noc
Medicaid	TX	J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	TX	E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
Medicaid	TX	T2028	Specialized supply, not otherwise specified, waiver
Medicaid	TX	J3397	Injection, vestronidase alfa-vjbc, 1 mg
Medicaid	TX	H2035	Alcohol and/or other drug treatment program, per hour
Medicaid	TX	S5170	Home Delivered Meals, Including Preparation, Per Meal
Medicaid	TX	L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control
Medicaid	TX	J3391	Injection, atidarsagene autotemcel, per treatment
Medicaid	TX	77605	Hyperthermia, Externally Generated; Deep
Medicaid	TX	T2029	Specialized medical equipment, not otherwise specified, waiver
Medicaid	TX	S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)
Medicaid	TX	J3393	Injection, betibeglogene autotemcel, per treatment
Medicaid	TX	H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)
Medicaid	TX	H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)
Medicaid	TX	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	TX	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
Medicaid	TX	J2326	Injection, nusinersen, 0.1 mg
Medicaid	TX	J1560	Injection, gamma globulin, intramuscular, over 10 cc

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
Medicaid	TX	22590	Arthrodesis, Posterior Technique, Craniocervical
Medicaid	TX	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
Medicaid	TX	36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)
Medicaid	TX	A0431	Rotary Wing Air Transport
Medicaid	TX	A0425	Ground mileage, per statute mile
Medicaid	TX	19300	Mastectomy for gynecomastia
Medicaid	TX	50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy
Medicaid	TX	B4222	Parenteral Supply Kit Homemi
Medicaid	TX	L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only
Medicaid	TX	L7180	Electronic Elbow Utah Myoele
Medicaid	TX	97028	Application of a modality to 1 or more areas; ultraviolet
Medicaid	TX	22812	Spinal Fixation, Wiring, Spinous Processes
Medicaid	TX	22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs
Medicaid	TX	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, W Seating
Medicaid	TX	19325	Mammaplasty, Augmentation; W/Prosthetic Implant
Medicaid	TX	E1090	Wheelchair Lightweight Det A
Medicaid	TX	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid	TX	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling
Medicaid	TX	E2614	Position back cush wd>=22in
Medicaid	TX	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	TX	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	TX	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	TX	J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)
Medicaid	TX	J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg
Medicaid	TX	L6965	Shldr Disartic Myoelectronic
Medicaid	TX	T2021	Day habilitation, waiver; per 15 minutes

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	19342	Delayed Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction
Medicaid	TX	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
Medicaid	TX	63057	Transpedicular Approach, Add'l Segment; Thoracic/Lumbar
Medicaid	TX	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
Medicaid	TX	E2368	Power wheelchair component, drive wheel motor, replacement only
Medicaid	TX	29886	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion
Medicaid	TX	29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Sep Proc)
Medicaid	TX	J9179	Injection, eribulin mesylate, 0.1 mg
Medicaid	TX	J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.
Medicaid	TX	J1830	Interferon Beta-1b / .25 Mg
Medicaid	TX	63685	Incision/Placement, Spinal Neurostimulator Pulse Generator/Receiver
Medicaid	TX	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To An
Medicaid	TX	E1083	Hemi-wheelchair, fixed full-length arms, swing-away, detachable elevating legrest
Medicaid	TX	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
Medicaid	TX	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
Medicaid	TX	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
Medicaid	TX	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
Medicaid	TX	30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft
Medicaid	TX	E0955	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each
Medicaid	TX	E1003	Wheelchair accessory, power seating system, recline only, without shear
Medicaid	TX	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware
Medicaid	TX	E0194	Air Fluidized Bed
Medicaid	TX	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
Medicaid	TX	S2054	Transplantation Of Multivisc
Medicaid	TX	J9034	Injection, bendamustine hcl (bendeka), 1 mg
Medicaid	TX	J9145	Injection, daratumumab, 10 mg
Medicaid	TX	J3357	Ustekinumab, for subcutaneous injection, 1 mg
Medicaid	TX	J7181	Injection, factor xiii a-subunit, (recombinant), per iu
Medicaid	TX	J1071	Injection, testosterone cypionate, 1mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	64732	Transection/Avulsion; Supraorbital Nerve
Medicaid	TX	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
Medicaid	TX	S5111	Home Care Training, Family, Per Session
Medicaid	TX	S5140	Foster Care, Adult, Per Diem
Medicaid	TX	T2027	Specialized childcare, waiver; per 15 minutes
Medicaid	TX	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
Medicaid	TX	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary
Medicaid	TX	B4172	Parenteral Sol Amino Acid 5.
Medicaid	TX	63190	Laminectomy with rhizotomy; more than 2 segments
Medicaid	TX	97026	Application of a modality to 1 or more areas; infrared
Medicaid	TX	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Medicaid	TX	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space
Medicaid	TX	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin
Medicaid	TX	63272	Laminectomy, Excision, Intraspinial Lesion Other Than Neoplasm, Intradural; Lumbar
Medicaid	TX	L3001	Foot Insert Remov Molded Spe
Medicaid	TX	E1087	Wheelchair Lightwt Fixed Arm
Medicaid	TX	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid	TX	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED
Medicaid	TX	E2617	Custom fab w/c back cushion
Medicaid	TX	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	TX	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	TX	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	TX	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
Medicaid	TX	38241	Hematopoietic progenitor cell (HPC); autologous transplantation

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
Medicaid	TX	A0430	Fixed Wing Air Transport
Medicaid	TX	61850	Twist Drill/Burr Hole(S), Implantation, Neurostimulator Electrodes, Cortical
Medicaid	TX	32852	Lung Transplant, Single; W/Cardiopulmonary Bypass
Medicaid	TX	B4180	Parenteral Sol Carb > 50%
Medicaid	TX	B4199	Parenteral Sol > 100gm Prote
Medicaid	TX	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
Medicaid	TX	97018	Application of a modality to 1 or more areas; paraffin bath
Medicaid	TX	22632	Arthrodesis, Post Interbody W/Laminect &/Or Dissect, Prep Interspace, Sngl Intrspc; Add'l Interspc
Medicaid	TX	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
Medicaid	TX	E1170	Whlchr Ampu Fxd Arm Leg Rest
Medicaid	TX	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
Medicaid	TX	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	TX	E2605	Position wc cush wtdh <22 in
Medicaid	TX	E2615	Pos back post/lat wtdh <22in
Medicaid	TX	E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
Medicaid	TX	G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)
Medicaid	TX	K0011	Stnd Wt Pwr Whlchr W Control
Medicaid	TX	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	TX	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN
Medicaid	TX	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	TX	J1950	Leuprolide Acetate /3.75 Mg
Medicaid	TX	J9225	Histrelin implant (Vantas), 50 mg
Medicaid	TX	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
Medicaid	TX	47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy
Medicaid	TX	44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Venous Anastomosis, Each
Medicaid	TX	22614	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Add'l Segment
Medicaid	TX	29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (W/Chondroplasty)/Multiple Drilling/Microfx
Medicaid	TX	J9306	Injection, pertuzumab, 1 mg
Medicaid	TX	J9400	Injection, ziv-aflibercept, 1 mg
Medicaid	TX	J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0
Medicaid	TX	J7187	Injection, von Willebrand factor complex (Humate-P), per IU vWF-RC0
Medicaid	TX	J7190	Factor VIII
Medicaid	TX	J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU
Medicaid	TX	J7194	Factor IX Complex
Medicaid	TX	J2350	Injection, ocrelizumab, 1 mg
Medicaid	TX	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
Medicaid	TX	J2562	Injection, Plerixafor, 1 Mg
Medicaid	TX	J3262	Injection, tocilizumab, 1 mg
Medicaid	TX	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
Medicaid	TX	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
Medicaid	TX	27125	Hemiarthroplasty, Hip, Partial
Medicaid	TX	J0485	Injection, belatacept, 1 mg
Medicaid	TX	69300	Otoplasty, Protruding Ear, W/Wo Size Reduction
Medicaid	TX	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
Medicaid	TX	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
Medicaid	TX	63048	Laminectomy, Facetectomy & Foraminotomy; Add'l Segment, Cervical/Thoracic/Lumbar
Medicaid	TX	E1011	Modification To Pediatric Wheelchair, Width Adjustment Package (Not To
Medicaid	TX	E1018	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Whe
Medicaid	TX	E2208	Wheelchair accessory, cylinder tank carrier, each

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each
Medicaid	TX	S5136	Companion Care, Adult, Per Diem
Medicaid	TX	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg
Medicaid	TX	T2039	Vehicle modifications, waiver; per service
Medicaid	TX	D7996	Implant-Mandible For Augmentation Purposes (Excluding Alveolar Ridge), By Report
Medicaid	TX	E1171	Wheelchair Amputee W/O Leg R
Medicaid	TX	E1172	Wheelchair Amputee Detach Ar
Medicaid	TX	E1180	Wheelchair Amputee W/ Foot R
Medicaid	TX	E1190	Wheelchair Amputee W/ Leg Re
Medicaid	TX	E1195	Wheelchair Amputee Heavy Dut
Medicaid	TX	L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement
Medicaid	TX	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
Medicaid	TX	L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O
Medicaid	TX	90284	Immune globulin (SClg), human, for use in subcutaneous infusions, 100mg, each
Medicaid	TX	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	TX	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,
Medicaid	TX	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),
Medicaid	TX	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid	TX	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE,
Medicaid	TX	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT
Medicaid	TX	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid	TX	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid	TX	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE,
Medicaid	TX	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY
Medicaid	TX	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid	TX	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid	TX	E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less
Medicaid	TX	E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.
Medicaid	TX	E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.
Medicaid	TX	E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.
Medicaid	TX	E2511	Speech generating software program, for personal computer or personal digital assistant
Medicaid	TX	E2512	Accessory for speech generating device, mounting system
Medicaid	TX	E2606	Position wc cush wdth>=22 in
Medicaid	TX	E2608	Skin pro/pos wc cus wd>=22in
Medicaid	TX	E2609	Custom fabricate w/c cushion
Medicaid	TX	E2612	Gen use back cush wdth>=22in
Medicaid	TX	E2613	Position back cush wd <22in
Medicaid	TX	E2616	Pos back post/lat wdth>=22in
Medicaid	TX	E2619	Replace cover w/c seat cush
Medicaid	TX	E2621	WC planar back cush wd>=22in
Medicaid	TX	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid	TX	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid	TX	E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
Medicaid	TX	E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
Medicaid	TX	E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
Medicaid	TX	E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
Medicaid	TX	E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
Medicaid	TX	E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
Medicaid	TX	E2633	Wheelchair accessory, addition to mobile arm support, supinator
Medicaid	TX	K0005	Ultralightweight Wheelchair
Medicaid	TX	K0008	Custom manual wheelchair/base
Medicaid	TX	K0010	Stnd Wt Frame Power Whlchr
Medicaid	TX	K0012	Ltwt Portbl Power Whlchr
Medicaid	TX	K0013	Custom motorized/power wheelchair base

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	K0108	W/C Component-Accessory Nos
Medicaid	TX	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS
Medicaid	TX	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	TX	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	TX	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACTIY UP TO AND INCLUDING 300 POUNDS
Medicaid	TX	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	TX	15782	Dermabrasion; Regional, Other Than Face
Medicaid	TX	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	TX	15786	Abrasion; Single Lesion
Medicaid	TX	15787	Abrasion; Add'l 4 Lesions/<
Medicaid	TX	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	TX	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid	TX	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	TX	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	TX	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3
Medicaid	TX	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	TX	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	TX	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	TX	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	TX	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	TX	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS
Medicaid	TX	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	TX	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	TX	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	TX	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	TX	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	TX	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid	TX	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	TX	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	TX	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO
Medicaid	TX	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO
Medicaid	TX	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	TX	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	TX	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	TX	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	TX	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	TX	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	TX	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS
Medicaid	TX	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid	TX	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	TX	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED
Medicaid	TX	15789	Chemical Peel, Facial; Dermal
Medicaid	TX	15792	Chemical Peel, Nonfacial; Epidermal
Medicaid	TX	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria
Medicaid	TX	15793	Chemical Peel, Nonfacial; Dermal
Medicaid	TX	K0900	Customized durable medical equipment, other than wheelchair
Medicaid	TX	L3000	Ft Insert Ucb Berkeley Shell
Medicaid	TX	L3002	Foot Insert Plastazote Or Eq
Medicaid	TX	L3020	Foot Longitud/Metatarsal Sup
Medicaid	TX	15824	Rhytidectomy; Forehead
Medicaid	TX	15826	Rhytidectomy; Glabellar Frown Lines
Medicaid	TX	15828	Rhytidectomy; Cheek, Chin, & Neck
Medicaid	TX	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen, infraumbilical panniculectomy)
Medicaid	TX	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
Medicaid	TX	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
Medicaid	TX	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
Medicaid	TX	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
Medicaid	TX	15877	Suction Assisted Lipectomy; Trunk
Medicaid	TX	17380	Electrolysis epilation, each 30 minutes
Medicaid	TX	E2402	Negative pressure wound therapy electrical pump, stationary or portable
Medicaid	TX	63282	Laminectomy, Bx/Excision, Intraspinial Neoplasm; Intradural, Extramedullary, Lumbar
Medicaid	TX	63287	Laminectomy, Bx/Excision, Intraspinial Neoplasm; Intradural, Intramedullary, Thoracolumbar
Medicaid	TX	19316	Mastopexy
Medicaid	TX	19318	Reduction Mammoplasty
Medicaid	TX	19367	Breast Reconstruction W/Myocutaneous (Tram) Flap, Single Pedicle W/Closure Donor Site;
Medicaid	TX	19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast
Medicaid	TX	19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
Medicaid	TX	E1229	Pediatric wheelchair NOS
Medicaid	TX	E1230	Power Operated Vehicle
Medicaid	TX	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating
Medicaid	TX	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating
Medicaid	TX	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System
Medicaid	TX	E1250	Wheelchair Lightwt Fixed Arm
Medicaid	TX	E1270	Wheelchair Lightweight Leg R
Medicaid	TX	76120	Cineradiography/Videoradiology, Except Where Specifically Included
Medicaid	TX	76125	Cineradiography/Videoradiography W/Routine Exam
Medicaid	TX	E1110	Wheelchair Semi-Recl Detach
Medicaid	TX	E1220	Whlchr Special Size/Constrc
Medicaid	TX	T2002	Non-Emergency Transportation; Per Diem
Medicaid	TX	22548	Arthrodesis, Anterior Transoral/Extraoral, Atlas-Axis, W/Wo Excision Odontoid Process
Medicaid	TX	J1559	Injection, immune globulin (hizentra), 100 mg
Medicaid	TX	22600	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Cervical Below C2
Medicaid	TX	22808	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 2 To 3 Vertebral Segments
Medicaid	TX	22810	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 4 To 7 Vertebral Segments
Medicaid	TX	22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More
Medicaid	TX	J1322	Injection, elosulfase alfa, 1mg
Medicaid	TX	J1458	INJECTION, GALSULFASE, 1 MG
Medicaid	TX	J1743	Injection, idursulfase, 1 mg
Medicaid	TX	J1931	Laronidase injection
Medicaid	TX	E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
Medicaid	TX	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
Medicaid	TX	E0747	Elec Osteogen Stim Not Spine
Medicaid	TX	T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes
Medicaid	TX	21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open
Medicaid	TX	92526	Treatment, Swallowing Dysfunction &/Or Oral Function, Feeding
Medicaid	TX	92630	Auditory rehabilitation; pre-lingual hearing loss
Medicaid	TX	92633	Auditory rehabilitation; post-lingual hearing loss
Medicaid	TX	97010	Application of a modality to 1 or more areas; hot or cold packs
Medicaid	TX	97016	Application of a modality to 1 or more areas; vasopneumatic devices
Medicaid	TX	97022	Application of a modality to 1 or more areas; whirlpool
Medicaid	TX	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
Medicaid	TX	97012	Application of a modality to 1 or more areas; traction, mechanical

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
Medicaid	TX	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
Medicaid	TX	97034	Application, Modality To 1+ Areas; Contrast Baths, Each 15 Min
Medicaid	TX	97032	Application, Modality 1+ Areas; Electrical Stimulation (Manual), Each 15 Min
Medicaid	TX	97035	Application, Modality To 1+ Areas; Ultrasound, Each 15 Min
Medicaid	TX	97036	Application, Modality To 1+ Areas; Hubbard Tank, Each 15 Min
Medicaid	TX	97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises
Medicaid	TX	97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation
Medicaid	TX	97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquatic Therapy W/Exercises
Medicaid	TX	97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait Training (W/Stair Climbing)
Medicaid	TX	97124	Therapeutic Proc, 1+ Areas, Each 15 Min; Massage
Medicaid	TX	97140	Manual Therapy Techniques, 1+ Regions, Each 15 Min
Medicaid	TX	97150	Therapeutic Proc(S), Group, (2+ Individuals)
Medicaid	TX	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
Medicaid	TX	J2357	Injection, omalizumab, 5 mg
Medicaid	TX	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
Medicaid	TX	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
Medicaid	TX	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
Medicaid	TX	97750	Physical Performance Test, W/Written Report, Each 15 Min
Medicaid	TX	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
Medicaid	TX	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
Medicaid	TX	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
Medicaid	TX	E0748	Elec Osteogen Stim Spinal
Medicaid	TX	V5364	Dysphagia Screening
Medicaid	TX	V5362	Speech Screening
Medicaid	TX	V5363	Language Screening
Medicaid	TX	27120	Acetabuloplasty;

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	27122	Acetabuloplasty; Resection, Femoral Head
Medicaid	TX	27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion
Medicaid	TX	J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes
Medicaid	TX	J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose
Medicaid	TX	0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed
Medicaid	TX	0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field
Medicaid	TX	0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)
Medicaid	TX	B4164	Parenteral 50% Dextrose Solu
Medicaid	TX	B4168	Parenteral Sol Amino Acid 3.
Medicaid	TX	B4176	Parenteral Sol Amino Acid 7-
Medicaid	TX	B4178	Parenteral Sol Amino Acid >
Medicaid	TX	B4189	Parenteral Sol Amino Acid &
Medicaid	TX	B4193	Parenteral Sol 52-73 Gm Prot
Medicaid	TX	B4197	Parenteral Sol 74-100 Gm Pro
Medicaid	TX	B4220	Parenteral Supply Kit Premix
Medicaid	TX	B4224	Parenteral Administration Ki
Medicaid	TX	B5000	Parenteral Sol Renal-Amirosy
Medicaid	TX	B5100	Parenteral Sol Hepatic-Fream
Medicaid	TX	B5200	Parenteral Sol Stres-Brnch C
Medicaid	TX	63185	Laminectomy with rhizotomy; 1 or 2 segments
Medicaid	TX	63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural
Medicaid	TX	30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip
Medicaid	TX	30420	Rhinoplasty, Primary; W/Major Septal Repair
Medicaid	TX	L5856	Elec knee-shin swing/stance
Medicaid	TX	L5857	Elec knee-shin swing only

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
Medicaid	TX	L5973	Endoskeletal Ankle Foot System, Microprocessor Controlled Feature, Dorsiflexion And/Or Plantar Flexion Control, Includes
Medicaid	TX	L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
Medicaid	TX	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)
Medicaid	TX	L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL
Medicaid	TX	L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device
Medicaid	TX	L6925	Wrist Disart Myoelectronic C
Medicaid	TX	L6935	Below Elbow Myoelectronic Ct
Medicaid	TX	L6945	Elbow Disart Myoelectronic C
Medicaid	TX	L6955	Above Elbow Myoelectronic Ct
Medicaid	TX	L6975	Interscap-Thor Myoelectronic
Medicaid	TX	30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)
Medicaid	TX	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicaid	TX	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC
Medicaid	TX	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicaid	TX	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC
Medicaid	TX	L7181	Electronic elbow simultaneous
Medicaid	TX	L7190	Elbow Adolescent Myoelectron
Medicaid	TX	L7191	Elbow Child Myoelectronic Ct
Medicaid	TX	L7499	Upper extremity prosthesis, not otherwise specified
Medicaid	TX	L7510	Prosthetic Device Repair Rep
Medicaid	TX	L7520	Repair Prosthesis Per 15 Min
Medicaid	TX	L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladde
Medicaid	TX	32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass
Medicaid	TX	32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass
Medicaid	TX	33140	Transmyocardial Laser Revascularization, By Thoracotomy
Medicaid	TX	33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed W/Other Open Cardiac Proc
Medicaid	TX	90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management
Medicaid	TX	33263	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Dual Lead System

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	33264	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Multiple Lead System
Medicaid	TX	33271	Insertion of subcutaneous implantable defibrillator electrode
Medicaid	TX	33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)
Medicaid	TX	33945	Heart Transplant, W/Wo Recipient Cardiectomy
Medicaid	TX	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
Medicaid	TX	48554	Transplantation, Pancreatic Allograft
Medicaid	TX	50340	Recipient Nephrectomy (Sep Proc)
Medicaid	TX	61860	Craniectomy/Craniotomy, Implantation, Neurostimulator Electrodes, Cerebral, Cortical
Medicaid	TX	61868	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; ea addl Array
Medicaid	TX	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	TX	B4185	Parenteral nutrition solution, per 10 grams lipids
Medicaid	TX	A0428	Ambulance service, basic life support, nonemergency transport, (BLS)
Medicaid	TX	A0434	Specialty Care Transport
Medicaid	TX	15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)
Medicaid	TX	15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer
Medicaid	TX	51715	Endoscopic Injection, Implant Matl Into Submucosal Tissues, Urethra &/Or Bladder Neck
Medicaid	TX	53449	Repair, Inflatable Urethral/Bladder Neck Sphincter Device, Incl Pump/Reservoir/Cuff
Medicaid	TX	A0433	Als 2
Medicaid	TX	A0435	Fixed Wing Air Mileage
Medicaid	TX	A0436	Rotary Wing Air Mileage
Medicaid	TX	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
Medicaid	TX	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary byp
Medicaid	TX	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
Medicaid	TX	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;
Medicaid	TX	36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment
Medicaid	TX	36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
Medicaid	TX	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit
Medicaid	TX	36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)
Medicaid	TX	E0217	Water Circ Heat Pad W Pump
Medicaid	TX	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE
Medicaid	TX	S9129	Occupational Therapy, In The

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid	TX	E1399	Durable medical equipment, miscellaneous
Medicaid	TX	L8699	Prosthetic Implant Nos
Medicaid	TX	21685	Hyoid Myotomy and Suspension
Medicaid	TX	42145	Palatopharyngoplasty
Medicaid	TX	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
Medicaid	TX	C9727	Insertion of implants into the soft palate; minimum of 3 implants
Medicaid	TX	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
Medicaid	TX	L0632	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 v
Medicaid	TX	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
Medicaid	TX	L5987	Shank Ft W Vert Load Pylon
Medicaid	TX	D7940	Osteoplasty - For Orthognathic Deformities
Medicaid	TX	D7941	Osteotomy - Mandibular Rami
Medicaid	TX	D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft
Medicaid	TX	D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL
Medicaid	TX	D7945	osteotomy - body of mandible
Medicaid	TX	D7946	LeFort I (maxilla - total)
Medicaid	TX	D7947	Lefort I (Maxilla - Segmented)
Medicaid	TX	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
Medicaid	TX	L8680	Implantable neurostimulator electrode, each
Medicaid	TX	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
Medicaid	TX	L8682	Implantable neurostimulator radiofrequency receiver
Medicaid	TX	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
Medicaid	TX	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
Medicaid	TX	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	43842	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Vertical-Banded Gastroplasty
Medicaid	TX	19350	Nipple/Areola Reconstruction
Medicaid	TX	19364	Breast Reconstruction W/Free Flap
Medicaid	TX	19357	Breast Reconstruction W/Tissue Expander, Immediate/Delayed, W/Subseq Expansion
Medicaid	TX	21137	Reduction Forehead; Contouring Only
Medicaid	TX	21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft
Medicaid	TX	21139	Reduction Forehead; Contouring & Setback, Anterior Frontal Sinus Wall
Medicaid	TX	21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft
Medicaid	TX	21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation
Medicaid	TX	21196	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/Int Rigid Fixation
Medicaid	TX	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	TX	20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)
Medicaid	TX	21086	Impression & Custom Preparation; Auricular Prosthesis
Medicaid	TX	33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft
Medicaid	TX	22595	Arthrodesis, Posterior Technique, Atlas-Axis
Medicaid	TX	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
Medicaid	TX	38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic
Medicaid	TX	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
Medicaid	TX	44715	Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft
Medicaid	TX	44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Arterial Anastomosis, Each
Medicaid	TX	44136	Intestinal Allotransplantation; From Living Donor
Medicaid	TX	44135	Intestinal Allotransplantation; From Cadaver Donor
Medicaid	TX	47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each
Medicaid	TX	48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each
Medicaid	TX	64417	Injection, Anesthetic Agent; Axillary Nerve
Medicaid	TX	T1003	LPN/LVN services, up to 15 minutes
Medicaid	TX	T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Reside
Medicaid	TX	T1002	RN services, up to 15 minutes

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
Medicaid	TX	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
Medicaid	TX	64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
Medicaid	TX	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
Medicaid	TX	64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
Medicaid	TX	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicaid	TX	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
Medicaid	TX	64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion
Medicaid	TX	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicaid	TX	S2142	Cord Blood-Derived Stem-Cell
Medicaid	TX	J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Medicaid	TX	J2182	Injection, mepolizumab, 1 mg
Medicaid	TX	J2786	Injection, reslizumab, 1 mg
Medicaid	TX	J2840	Injection, sebelipase alfa, 1 mg
Medicaid	TX	J9217	Leuprolide Acetate Suspnsion
Medicaid	TX	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
Medicaid	TX	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous
Medicaid	TX	J1460	Gamma Globulin 1 Cc Inj
Medicaid	TX	J3315	Injection, Triptorelin Pamoate, 3.75 Mg
Medicaid	TX	38232	Bone Marrow Harvesting For Transplantation; Autologous
Medicaid	TX	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
Medicaid	TX	32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass
Medicaid	TX	E1085	Hemi-Wheelchair Fixed Arms
Medicaid	TX	E1086	Hemi-Wheelchair Detachable A
Medicaid	TX	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	TX	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)
Medicaid	TX	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
Medicaid	TX	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	TX	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	TX	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	TX	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU
Medicaid	TX	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC
Medicaid	TX	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
Medicaid	TX	33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy
Medicaid	TX	47135	Liver Allograft Transplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age
Medicaid	TX	47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical
Medicaid	TX	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
Medicaid	TX	56800	Plastic Repair, Introtitus
Medicaid	TX	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
Medicaid	TX	22585	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Add'l Interspace
Medicaid	TX	22554	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Cervical Below C2
Medicaid	TX	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
Medicaid	TX	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)
Medicaid	TX	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes
Medicaid	TX	57335	Vaginoplasty, Intersex State
Medicaid	TX	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	TX	22558	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Lumbar
Medicaid	TX	22630	Arthrodesis, Post Interbody W/Laminectomy &/Or Discect, Prep Interspace, Single Interspace; Lumbar
Medicaid	TX	22804	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 13+ Vertebral Segments
Medicaid	TX	22802	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 7 To 12 Vertebral Segments
Medicaid	TX	63252	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Thoracolumbar

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bilat W/Prep & Maintenance, Allograft
Medicaid	TX	63277	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Lumbar
Medicaid	TX	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
Medicaid	TX	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
Medicaid	TX	63290	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural-Intradural Lesion, Any Level
Medicaid	TX	97799	Unlisted Physical Medicine/Rehabilitation Service/Proc
Medicaid	TX	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural
Medicaid	TX	90899	Unlisted Psychiatric Service/Proc
Medicaid	TX	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
Medicaid	TX	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	TX	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero
Medicaid	TX	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero
Medicaid	TX	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero
Medicaid	TX	S2405	Repair Of Sacrococcygeal Teratoma In The Fetus, Procedure Performed In
Medicaid	TX	64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint
Medicaid	TX	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
Medicaid	TX	64640	Destruction, Neurolytic; Other Peripheral Nerve/Branch
Medicaid	TX	64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint
Medicaid	TX	64734	Transection/Avulsion; Infraorbital Nerve
Medicaid	TX	64740	Transection/Avulsion; Lingual Nerve
Medicaid	TX	90283	Immune Globulin (Igiv), Human, Iv Use

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	J0202	Injection, alemtuzumab, 1 mg
Medicaid	TX	J0207	Amifostine
Medicaid	TX	64866	Anastomosis; Facial-Spinal Accessory
Medicaid	TX	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
Medicaid	TX	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg
Medicaid	TX	J0565	Injection, bezlotoxumab, 10 mg
Medicaid	TX	J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units
Medicaid	TX	J0638	Injection, canakinumab, 1 mg
Medicaid	TX	J0641	Injection, levoleucovorin, 0.5 mg
Medicaid	TX	J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
Medicaid	TX	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
Medicaid	TX	J0897	Injection, denosumab, 1 mg
Medicaid	TX	J1324	INJECTION, ENFUVIRTIDE, 1 MG
Medicaid	TX	J1325	Epoprostenol Injection
Medicaid	TX	J1428	Injection, eteplirsen, 10 mg
Medicaid	TX	Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)
Medicaid	TX	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	TX	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)
Medicaid	TX	J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)
Medicaid	TX	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units
Medicaid	TX	J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)
Medicaid	TX	J1555	Injection, immune globulin (Cuvitru), 100 mg
Medicaid	TX	J1556	Injection, immune globulin (bivigam), 500 mg
Medicaid	TX	J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	TX	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg
Medicaid	TX	J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	TX	J1595	Injection, glatiramer acetate, 20 mg
Medicaid	TX	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg
Medicaid	TX	J1744	Injection, icatibant, 1 mg
Medicaid	TX	J1786	Injection, imiglucerase, 10 units
Medicaid	TX	J1826	Injection, interferon beta-1a, 30 mcg
Medicaid	TX	J1930	Injection, lanreotide, 1 mg
Medicaid	TX	J2278	Injection, ziconotide, 1 mcg
Medicaid	TX	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous
Medicaid	TX	J2502	Injection, pasireotide long acting, 1 mg
Medicaid	TX	J2507	Injection, pegloticase, 1 mg
Medicaid	TX	J2793	Injection, Rilonacept, 1 Mg
Medicaid	TX	J2860	Injection, siltuximab, 10 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	J3060	Injection, taliglucerase alfa, 10 units
Medicaid	TX	J3110	Teriparatide injection
Medicaid	TX	J3121	Injection, testosterone enanthate, 1mg
Medicaid	TX	J3145	Injection, testosterone undecanoate, 1 mg
Medicaid	TX	J3285	Injection, treprostnil, 1 mg
Medicaid	TX	J3316	Injection, triptorelin, extended-release, 3.75 mg
Medicaid	TX	J3358	Ustekinumab, for intravenous injection, 1 mg
Medicaid	TX	J3380	Injection, vedolizumab, 1 mg
Medicaid	TX	J3385	Injection, velaglucerase alfa, 100 units
Medicaid	TX	J3489	Injection, zoledronic acid, 1 mg
Medicaid	TX	J7175	Injection, factor x, (human), 1 i.u.
Medicaid	TX	J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU
Medicaid	TX	J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg
Medicaid	TX	J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.
Medicaid	TX	J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu
Medicaid	TX	J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo
Medicaid	TX	J7185	Injection, Factor Viii (Antihemophilic Factor, Recombinant) (Xyntha), Per I.U.
Medicaid	TX	J7189	Factor VIIa (antihemophilic Factor, recombinant), per 1 mcg
Medicaid	TX	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
Medicaid	TX	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
Medicaid	TX	J7192	Factor Viii (Antihemophilic Factor, Recombinant) Per I.U., Not Otherwise Specified
Medicaid	TX	J7195	Factor IX (antihemophilic factor, recombinant) per IU
Medicaid	TX	J7198	Anti-Inhibitor
Medicaid	TX	J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
Medicaid	TX	J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU
Medicaid	TX	J7205	Injection, factor viii fc fusion (recombinant), per iu
Medicaid	TX	J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
Medicaid	TX	J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.
Medicaid	TX	J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU
Medicaid	TX	J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
Medicaid	TX	27412	Autologous Chondrocyte Implantation, Knee
Medicaid	TX	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
Medicaid	TX	27415	Osteochondral allograft, knee, open
Medicaid	TX	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))
Medicaid	TX	S2053	Transplantation Of Small Int

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	S2060	Lobar Lung Transplantation
Medicaid	TX	S2065	Simultaneous pancreas kidney transplantation
Medicaid	TX	S2067	Breast reconstruction of a single breast with "stacked" deep inferior
Medicaid	TX	S2080	Laser-assisted uvulopalatoplasty (LAUP)
Medicaid	TX	J9022	Injection, atezolizumab, 10 mg
Medicaid	TX	J9023	Injection, avelumab, 10 mg
Medicaid	TX	J9033	Injection, bendamustine HCl (Treanda), 1 mg
Medicaid	TX	J9039	Injection, blinatumomab, 1 microgram
Medicaid	TX	J9042	Injection, brentuximab vedotin, 1 mg
Medicaid	TX	J9043	Injection, cabazitaxel, 1 mg
Medicaid	TX	J9055	Cetuximab injection
Medicaid	TX	J9047	Injection, carfilzomib, 1 mg
Medicaid	TX	J9176	Injection, elotuzumab, 1 mg
Medicaid	TX	J9155	Injection, Degarelix, 1 Mg
Medicaid	TX	J9207	Injection, ixabepilone, 1 mg
Medicaid	TX	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg
Medicaid	TX	J9216	Injection, interferon, gamma-1B, 3 million units
Medicaid	TX	J9226	Histrelin implant (supprelin LA), 50 mg
Medicaid	TX	J9228	Injection, ipilimumab, 1 mg
Medicaid	TX	J9264	Injection, paclitaxel protein-bound particles, 1 mg
Medicaid	TX	J9266	Injection, pegaspargase, per single dose vial
Medicaid	TX	J9299	Injection, nivolumab, 1 mg
Medicaid	TX	J9301	Injection, obinutuzumab, 10 mg
Medicaid	TX	J9302	Injection, ofatumumab, 10 mg
Medicaid	TX	J9303	Injection, panitumumab, 10 mg
Medicaid	TX	J9305	Pemetrexed injection
Medicaid	TX	J9308	Injection, ramucirumab, 5 mg
Medicaid	TX	J9330	Injection, temsirolimus, 1 mg
Medicaid	TX	S2118	Metal-on-metal total hip resurfacing including acetabular and femoral components
Medicaid	TX	27437	Arthroplasty, Patella; W/O Prosthesis
Medicaid	TX	29870	Arthroscopy, Knee, Dx, W/Wo Synovial Bx (Sep Proc)
Medicaid	TX	29873	Arthroscopy, Knee, Surgical; W/Lateral Release
Medicaid	TX	29874	Arthroscopy, Knee, Surgical; Removal, Loose/Fb
Medicaid	TX	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
Medicaid	TX	29877	Arthroscopy, Knee, Surgical; Debridement/Shaving, Articular Cartilage (Chondroplasty)
Medicaid	TX	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Medicaid	TX	J1447	Injection, tbo-filgrastim, 1 microgram
Medicaid	TX	J1602	Injection, golimumab, 1 mg, for intravenous use
Medicaid	TX	J1745	Injection, infliximab, excludes biosimilar, 10 mg
Medicaid	TX	J2323	Injection, natalizumab, 1 mg
Medicaid	TX	J2820	Sargramostim Injection
Medicaid	TX	J9354	Injection, ado-trastuzumab emtansine, 1 mg
Medicaid	TX	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
Medicaid	TX	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
Medicaid	TX	J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Medicaid	TX	J1438	Etanercept Injection
Medicaid	TX	J1442	5G-CSFexcludes biosimilars, 1 microgram
Medicaid	TX	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
Medicaid	TX	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures,
Medicaid	TX	E2510	Speech generating device, synthesized speech, permitting multiple methods
Medicaid	TX	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
Medicaid	TX	E0956	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each
Medicaid	TX	T1025	Intensive, Extended Multidisciplinary Services Provided In A Clinic Se
Medicaid	TX	T1026	Intensive, Extended Multidisciplinary Services Provided In A Clinic Se
Medicaid	TX	21159	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I
Medicaid	TX	21160	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/Lefort I
Medicaid	TX	21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)
Medicaid	TX	30999	Unlisted Proc, Nose
Medicaid	TX	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
Medicaid	TX	E0957	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each
Medicaid	TX	E0958	Wheelchr Att- Conv 1 Arm Drive
Medicaid	TX	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
Medicaid	TX	E0969	Wheelchair Narrowing Device
Medicaid	TX	E0980	Wheelchair Safety Vest
Medicaid	TX	E0981	Wheelchair accessory, seat upholstery, replacement only, each
Medicaid	TX	E0982	Wheelchair accessory, back upholstery, replacement only, each
Medicaid	TX	E0992	Wheelchair Solid Seat Insert
Medicaid	TX	E0995	Wheelchair accessory, calf rest/pad, replacement only, each
Medicaid	TX	E1002	Wheelchair accessory, power seating system, tilt only
Medicaid	TX	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear
Medicaid	TX	E1005	Wheelchair accessory, power seating system, recline only, with power shear
Medicaid	TX	E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction
Medicaid	TX	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction
Medicaid	TX	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
Medicaid	TX	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg
Medicaid	TX	E1010	Wheelchair accessory, addition to power seating system, power leg elevation
Medicaid	TX	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
Medicaid	TX	E1014	Reclining Back, Addition To Pediatric Wheelchair
Medicaid	TX	E1015	Shock Absorber For Manual Wheelchair, Each
Medicaid	TX	E1016	Shock Absorber For Power Wheelchair, Each
Medicaid	TX	E1017	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wh
Medicaid	TX	E1029	Wheelchair accessory, ventilator tray, fixed
Medicaid	TX	E1050	Wheelchr Fxd Full Length Arms
Medicaid	TX	B9999	Parenteral Supp Not Othrs C
Medicaid	TX	E0250	Hosp Bed Fixed Ht W/ Mattres
Medicaid	TX	E0255	Hospital Bed Var Ht W/ Mattr
Medicaid	TX	E0260	Hosp Bed Semi-Electr W/ Matt
Medicaid	TX	E0265	Hosp Bed Total Electr W/ Mat
Medicaid	TX	E0277	Powered Pres-Redu Air Mattr
Medicaid	TX	E0290	Hosp Bed Fx Ht W/O Rails W/M
Medicaid	TX	E0303	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress
Medicaid	TX	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard
Medicaid	TX	E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels
Medicaid	TX	E0760	Osteogen Ultrasound Stimltor
Medicaid	TX	E0782	Non-Programable Infusion Pump
Medicaid	TX	E0942	Cervical Head Harness/Halter
Medicaid	TX	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System
Medicaid	TX	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System
Medicaid	TX	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating Syst
Medicaid	TX	E1239	Ped power wheelchair NOS
Medicaid	TX	E1285	Wheelchair Heavy Duty Fixed
Medicaid	TX	E1295	Wheelchair Heavy Duty Fixed
Medicaid	TX	E1296	Wheelchair Special Seat Heig
Medicaid	TX	E1297	Wheelchair Special Seat Dept
Medicaid	TX	E1298	Wheelchair Spec Seat Depth/W
Medicaid	TX	E2201	Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.
Medicaid	TX	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	TX	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
Medicaid	TX	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only,
Medicaid	TX	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
Medicaid	TX	E2210	Wheelchair accessory, bearings, any type, replacement only, each
Medicaid	TX	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
Medicaid	TX	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
Medicaid	TX	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
Medicaid	TX	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
Medicaid	TX	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
Medicaid	TX	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
Medicaid	TX	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
Medicaid	TX	E2219	Manual wheelchair accessory, foam caster tire, any size, each
Medicaid	TX	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
Medicaid	TX	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
Medicaid	TX	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
Medicaid	TX	E2227	Manual wheelchair accessory, gear reduction drive wheel, each
Medicaid	TX	E2291	Planar back for ped size wc
Medicaid	TX	E2292	Planar seat for ped size wc
Medicaid	TX	E2293	Contour back for ped size wc
Medicaid	TX	E2294	Contour seat for ped size wc
Medicaid	TX	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
Medicaid	TX	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE
Medicaid	TX	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	TX	A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries
Medicaid	TX	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
Medicaid	TX	E2310	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	TX	E2311	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	TX	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional
Medicaid	TX	E2313	Power wheelchair accessory, harness for upgrade to expandable controller,
Medicaid	TX	E2321	Power wheelchair accessory, hand control interface, remote joystick,
Medicaid	TX	E2323	Power wheelchair accessory, specialty joystick handle for hand control
Medicaid	TX	E2324	Power wheelchair accessory, chin cup for chin control interface
Medicaid	TX	E2325	Power wheelchair accessory, sip and puff interface, nonproportional
Medicaid	TX	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
Medicaid	TX	E2327	Power wheelchair accessory, head control interface, mechanical, proportional
Medicaid	TX	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional
Medicaid	TX	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional
Medicaid	TX	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional
Medicaid	TX	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	TX	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
Medicaid	TX	E2351	Power wheelchair accessory, electronic interface to operate speech generating device

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
Medicaid	TX	E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each
Medicaid	TX	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type
Medicaid	TX	E2369	Power wheelchair component, drive wheel gear box, replacement only
Medicaid	TX	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
Medicaid	TX	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
Medicaid	TX	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mount
Medicaid	TX	29882	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial/Lateral
Medicaid	TX	29883	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial & Lateral
Medicaid	TX	29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesions, W/Wo Manipulation (Sep Proc)
Medicaid	TX	29885	Arthroscopy, Knee, Surgical; Drill, Osteochondritis Dissecans W/Bone Graft, W/Wo Int/Ext Fixation
Medicaid	TX	29887	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion W/Int Fixation
Medicaid	TX	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
Medicaid	TX	29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
Medicaid	TX	29916	Arthroscopy, hip, surgical; with labral repair
Medicaid	TX	63005	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, 1/2 Segments; Lumbar
Medicaid	TX	63012	Laminectomy W/Removal, Abnormal Facets, Lumbar
Medicaid	TX	63017	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Lumbar
Medicaid	TX	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
Medicaid	TX	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
Medicaid	TX	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex
Medicaid	TX	63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)
Medicaid	TX	63267	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Lumbar
Medicaid	TX	0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles
Medicaid	TX	0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicaid	TX	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
Medicaid	TX	J1411	Injection, etranacogene dezaparovec-drlb, per therapeutic dose
Medicaid	TX	T2017	Habilitation, residential, waiver; 15 minutes
Medicaid	TX	T1031	Nursing Care, In The Home, By Licensed Practical Nurse, Per Diem
Medicaid	TX	H2023	Supported employment, per 15 minutes
Medicaid	TX	E1084	Hemi-Wheelchair Detachable A
Medicaid	TX	T2031	Assisted living; waiver, per diem
Medicaid	TX	S5116	Home Care Training, Non-Family, Per Session
Medicaid	TX	S9124	Nursing care, in the home; by licensed practical nurse, per hour
Medicaid	TX	S5105	Day Care Services, Center Based, Not Incl In Program Fee, Per Diem
Medicaid	TX	S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
Medicaid	TX	E0256	Hospital Bed Var Ht W/O Matt
Medicaid	TX	E0280	Bed Cradle
Medicaid	TX	T2038	Community transition, waiver; per service
Medicaid	TX	S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
Medicaid	TX	S5125	Attendant Care Services, Per 15 Minutes
Medicaid	TX	S5126	Attendant Care Services, Per Diem
Medicaid	TX	S5135	Companion Care, Adult, Per 15 Minutes
Medicaid	TX	S5109	Home care training to home care client, per 15 minutes per session
Medicaid	TX	E0266	Hosp Bed Total Elec W/O Matt
Medicaid	TX	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
Medicaid	TX	S5120	Chore Services, Per 15 Minutes
Medicaid	TX	J0180	Agalsidase beta injection
Medicaid	TX	D7949	Lefort II Or Lefort III - With Bone Graft
Medicaid	TX	S5110	Home Care Training, Family, Per 15 Minutes
Medicaid	TX	S5151	Unskilled Respite Care, Not Hospice, Per Diem
Medicaid	TX	J0490	Injection, belimumab, 10 mg
Medicaid	TX	77620	Hyperthermia Generated, Intracavitary Probe(S)
Medicaid	TX	S5101	Day Care Services, Adult, Per Half Day
Medicaid	TX	S5108	Home care training to home care client, per 15 minutes
Medicaid	TX	T2030	Assisted living, waiver; per month
Medicaid	TX	S9562	Home Injectable Therapy, Palivizumab, Including Administrative Service
Medicaid	TX	S5165	Home Modifications, Per Service
Medicaid	TX	S5102	Day Care Services, Adult, Per Diem
Medicaid	TX	S2235	Implantation of auditory brain stem implant

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	TX	C2622	Prosthesis, penile, noninflatable
Medicaid	TX	E1200	Wheelchair Amputee Fixed Arm
Medicaid	TX	T1005	Respite care services, up to 15 minutes
Medicaid	TX	S5130	Homemaker Service, NOS, Per 15 Minutes