



Texas | Commercial

NOTE: This list applies to Texas Individual Local Members

Provider Precertification Number- **833-476-1458**

**Verify Benefits and Eligibility With Customer Service For All Services.** There may be differences in coverage at the member or group level. Services listed in this Guide may be governed by Medical Policies or Clinical Guidelines and may impact coverage decisions even when they do not require precertification. To review Medical Policies and Clinical Guidelines refer to the Provider Manual at <https://www.wellpoint.com/tx/provider>

Note: NOC and unlisted codes - codes may not reflect precertification is required but codes may require medical necessity review upon claims submission depending on diagnosis and/or reimbursement level.

**Carelon Medical Benefits Management, Inc.**

Carelon Medical Benefits Management, a separate company, is a nationally recognized leader delivering specialty benefits management on behalf of TX for certain health plan members. Determine if preapproval is needed for a TX member by clicking the “Medical Policy, Clinical UM Guidelines, and Preapproval Requirements” link on our provider website, or by calling the preapproval phone number printed on the back of the member’s ID card. To submit your request for any of the services below, contact Carelon online via Carelon Medical Benefits Management Provider Portal at [www.providerportal.com](http://www.providerportal.com). You may also call Carelon toll-free at 877-291-0366, Monday – Friday, 8:00 a.m. – 6:00 p.m. ET. **Note: For codes noted as managed by Carelon Medical Benefits Management, precertification requirement applies to Fully Insured and Vendor Program eligible members only.**

Carelon Medical Benefits management provides benefits management for the programs listed below:

- > Imaging Level of Care
- > Genetic Testing
- > Diagnostic Imaging Management
- > Cardiovascular Services
- > Radiation Therapy Services
- > Rehabilitative Services and Site of Care
- > Sleep Therapy
- > Outpatient Sleep Testing and Therapy Services
- > Oncology Drugs
- > Cancer Care Quality Program
- > Musculoskeletal (MSK) Program and Site of Care
- > Upper Gastrointestinal Endoscopy in Adults, and Site of Care for Certain Surgical Services

**For complete prior authorization requirements for vendors visit the:**

**Carelon Medical Benefits Management website at <https://guidelines.carelonmedicalbenefitsmanagement.com>; submit requests at <https://www.providerportal.com>, or call 877-291-0366**

**Carelon RX Pharmacy 833-396-0309**

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
Various	Admissions- direct admit, elective, scheduled. requires prior authorization ALL medical & surgical inpatient admissions - except Hospice require authorization	YES			See Appendix A
Various	Transplant Services- Contact Transplant Unit 888-574-7215	YES			
Various	Maternity Admissions- Vaginal and Cesarean deliveries if more than 2 days or 4 days respectively				
Various	Behavioral Health Services- Inpatient and Outpatient- Contact Behavioral Health at the number on the member's ID Card	YES			See Appendix B
Various	Outpatient Medications			YES	See Appendix C
00170	Anesthesia, Intraoral Proc, W/Bx; Nos	YES			1
00530	Anesthesia, Permanent Transvenous Pacemaker Insertion		YES		1
00580	Anesthesia, Heart Transplant/Heart & Lung Transplant	YES			1
00796	Anesthesia, Intraperitoneal Proc, Upper Abdomen, W/Laparoscopy; Liver Transplant, Recipient	YES			1
00868	Anesthesia, Extraperitoneal Proc, Lower Abdomen, W/Urinary Tract; Renal Transplant, Recipient	YES			1
01937	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic		YES		1
01938	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral		YES		1
01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic		YES		1
01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral		YES		1
01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic		YES		1
01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral		YES		1
01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional		YES		1
01992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional		YES		1
11920	Tattooing To Correct Color Defects; 6.0 Sq Cm/<	YES			1
11921	Tattooing To Correct Color Defects; 6.1-20.0 Sq Cm	YES			1
11950	Subq Injection, Filling Matl; 1 Cc/<	YES			1
11951	Subq Injection, Filling Matl; 1.1 To 5.0 Cc	YES			1
11952	Subq Injection, Filling Matl; 5.1 To 10.0 Cc	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
11954	Subq Injection, Filling Matl; > 10.0 Cc	YES			1
14040	Adjacent Tissue Transfer, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet; 10 Sq Cm/<	YES			1
14041	Adjacent Tissue Transfer, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet; 10.1-30.0sqcm	YES			1
14060	Adjacent Tissue Transfer/Rearrangement, Eyelids/Nose/Ears/Lips; Defect 10 Sq Cm/<	YES			1
14061	Adjacent Tissue Transfer/Rearrangement, Eyelids/Nose/Ears/Lips; Defect 10.1-30.0 Sq Cm	YES			1
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	YES			1
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	YES			1
15271	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area	YES			1
15273	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; First 100 Sq Cm Wound Surface Area, Or 1% Of Body Area	YES			1
15275	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq	YES			1
15277	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Greater Than	YES			1
15756	Free Muscle/Myocutaneous Flap W/Microvascular Anastomosis	YES			1
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	YES			1
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	YES			1
15775	Punch Graft, Hair Transplant; 1-15 Punch Grafts	YES			1
15776	Punch Graft, Hair Transplant; > 15 Punch Grafts	YES			1
15780	Dermabrasion; Total Face	YES			1
15781	Dermabrasion; Segmental, Face	YES			1
15782	Dermabrasion; Regional, Other Than Face	YES			1
15783	Dermabrasion; Superficial, Any Site	YES			1
15786	Abrasion; Single Lesion	YES			1
15788	Chemical Peel, Facial; Epidermal	YES			1
15789	Chemical Peel, Facial; Dermal	YES			1
15792	Chemical Peel, Nonfacial; Epidermal	YES			1
15793	Chemical Peel, Nonfacial; Dermal	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon MBM</b>	<b>Responsible Party CarelonRX</b>	<b>Maximum Allowable Units for PA Exemption (per member per plan year)</b>
15820	Blepharoplasty, Lower Eyelid	YES			1
15821	Blepharoplasty, Lower Eyelid; W/Extensive Herniated Fat Pad	YES			1
15822	Blepharoplasty, Upper Eyelid	YES			1
15823	Blepharoplasty, Upper Eyelid; W/Excessive Skin Weighting Down Lid	YES			1
15824	Rhytidectomy; Forehead	YES			1
15825	Rhytidectomy; Neck W/Platysmal Tightening (Platysmal Flap, P-Flap)	YES			1
15826	Rhytidectomy; Glabellar Frown Lines	YES			1
15828	Rhytidectomy; Cheek, Chin, & Neck	YES			1
15829	Rhytidectomy; Superficial Musculoaponeurotic System (Smas) Flap	YES			1
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen, infraumbilical panniculectomy)	YES			1
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	YES			1
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	YES			1
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	YES			1
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	YES			1
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	YES			1
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	YES			1
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	YES			1
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	YES			1
15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)	YES			1
15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)	YES			1
15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique	YES			1
15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer	YES			1
15876	Suction Assisted Lipectomy; Head & Neck	YES			1
15877	Suction Assisted Lipectomy; Trunk	YES			1
15878	Suction Assisted Lipectomy; Upper Extremity	YES			1
15879	Suction Assisted Lipectomy; Lower Extremity	YES			1
17106	Destruction, Cutaneous Vascular Proliferative Lesions; < 10 Sq Cm	YES			1
17107	Destruction, Cutaneous Vascular Proliferative Lesions; 10.0-50.0 Sq Cm	YES			1
17108	Destruction, Cutaneous Vascular Proliferative Lesions; > 50.0 Sq Cm	YES			1
17380	Electrolysis epilation, each 30 minutes	YES			1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
17999	Unlisted Proc, Skin, Mucous Membrane & Subq Tissue	YES			1
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	YES			1
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad		YES		1
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the tim		YES		1
19316	Mastopexy	YES			2
19318	Breast reduction	YES			2
19325	Breast augmentation with implant	YES			2
19328	Removal of intact breast implant	YES			2
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	YES			2
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	YES			2
19342	Insertion or replacement of breast implant on separate day from mastectomy	YES			2
19350	Nipple/Areola Reconstruction	YES			2
19355	Correction, Inverted Nipples	YES			2
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	YES			2
19361	Breast reconstruction; with latissimus dorsi flap	YES			2
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	YES			2
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	YES			2
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	YES			2
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	YES			2
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision comb	YES			2
19396	Preparation, Moulage, Custom Breast Implant	YES			2
19499	Unlisted Proc, Breast	YES			2
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (a		YES		1
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)		YES		1
20561	Needle insertion(s) without injection(s); 3 or more muscles		YES		1
20605	Arthrocentesis, Aspiration &/Or Injection; Intermediate Joint/Bursa	YES			1
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound gu	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)		YES		1
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)		YES		1
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in a		YES		1
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition		YES		1
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for prim		YES		1
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments		YES		1
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)		YES		1
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separat		YES		1
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)		YES		1
20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)		YES		1
20979	Low Intensity Ultrasound Stimulation To Aid Bone Healing; Noninvasive	YES	YES		1
20982	Ablation, Bone Tumor(s) Radiofrequency, Percutaneous, Including Computed Tomographic Guidance	YES			1
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, includin	YES			1
20999	Unlisted Proc, Musculoskeletal System, General	YES			1
21010	Arthrotomy, Temporomandibular Joint	YES			1
21050	Condylectomy, Temporomandibular Joint (Sep Proc)	YES			1
21060	Meniscectomy, Partial/Complete, Temporomandibular Joint (Sep Proc)	YES			1
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitor	YES			1
21083	Impression & Custom Preparation; Palatal Lift Prosthesis	YES			1
21086	Impression & Custom Preparation; Auricular Prosthesis	YES			1
21087	Impression & Custom Preparation; Nasal Prosthesis	YES			1
21110	Application, Interdental Fixation Device, Non-Fx/Dislocation, W/Removal	YES			1
21116	Injection Proc, Temporomandibular Joint Arthrography	YES			1
21120	Genioplasty; Augmentation (Autograft, Allograft, Prosthetic Matl)	YES			1
21121	Genioplasty; Sliding Osteotomy, Single Piece	YES			1
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
21123	Genioplasty; Sliding, Augmentation W/Interpositional Bone Grafts W/Obtaining Autograft	YES			1
21125	Augmentation, Mandibular Body/Angle; Prosthetic Matl	YES			1
21127	Augmentation, Mandibular Body/Angle; W/Bone Graft/Onlay/Interpositional W/Obtaining Autograft	YES			1
21137	Reduction Forehead; Contouring Only	YES			1
21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft	YES			1
21139	Reduction Forehead; Contouring & Setback, Anterior Frontal Sinus Wall	YES			1
21141	Reconstruction Midface, Lefort I; 1 Piece, W/O Bone Graft	YES			1
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	YES			1
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	YES			1
21145	Reconstruction Midface, Lefort I; 1 Piece, W/Bone Grafts	YES			1
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining	YES			1
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes o	YES			1
21150	Reconstruction Midface, Lefort II; Anterior Intrusion	YES			1
21151	Reconstruction Midface, Lefort II; W/Bone Grafts	YES			1
21154	Reconstruction Midface, Lefort III, W/Bone Grafts; W/O Lefort I	YES			1
21155	Reconstruction Midface, Lefort III, W/Bone Grafts; W/Lefort I	YES			1
21159	Reconstruction Midface, Lefort III, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I	YES			1
21160	Reconstruction Midface, Lefort III, (Extra/Intracranial), W/Bone Grafts, W/Lefort I	YES			1
21172	Reconstruction Superior-Lateral Orbital Rim & Lower Forehead	YES			1
21175	Reconstruction, Bifrontal, Superior-Lateral Orbital Rims & Lower Forehead	YES			1
21179	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Grafts (Allograft/Prosthetic)	YES			1
21180	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Autograft	YES			1
21182	Reconstruction, Orbit/Forehead/Nasoethmoid, Following Excision, Benign Tumor, Graft < 40 Sq Cm	YES			1
21183	Reconstruction, Orbit/Forehead/Nasoethmoid, Following Excision, Benign Tumor, Graft 40-80 Sq Cm	YES			1
21184	Reconstruction, Orbit/Forehead/Nasoethmoid, Following Excision, Benign Tumor, Graft > 80 Sq Cm	YES			1
21188	Reconstruction, Midface, Osteotomies (Non-Lefort Type), W/Grafts, W/Obtaining Autografts	YES			1
21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft	YES			1
21194	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/Bone Graft	YES			1
21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation	YES			1
21196	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/Int Rigid Fixation	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
21198	Osteotomy, Mandible, Segmental	YES			1
21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement	YES			1
21206	Osteotomy, Maxilla, Segmental	YES			1
21208	Osteoplasty, Facial Bones; Augmentation (Autograft, Allograft/Prosthetic Implant)	YES			1
21209	Osteoplasty, Facial Bones; Reduction	YES			1
21210	Graft, Bone; Nasal, Maxillary/Malar Areas (Includes Obtaining Graft)	YES			1
21215	Graft, Bone; Mandible (Includes Obtaining Graft)	YES			1
21230	Graft; Rib Cartilage, Autogenous, Face/Chin/Nose/Ear (Includes Obtaining Graft)	YES			1
21235	Graft; Ear Cartilage, Autogenous, Nose/Ear (Includes Obtaining Graft)	YES			1
21240	Arthroplasty, Temporomandibular Joint, W/Wo Autograft (Includes Obtaining Graft)	YES			1
21242	Arthroplasty, Temporomandibular Joint, W/Allograft	YES			1
21243	Arthroplasty, Temporomandibular Joint, W/Prosthetic Joint Replacement	YES			1
21244	Reconstruction, Mandible, Extraoral, W/Transosteal Bone Plate	YES			1
21245	Reconstruction, Mandible/Maxilla, Subperiosteal Implant; Partial	YES			1
21246	Reconstruction, Mandible/Maxilla, Subperiosteal Implant; Complete	YES			1
21247	Reconstruction, Mandibular Condyle W/Bone & Cartilage Autografts	YES			1
21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)	YES			1
21256	Reconstruction, Orbit W/Osteotomies & Bone Grafts (Includes Obtaining Autografts)	YES			1
21270	Malar Augmentation, Prosthetic Matl	YES			1
21275	Secondary Revision, Orbitocraniofacial Reconstruction	YES			1
21685	Hyoid Myotomy and Suspension	YES			1
21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open	YES			1
21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy	YES			1
21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy	YES			1
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	YES			1
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	YES			1
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	YES			1
22206	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo		YES		1



### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
22207	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo		YES		1
22208	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo		YES		1
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical		YES		1
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic		YES		1
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar		YES		1
22216	Osteotomy, Spine, Posterior/Posterolateral Approach, 1 Vertebral Segment; Add'l Segment		YES		1
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical		YES		1
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic		YES		1
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar		YES		1
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary proce		YES		1
22505	Manipulation, Spine, Requiring Anesthesia, Any Region		YES		1
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic		YES		1
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral		YES		1
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cerv		YES		1
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb		YES		1
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb		YES		1
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb		YES		1
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le	YES	YES		1
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance; 1 or mor		YES		1
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic		YES		1
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar		YES		1
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral		YES		1
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2		YES		1
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each add		YES		1
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2		YES		1
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic		YES		1
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar		YES		1
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in ad		YES		1
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when perfor	YES	YES		1
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)		YES		1
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)		YES		1
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment		YES		1
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)		YES		1
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)		YES		1
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)		YES		1
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar		YES		1
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional in		YES		1
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other		YES		1
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other		YES		1
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments		YES		1
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments		YES		1
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments		YES		1
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments		YES		1
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments		YES		1
22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs		YES		1
22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More		YES		1
22830	Exploration of Spinal Fusion		YES		1
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	YES			1
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	YES			1
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	YES			1
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoax		YES		1
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)		YES		1
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 v		YES		1
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12		YES		1
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or mo		YES		1
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)		YES		1
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)		YES		1
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)		YES		1
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separate		YES		1
22849	Reinsertion, Spinal Fixation Device		YES		1
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g. screws, flanges), when performed, t		YES		1
22854	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g. screws, flanges), when performed, t		YES		1
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompres		YES		1
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar		YES		1
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompres		YES		1
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methlmethacrylate) to intervertebral disc space or verebral body defect without interbody arthro		YES		1
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separa		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelton MBM	Responsible Party CareltonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi		YES		1
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar		YES		1
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical		YES		1
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar		YES		1
22867	Insertion of interlaminar/interspinous process stabilization/ distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; sin	YES	YES		1
22868	Insertion of interlaminar/interspinous process stabilization/ distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; sec		YES		1
22869	Insertion of interlaminar/interspinous process stabilization/ distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single	YES	YES		1
22870	Insertion of interlaminar/interspinous process stabilization/ distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second		YES		1
22899	Unlisted Proc, Spine	YES			1
22999	Unlisted Proc, Abdomen, Musculoskeletal System	YES			1
23105	Arthrotomy; Glenohumeral Joint, W/Synovectomy, W/Wo Bx		YES		1
23107	Arthrotomy, Glenohumeral Joint, W/Exploration, W/Wo Loose/Fb Removal		YES		1
23120	Claviclectomy; Partial		YES		1
23130	Acromioplasty/Acromionectomy, Partial, W/Wo Coracoacromial Ligament Release		YES		1
23410	Repair, Ruptured Musculotendinous Cuff, Open; Acute		YES		1
23412	Repair, Ruptured Musculotendinous Cuff; Chronic		YES		1
23415	Coracoacromial Ligament Release, W/Wo Acromioplasty		YES		1
23420	Reconstruction, Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)		YES		1
23430	Tenodesis, Long Tendon, Biceps		YES		1
23440	Resection/Transplantation, Long Tendon, Biceps		YES		1
23450	Capsulorrhaphy, Anterior; Putti-Platt Proc/Magnuson Type Operation		YES		1
23455	Capsulorrhaphy, Anterior; W/Labral Repair		YES		1
23460	Capsulorrhaphy, Anterior, Any Type; W/Bone Block		YES		1
23462	Capsulorrhaphy, Anterior, Any Type; W/Coracoid Process Transfer		YES		1
23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, W/Wo Bone Block		YES		1
23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability		YES		1
23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
23472	Arthroplasty, Glenohumeral Joint; Total Shoulder		YES		1
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component		YES		1
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component		YES		1
23700	Manipulation W/Anesthesia, Shoulder Joint, W/Application Of Fixation Apparatus (Excl Dislocation)		YES		1
24300	Manipulation, Elbow, Under Anesthesia		YES		1
24999	Unlisted Proc, Humerus/Elbow	YES			1
25259	Manipulation, Wrist, Under Anesthesia		YES		1
26340	Manipulation, Finger Joint, Under Anesthesia, Each Joint		YES		1
26989	Unlisted Proc, Hands/Fingers	YES			1
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed		YES		1
27120	Acetabuloplasty;		YES		1
27122	Acetabuloplasty; Resection, Femoral Head		YES		1
27125	Hemiarthroplasty, Hip, Partial		YES		1
27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft		YES		1
27132	Conversion, Previous Hip Surgery To Total Hip Arthroplasty, W/Wo Autograft/Allograft		YES		1
27134	Revision, Total Hip Arthroplasty; Both Components, W/Wo Autograft/Allograft		YES		1
27137	Revision, Total Hip Arthroplasty; Acetabular Component Only, W/Wo Autograft/Allograft		YES		1
27138	Revision, Total Hip Arthroplasty; Femoral Component Only, W/Wo Allograft		YES		1
27275	Manipulation, Hip Joint, Requiring General Anesthesia		YES		1
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of		YES		1
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed		YES		1
27331	Arthrotomy, Knee; W/Joint Exploration, Bx/Removal, Loose/Fb		YES		1
27332	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial/Lateral		YES		1
27333	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial & Lateral		YES		1
27334	Arthrotomy, W/Synovectomy Knee; Anterior/Posterior		YES		1
27335	Arthrotomy, W/Synovectomy Knee; Anterior & Posterior W/Popliteal Area		YES		1
27345	Excision, Synovial Cyst, Popliteal Space		YES		1
27403	Arthrotomy W/Meniscus Repair, Knee		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
27405	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral		YES		1
27407	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Cruciate		YES		1
27409	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral & Cruciate Ligaments		YES		1
27412	Autologous Chondrocyte Implantation, Knee		YES		1
27415	Rep Ligaments Knee+pes Anserin Tran		YES		1
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))		YES		1
27425	Lateral Retinacular Release Open		YES		1
27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular		YES		1
27428	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open)		YES		1
27429	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open) & Extra-Articular		YES		1
27437	Arthroplasty, Patella; W/O Prosthesis		YES		1
27438	Arthroplasty, Patella; W/Prosthesis		YES		1
27440	Arthroplasty, Knee, Tibial Plateau		YES		1
27441	Arthroplasty, Knee, Tibial Plateau; W/Debridement & Partial Synovectomy		YES		1
27442	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee		YES		1
27443	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee; W/Debridement & Partial Synovectomy		YES		1
27445	Arthroplasty, Knee, Hinge Prosthesis		YES		1
27446	Arthroplasty, Knee, Condyle & Plateau; Medial/Lateral Compartment		YES		1
27447	Arthroplasty, Knee, Condyle & Plateau; Medial & Lateral Compartments, W/Wo Patella Resurfacing		YES		1
27486	Revision, Total Knee Arthroplasty, W/Wo Allograft; 1 Component		YES		1
27487	Revision, Total Knee Arthroplasty; Femoral & Entire Tibial Component		YES		1
27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion		YES		1
27570	Manipulation, Knee Joint Under General Anesthesia		YES		1
27599	Unlisted Proc, Femur/Knee	YES			1
27702	Arthroplasty, Ankle; W/Implant (Total Ankle)		YES		1
27703	Arthroplasty, Ankle; Revision, Total Ankle		YES		1
27704	Removal, Ankle Implant		YES		1
27860	Manipulation, Ankle Under General Anesthesia		YES		1
27870	Arthrodesis, Ankle, Open		YES		1
28110	Ostectomy, Partial Excision, 5th Metatarsal Head (Bunionette) (Sep Proc)		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
28285	Correction, Hammertoe		YES		1
28286	Correction, Cock-Up Fifth Toe, W/Plastic Skin Closure		YES		1
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant		YES		1
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint with implant		YES		1
28292	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method		YES		1
28295	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method		YES		1
28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method		YES		1
28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method		YES		1
28298	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method		YES		1
28299	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method		YES		1
28306	Osteotomy, Metatarsal, W/Wo Lengthening/Shortening/Ang Correction; 1st Metatarsal		YES		1
28307	Osteotomy, Metatarsal, W/Wo Lengthening/Shortening/Ang Correction; 1st Metatarsal W/Autograft		YES		1
28308	Osteotomy, Metatarsal, W/Wo Lengthening/Shortening/Ang Correction; Not 1st Metatarsal, Each		YES		1
28310	Osteotomy, Shortening, Angular/Rotational Correction; Proximal Phalanx, 1st Toe (Sep Proc)		YES		1
28312	Osteotomy, Shortening, Angular/Rotational Correction; Other Phalanges, Any Toe		YES		1
28315	Sesamoidectomy, 1st Toe (Sep Proc)		YES		1
28446	Open osteochondral autograft, talus (includes obtaining grafts)		YES		1
28750	Arthrodesis, Great Toe; Metatarsophalangeal Joint		YES		1
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance	YES			1
28899	Unlisted Proc, Foot/Toes	YES			1
29800	Arthroscopy, Temporomandibular Joint, Dx W/Wo Synovial Bx (Sep Proc)	YES			1
29804	Arthroscopy, Temporomandibular Joint, Surgical	YES			1
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)		YES		1
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy		YES		1
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body		YES		1
29820	Arthroscopy, shoulder, surgical; synovectomy, partial		YES		1
29821	Arthroscopy, shoulder, surgical; synovectomy, complete		YES		1
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, bi		YES		1
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilag		YES		1
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)		YES		1
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation		YES		1
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separatel		YES		1
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair		YES		1
29828	Arthroscopy, shoulder, surgical; biceps tenodesis		YES		1
29860	Arthroscopy, Hip, Dx W/Wo Synovial Bx (Sep Proc)		YES		1
29861	Arthroscopy, Hip, Surgical; W/Removal, Loose/Foreign Body		YES		1
29862	Arthroscopy, Hip, Surgical; W/Chondroplasty/Arthroplasty, &/Or Resection, Labrum		YES		1
29863	Arthroscopy, Hip, Surgical; W/Synovectomy		YES		1
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])		YES		1
29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)		YES		1
29868	Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral		YES		1
29870	Arthroscopy, Knee, Dx, W/Wo Synovial Bx (Sep Proc)		YES		1
29871	Arthroscopy, Knee, Surgical; Infection, Lavage & Drainage		YES		1
29873	Arthroscopy, Knee, Surgical; W/Lateral Release		YES		1
29874	Arthroscopy, Knee, Surgical; Removal, Loose/Fb		YES		1
29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Sep Proc)		YES		1
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)		YES		1
29877	Arthroscopy, Knee, Surgical; Debridement/Shaving, Articular Cartilage (Chondroplasty)		YES		1
29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (W/Chondroplasty)/Multiple Drilling/Microfx		YES		1
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same		YES		1
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same o		YES		1



**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
29882	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial/Lateral		YES		1
29883	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial & Lateral		YES		1
29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesions, W/Wo Manipulation (Sep Proc)		YES		1
29885	Arthroscopy, Knee, Surgical; Drill, Osteochondritis Dissecans W/Bone Graft, W/Wo Int/Ext Fixation		YES		1
29886	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion		YES		1
29887	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion W/Int Fixation		YES		1
29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation/Reconstruction		YES		1
29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation/Reconstruction		YES		1
29892	Arthroscopically Aided Repair, Osteochondritis/Talar Dome Fx/Tibial Plafond Fx		YES		1
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)		YES		1
29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)		YES		1
29916	Arthroscopy, hip, surgical; with labral repair		YES		1
29999	Unlisted Proc, Arthroscopy	YES			1
30120	Excision/Surgical Planing, Skin, Nose, Rhinophyma	YES			1
30400	Rhinoplasty, Primary; Lateral & Alar Cartilages &/Or Elevation, Nasal Tip	YES			1
30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip	YES			1
30420	Rhinoplasty, Primary; W/Major Septal Repair	YES			1
30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)	YES			1
30435	Rhinoplasty, Secondary; Intermediate Revision (Bony Work W/Osteotomies)	YES			1
30450	Rhinoplasty, Secondary; Major Revision (Nasal Tip Work & Osteotomies)	YES			1
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	YES			1
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal	YES			1
30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft	YES			1
30620	Septal/Other Intranasal Dermatoplasty (Does Not Include Obtaining Graft)	YES			1
30999	Unlisted Proc, Nose	YES			1
31237	Nasal/Sinus Endoscopy, Surgical; W/Bx, Polypectomy/Debridement (Sep Proc)	YES			1
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	YES			1
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	YES			1
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when perfor	YES			1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	YES			1
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	YES			1
31256	Nasal/Sinus Endoscopy, Surgical, W/Maxillary Antrostomy;	YES			1
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	YES			1
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	YES			1
31267	Nasal/Sinus Endoscopy, Surgical, W/Maxillary Antrostomy; W/Maxillary Tissue Removal	YES			1
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	YES			1
31287	Nasal/Sinus Endoscopy, Surgical, W/Sphenoidotomy;	YES			1
31288	Nasal/Sinus Endoscopy, Surgical, W/Sphenoidotomy; W/Tissue Removal, Sphenoid Sinus	YES			1
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	YES			1
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	YES			1
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	YES			1
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	YES			1
31299	Unlisted Proc, Accessory Sinuses	YES			1
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	YES			1
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr		YES		1
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	YES			1
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	YES			1
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment		YES		1
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	YES			1
32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass	YES			1
32852	Lung Transplant, Single; W/Cardiopulmonary Bypass	YES			1
32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass	YES			1
32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass	YES			1
32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral	YES			1
32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral	YES			1
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging	YES			1
32999	Unlisted Proc, Lungs & Pleura	YES			1
33140	Transmyocardial Laser Revascularization, By Thoracotomy	YES			1
33202	Insertion of epicardial electrodes(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)		YES		1
33203	endoscopic approach (eg, thoracoscopy, pericardioscopy)		YES		1
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial		YES		1
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular		YES		1
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular		YES		1
33212	Insertion of pacemaker pulse generator only; with existing single lead		YES		1
33213	Insertion of pacemaker pulse generator only; with existing dual leads		YES		1
33214	Repositioning, Previously Implanted Transvenous Electrode/Pacing Cardiovert-Defib Electrode		YES		1
33215	Repositioning of Previously Implanted Transvenous Pacemaker or Pacing Cardioverter-Defibrillator Electrode		YES		1
33216	Insertion of a single transvenous electrode, permanent pacemaker or cardioverter-defibrillator		YES		1
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or cardioverter-defibrillator		YES		1
33218	Repair of single transvenous electrode, permanent pacemaker or pacing cardioverter-defibrillator		YES		1
33220	Repair of 2 transvenous electrodes for permanent pacemaker or pacing cardioverter-defibrillator		YES		1
33222	Relocation of skin pocket for pacemaker		YES		1
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse ge		YES		1
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (eg,		YES		1
33226	Repositioning Of Previously Implanted Cardiac Venous System (Left Ventricular) Electrode (Including Removal, Insertion And/Or Replacement Of Existing Generator)		YES		1
33227	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Single Lead System		YES		1
33228	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Dual Lead System		YES		1
33229	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Multiple Lead System		YES		1
33230	Insertion Of Pacing Cardioverter-Defibrillator Pulse Generator Only; With Existing Dual Leads		YES		1
33231	Insertion Of Pacing Cardioverter-Defibrillator Pulse Generator Only; With Existing Multiple Leads		YES		1
33233	Removal of permanent pacemaker pulse generator only		YES		1
33234	Removal, Transvenous Pacemaker Electrode(S); Single Lead System, Atrial/Ventricular		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
33235	Removal, Transvenous Pacemaker Electrode(S); Dual Lead System		YES		1
33240	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead		YES		1
33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber		YES		1
33263	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Dual Lead System		YES		1
33264	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Multiple Lead System		YES		1
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	YES			1
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	YES			1
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of a		YES		1
33271	Insertion of subcutaneous implantable defibrillator electrode		YES		1
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, fe		YES		1
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography)		YES		1
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial ana	YES			1
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generat	YES			1
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sens	YES			1
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	YES			1
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	YES			1
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	YES	YES		1
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	YES			1
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous sti	YES			1
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart c	YES	YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angio	YES			1
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	YES			1
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	YES			1
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	YES			1
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	YES			1
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	YES			1
33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)	YES			1
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	YES			1
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	YES			1
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR,	YES			1
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	YES			1
33928	Removal and replacement of total replacement heart system (artificial heart)	YES			1
33930	Donor Cardiectomy-Pneumonectomy, W/Preparation & Maintenance, Allograft	YES			1
33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft	YES			1
33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy	YES			1
33940	Donor Cardiectomy, W/Preparation & Maintenance, Allograft	YES			1
33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft	YES			1
33945	Heart Transplant, W/Wo Recipient Cardiectomy	YES			1
33975	Insertion, Ventricular Assist Device; Extracorporeal, Single Ventricle	YES			1
33976	Insertion, Ventricular Assist Device; Extracorporeal, Biventricular	YES			1
33979	Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle	YES			1
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	YES			1
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary	YES			1
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary byp	YES			1
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	YES			1
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal punc	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	YES			1
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	YES			1
33999	Unlisted Proc, Cardiac Surgery	YES			1
36260	Insertion, Implantable Intra-Arterial Infusion Pump	YES			1
36261	Revision, Implanted Intra-Arterial Infusion Pump	YES			1
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; singl	YES			1
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multi	YES			1
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	YES			1
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	YES			1
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	YES			1
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	YES			1
36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Radiofrequency; First Vein Treated	YES			1
36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Laser; First Vein Treated	YES			1
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all	YES			1
36511	Therapeutic Apheresis; White Blood Cells	YES			1
36512	Therapeutic Apheresis; Red Blood Cells	YES			1
36513	Therapeutic Apheresis; Platelets	YES			1
36514	Therapeutic Apheresis; Plasma Pheresis	YES			1
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	YES			1
36563	Insertion of Tunneled Centrally Inserted Central Venous Access Device with Subcutaneous Pump	YES			1
36583	Replacement, Complete, of a Tunneled Centrally Inserted Central Venous Access Device, w Sq Pump, Via Same Access	YES			1
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)	YES			1
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)	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
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)	YES			1
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis,dialysis circuit, any method, including all imaging and radiological supervision and interpr	YES			1
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis,dialysis circuit, any method, including all imaging and radiological supervision and interpr	YES			1
37216	Transcatheter Placement Of Intravascular Stent(S), Cervical Carotid Artery, Percutaneous; Wo Distal Embolic Protection	YES			1
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same ves	YES			1
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	YES			1
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	YES			1
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	YES			1
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	YES			1
37246	Transluminal balloon angioplasty (expt lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, inclu	YES			1
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and intepretation necessary to perform ang	YES			1
37799	Unlisted Proc, Vascular Surgery	YES			1
38204	Management, Recipient Hematopoietic Progenitor Cell Donor Search & Cell Acquisition	YES			1
38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic	YES			1
38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous	YES			1
38207	Transplant Preparation, Hematopoietic Progenitor Cells; Cryopreservation & Storage	YES			1
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	YES			1
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	YES			1
38210	Transplant Prep, Hematopoietic Progenitor Cells; Specfc Cell Deplet W/In Harvest, T-Cell Deplete	YES			1
38211	Transplant Preparation, Hematopoietic Progenitor Cells; Tumor Cell Deplete	YES			1
38212	Transplant Preparation, Hematopoietic Progenitor Cells; Red Blood Cell Removal	YES			1
38213	Transplant Preparation, Hematopoietic Progenitor Cells; Platelet Depletion	YES			1
38214	Transplant Preparation, Hematopoietic Progenitor Cells; Plasma (Volume) Depletion	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
38215	Transplant Prep, Hematoiepotic Progenitor Cells; Cell Conc, Plasma/Mononuclear/Buffy Coat	YES			1
38230	Bone marrow harvesting for transplantation; allogeneic	YES			1
38232	Bone Marrow Harvesting For Transplantation; Autologous	YES			1
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	YES			1
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	YES			1
38242	Allogeneic lymphocyte infusions	YES			1
38243	Hematopoietic progenitor cell (HPC); HPC boost	YES			1
38999	Unlisted Proc, Hemic/Lymphatic System	YES			1
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transn		YES		1
41512	Tongue base suspension, permanent suture technique	YES			1
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	YES			1
42145	Palatopharyngoplasty	YES			1
42299	Unlisted Proc, Palate, Uvula	YES			1
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	YES	YES		1
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	YES	YES		1
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	YES	YES		1
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)		YES		1
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)		YES		1
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		YES		1
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	YES	YES		1
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple		YES		1
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter		YES		1
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices		YES		1
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices		YES		1
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)		YES		1
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube		YES		1
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body		YES		1



**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire		YES		1
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)		YES		1
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		YES		1
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		YES		1
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection		YES		1
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method		YES		1
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesop	YES	YES		1
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)		YES		1
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)		YES		1
43280	Laparoscopy, Surgical, Esophagogastric Fundoplasty	YES	YES		1
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	YES	YES		1
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	YES	YES		1
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (i.e., magnetic band), including cruroplasty when performed.	YES	YES		1
43285	Removal of esophageal sphincter augmentation device	YES	YES		1
43325	Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)	YES			1
43327	Esophagogastric fundoplasty partial or complete; laparotomy	YES			1
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	YES			1
43330	Esophagomyotomy; Abdominal Approach	YES			1
43331	Esophagomyotomy; Thoracic Approach	YES			1
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	YES			1
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	YES			1
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	YES			1
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	YES			1
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	YES			1
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	YES	YES		1
43499	Unlisted Proc, Esophagus	YES			1
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	YES			1
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	YES			1
43659	Unlisted Proc, Laparoscopy, Stomach	YES			1
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	YES			1
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	YES			1
43999	Unlisted Proc, Stomach	YES			1
44132	Donor Enterectomy, Open, W/Prep & Maintenance, Allograft; Cadaver Donor	YES			1
44133	Donor Enterectomy, Open With Prep & Maintenance, Allograft; Partial, Living Donor	YES			1
44135	Intestinal Allotransplantation; From Cadaver Donor	YES			1
44136	Intestinal Allotransplantation; From Living Donor	YES			1
44715	Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft	YES			1
44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Venous Anastomosis, Each	YES			1
44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Arterial Anastomosis, Each	YES			1
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by br	YES	YES		1
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	YES	YES		1
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	YES			1
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	YES	YES		1
46999	Unlisted Proc, Anus	YES			1
47133	Donor Hepatectomy, W/Preparation & Maintenance, Allograft; Cadaver Donor	YES			1
47135	Liver Allotransplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age	YES			1
47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only	YES			1
47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy	YES			1
47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy	YES			1

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split	YES			1
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy	YES			1
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy	YES			1
47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each	YES			1
47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each	YES			1
47370	Laparoscopy, Surgical, Ablation 1+ Liver Tumor(S); Radiofrequency	YES			1
47371	Laparoscopy, Surgical, Ablation 1+ Liver Tumor(S); Cryosurgical	YES			1
47380	Ablation, Open, 1+ Liver Tumor(S); Radiofrequency	YES			1
47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical	YES			1
47382	Ablation, Open, 1+ Liver Tumor(S), Percutaneous, Radiofrequency	YES			1
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	YES			1
47399	Unlisted Proc, Liver	YES			1
48160	Pancreatectomy, Total/Subtotal W/Autologous Transplantation Pancreas/Pancreatic Islets	YES			1
48550	Donor Pancreatectomy, W/Prep & Maintenance, Cadaver Donor, W/Wo Duodenal Segment	YES			1
48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft	YES			1
48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each	YES			1
48554	Transplantation, Pancreatic Allograft	YES			1
48556	Removal, Transplanted Pancreatic Allograft	YES			1
48999	Unlisted Proc, Pancreas	YES			1
49906	Free Omental Flap W/Microvascular Anastomosis	YES			1
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	YES			1
50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bilat W/Prep & Maintenance, Allograft	YES			1
50320	Donor Nephrectomy, Open, Living Donor W/O Allograft Preparation & Maintenance	YES			1
50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft	YES			1
50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)	YES			1
50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each	YES			1
50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each	YES			1
50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each	YES			1
50340	Recipient Nephrectomy (Sep Proc)	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy	YES			1
50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy	YES			1
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	YES			1
50547	Laparoscopy, Surgical; Donor Nephrectomy, Living Donor W/O Allograft Prep & Maintenance	YES			1
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	YES			1
50593	Ablation, renal tumor(s), unilateral, presutaneous cryotherapy	YES			1
51715	Endoscopic Injection, Implant Matl Into Submucosal Tissues, Urethra &/Or Bladder Neck	YES			1
53445	Insertion, Inflatable Urethra/Bladder Neck Sphincter, W/Placement Pump &/Or Reservoir & Cuff	YES			1
53446	Removal, Inflatable Urethral/Bladder Neck Sphincter W/Pump/Reservoir/Cuff	YES			1
53447	Removal & Replacement, Inflatable Sphincter W/Pump, Reservoir, Cuff, Same Session	YES			1
53448	Remov & Replace Inflatable Sphincter W/Pump/Reservoir/Cuff, Infected, W/Irrig & Debride	YES			1
53449	Repair, Inflatable Urethral/Bladder Neck Sphincter Device, Incl Pump/Reservoir/Cuff	YES			1
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	YES			1
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	YES			1
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	YES			1
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	YES			1
53850	Transurethral Destruction, Prostate Tissue; Microwave Thermotherapy	YES			1
53852	Transurethral Destruction, Prostate Tissue; Radiofrequency Thermotherapy	YES			1
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	YES			1
53899	Unlisted Proc, Urinary System	YES			1
54125	Amputation, Penis; Complete	YES			1
54360	Plastic Operation, Penis To Correct Angulation	YES			1
54440	Plastic Operation, Penis, Injury	YES			1
54520	Orchiectomy, Simple, W/Wo Prosthesis, Scrotal/Inguinal Approach	YES			1
54660	Insertion, Testicular Prosthesis (Sep Proc)	YES			1
54690	Laparoscopy, Surgical; Orchiectomy	YES			1
55180	Scrotoplasty; Complicated	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	YES			1
55860	Exposure, Prostate, Any Approach, Radiation Insertion		YES		1
55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)		YES		1
55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy		YES		1
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	YES			1
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed		YES		1
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without		YES		1
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	YES			1
55899	Unlisted Proc, Male Genital System	YES			1
55920	Placement of needles or catheters into pelvic organs and/or genitalia (expect prostate) for subsequent interstitial radi		YES		1
56625	Vulvectomy Simple; Complete	YES			1
56800	Plastic Repair, Introitus	YES			1
56805	Clitoroplasty, Intersex State	YES			1
56810	Perineoplasty, Repair, Perineum, Nonobstetrical (Sep Proc)	YES			1
57110	Vaginectomy, Complete Removal, Vaginal Wall	YES			1
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy		YES		1
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy		YES		1
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	YES			1
57270	Repair, Enterocele, Abdominal Approach (Sep Proc)	YES			1
57280	Colpopexy, Abdominal Approach	YES			1
57283	Colpopexy, Vaginal; Intra-Peritoneal Approach (Uterosacral, Levator Myorrhaphy)	YES			1
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	YES			1
57285	Paravaginal defect repair (including repair of cystocele, if performed) ;vaginal approach	YES			1
57291	Construction, Artificial Vagina; W/O Graft	YES			1
57292	Construction, Artificial Vagina; W/Graft	YES			1
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach	YES			1
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	YES			1
57335	Vaginoplasty, Intersex State	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	YES			1
58150	Total Abdominal Hysterectomy W/Wo Removal Tube(S)/Ovary(S)	YES			1
58152	Total Abdominal Hysterectomy W/Wo Removal Tube(S)/Ovary(S); W/Colpo-Urethrocystopexy	YES			1
58180	Supracervical Abdominal Hysterectomy, W/Wo Removal Tube(S)/Ovary(S)	YES			1
58200	Total Abdominal Hysterectomy, W/Partial Vaginect, W/Pelvic Node Sample, W/Wo Rem Tubes/Ovaries	YES			1
58210	Radical Abdominal Hysterectomy W/Bilat Pelvic Lymphadenectomy	YES			1
58240	Pelvic Exenteration, Gynecologic Malignancy	YES			1
58260	Vaginal hysterectomy, for uterus 250 g or less;	YES			1
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	YES			1
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	YES			1
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra typ	YES			1
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	YES			1
58275	Vaginal Hysterectomy, W/Total/Partial Vaginectomy	YES			1
58280	Vaginal Hysterectomy; W/Total/Partial Vaginectomy; W/Repair, Enterocele	YES			1
58285	Vaginal Hysterectomy; Radical	YES			1
58290	Vaginal Hysterectomy, Uterus >250 Gms;	YES			1
58291	Vaginal Hysterectomy, Uterus >250 Gms; W/Removal, Tube(S) &/Or Ovary(S)	YES			1
58292	Vaginal Hysterectomy, Uterus >250 Gms; W/Removal, Tube(S) &/Or Ovary(S) W/Repair Of Enterocele	YES			1
58294	Vaginal Hysterectomy, Uterus >250 Gms; W/Repair Of Enterocele	YES			1
58346	Insertion, Heyman Capsules, Clinical Brachytherapy		YES		1
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	YES			1
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	YES			1
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	YES			1
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s	YES			1
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node	YES			1
58550	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus 250gms/<	YES			1
58552	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus 250gms/<; W/Removal, Tube(S) &/Or Ovary(S)	YES			1
58553	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus >250gms	YES			1
58554	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus >250gms; W/Remove Tube(S) &/Or Ovary(S)	YES			1
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less;with removal of tube(s) and/or ovary (s)	YES			1
58572	Laparoscopy; surgical, with total hysterectomy, for uterus greater than 250 g	YES			1
58573	Laparoscopy; surgical, with total hysterectomy, for uterus greater than 250 g, with removal of tube(s) and/or ovary (s)	YES			1
58578	Unlisted Proc, Laparoscopy, Uterus	YES			1
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	YES			1
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency.	YES			1
58953	Bilat Salpingo-Oophorect W/Omentect, Total Abdom Hyster & Radical Dissect Debulk	YES			1
58954	Bilat Salping-Oophorec W/Omentec, Tl Abd Hyst & Radcl Dissec, Debut; W/Pelv & Ltd Paraaortic Lymp	YES			1
58956	Bilateral Salpingo-Oophorectomy With Total Omentectomy, Total Abdominal Hysterectomy For Malignancy	YES			1
58999	Unlisted Proc, Female Genital System (Nonobstetrical)	YES			1
59076	Fetal Shunt Placement, Including Ultrasound Guidance	YES			1
60699	Unlisted Proc, Endocrine System	YES			1
61215	Insertion, Subq Reservoir/Pump/Infusion System, Ventricular Catheter	YES			1
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	YES			1
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angiop	YES			1
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	YES			1
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 si	YES			1
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for	YES			1
61790	Creation, Lesion, Stereotactic, Percutaneous, Neurolytic Agent; Gasserian Ganglion		YES		1
61791	Creation, Lesion, Stereotactic, Percutaneous, Neurolytic Agent; Trigeminal Medullary Tract		YES		1
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion		YES		1
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion		YES		1
61850	Twist Drill/Burr Hole(S), Implantation, Neurostimulator Electrodes, Cortical	YES			1
61860	Craniectomy/Craniotomy, Implantation, Neurostimulator Electrodes, Cerebral, Cortical	YES			1
61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array	YES			1
61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array	YES			1
61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrode Array	YES	YES		1
61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with co	YES			1
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	YES			1
62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>	YES			1
62264	Lysis, Perq Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 1 Day	YES	YES		1
62281	Injection/Infusion Neurolytic Substance, W/Wo Therapeutic Substance; Epidural Cervical/Thoracic	YES	YES		1
62282	Injection/Infusion Neurolytic Substance; Epidural, Lumbar/Caudal	YES	YES		1
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imagi	YES	YES		1
62290	Injection, Diskography, Each Level; Lumbar		YES		1
62291	Injection, Diskography, Each Level; Cervical/Thoracic	YES	YES		1
62320	Injection(s) of diagnostic or therapeutic substance(s) (eg. anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle		YES		1
62321	Injection(s) of diagnostic or therapeutic substance(s) (eg. anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle		YES		1
62322	Injection(s) of diagnostic or therapeutic substances(s) (eg. anesthetic, antispasmodic, opioid, steroid, other solution) not including neurolytic substances, including needle		YES		1
62323	Injection(s) of diagnostic or therapeutic substances(s) (eg. anesthetic, antispasmodic, opioid, steroid, other solution) not including neurolytic substances, including needle		YES		1
62350	Implant/Revisn/Reposition Intrathecal/Epidural Catheter, Externl Reservoir/Infusion Pump; W/O Laminect	YES			1
62351	Implant/Revisn/Reposition Intrathecal/Epidural Catheter, Externl Reservoir/Infusion Pump; W/Laminect	YES			1
62360	Implantation/Replace, Device, Intrathecal/Epidural Drug Infusion; Subq Reservoir	YES			1
62361	Implantation/Replace, Device, Intrathecal/Epidural Drug Infusion; Non-Programmable Pump	YES			1
62362	Implantation/Replace, Device, Intrathecal/Epidural Drug Infusion; Programmable Pump	YES			1
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc; 1	YES	YES		1
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg. spinal stenosis), 1 or 2 vertebral s		YES		1
63003	Laminectomy, W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Thoracic		YES		1
63005	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Lumbar		YES		1
63012	Laminectomy W/Removal, Abnormal Facets, Lumbar		YES		1
63015	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, > 2 Segments; Cervical		YES		1



### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
63016	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, > 2 Segments; Thoracic		YES		1
63017	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, > 2 Segments; Lumbar		YES		1
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace,		YES		1
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace,		YES		1
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additiona		YES		1
63040	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Discect, Re-Exploratn, Sngle Interspc; Cervical		YES		1
63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Discect, Re-Explor, Sngle Interspc; Lumbar		YES		1
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex		YES		1
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex		YES		1
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis		YES		1
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis		YES		1
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis		YES		1
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis		YES		1
63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;		YES		1
63051	Laminoplasty, Cerv, W Decompression Of Spinal Cord, 2 Or > Verteb Segments; W Reconstruction Of Posterior Bony Elements		YES		1
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]		YES		1
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]		YES		1
63055	Transpedicular Approach, 1 Segment; Thoracic		YES		1
63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)		YES		1
63057	Transpedicular Approach, Add'l Segment; Thoracic/Lumbar		YES		1
63075	Discectomy, Anterior; Cervical, 1 Interspace		YES		1
63076	Discectomy, Anterior; Cervical, Add'l Interspace		YES		1
63081	Vertebral Corpectomy, Anterior; Cervical, 1 Segment		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
63082	Vertebral Corpectomy, Anterior; Cervical, Add'l Segment		YES		1
63085	Vertebral Corpectomy, Transthoracic; Thoracic, 1 Segment		YES		1
63086	Vertebral Corpectomy, Transthoracic; Thoracic, Add'l Segment		YES		1
63087	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; 1 Segment		YES		1
63088	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; Add'l Segment		YES		1
63090	Vertebral Corpectomy, Transperitoneal/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; 1 Segment		YES		1
63091	Vertebral Corpectomy, Trans/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; Add'l Segment		YES		1
63101	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Thoracic, Sgl Segment		YES		1
63102	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Lumbar, Sgl Segment		YES		1
63103	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression Spinal Cord/Nerve Rts; Thoracic/Lumbar, ea addl Seg		YES		1
63185	Laminectomy with rhizotomy; 1 or 2 segments	YES	YES		1
63190	Laminectomy with rhizotomy; more than 2 segments	YES	YES		1
63191	Laminectomy W/Section, Spinal Accessory Nerve		YES		1
63200	Laminectomy, W/Release, Tethered Spinal Cord, Lumbar		YES		1
63250	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Cervical		YES		1
63252	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Thoracolumbar		YES		1
63265	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Cervical		YES		1
63267	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Lumbar		YES		1
63270	Laminectomy, Excision, Intraspinal Lesion Other Than Neoplasm, Intradural; Cervical		YES		1
63272	Laminectomy, Excision, Intraspinal Lesion Other Than Neoplasm, Intradural; Lumbar		YES		1
63275	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Cervical		YES		1
63277	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Lumbar		YES		1
63280	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Cervical		YES		1
63282	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Lumbar		YES		1
63285	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary, Cervical		YES		1
63287	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary, Thoracolumbar		YES		1
63290	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural-Intradural Lesion, Any Level		YES		1
63300	Vertebral Corpectomy, 1 Segment; Extradural, Cervical		YES		1
63301	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Transthoracic Approach		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
63302	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Thoracolumbar Approach		YES		1
63303	Vertebral Corpectomy, 1 Segment; Extradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach		YES		1
63304	Vertebral Corpectomy, 1 Segment; Intradural, Cervical		YES		1
63305	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Transthoracic Approach		YES		1
63306	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Thoracolumbar Approach		YES		1
63307	Vertebral Corpectomy, 1 Segment; Intradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach		YES		1
63308	Vertebral Corpectomy, Add'l Segment		YES		1
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion		YES		1
63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural		YES		1
63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural	YES	YES		1
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including flu		YES		1
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotom		YES		1
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receive		YES		1
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array		YES		1
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	YES			1
64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed	YES	YES		1
64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed	YES	YES		1
64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed	YES	YES		1
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	YES	YES		1
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	YES	YES		1
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level		YES		1
64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separat		YES		1
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level		YES		1
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		YES		1
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES		1
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES		1
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES		1
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES		1
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES		1
64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion	YES			1
64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)	YES	YES		1
64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)	YES	YES		1
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	YES	YES		1
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	YES	YES		1
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	YES			1
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	YES			1
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	YES	YES		1
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	YES	YES		1
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	YES	YES		1
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	YES			1
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	YES			1
64585	Revision or removal of peripheral neurostimulator electrode array	YES			1
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pu	YES	YES		1
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	YES			1
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode arra	YES	YES		1
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electr		YES		1
64600	Destruction, Neurolytic, Trigeminal Nerve; Supraorbital/Infraorbital/Mental/Inferior Alveolar		YES		1
64605	Destruction, Neurolytic, Trigeminal Nerve; 2nd & 3rd Division		YES		1
64610	Destruction, Neurolytic, Trigeminal Nerve; 2nd & 3rd Division W/Radiologic Monitoring		YES		1
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	YES	YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)		YES		1
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	YES	YES		1
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code		YES		1
64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint		YES		1
64634	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separat		YES		1
64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint		YES		1
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		YES		1
64640	Destruction, Neurolytic; Other Peripheral Nerve/Branch	YES	YES		1
64716	Neuroplasty &/Or Transposition; Cranial Nerve (Specify)	YES			1
64722	Decompression; Unspecified Nerve(S) (Specify)	YES			1
64732	Transection/Avulsion; Supraorbital Nerve	YES			1
64734	Transection/Avulsion; Infraorbital Nerve	YES			1
64736	Transection/Avulsion; Mental Nerve	YES			1
64738	Transection/Avulsion; Inferior Alveolar Nerve, Osteotomy	YES			1
64740	Transection/Avulsion; Lingual Nerve	YES			1
64742	Transection/Avulsion; Facial Nerve, Differential/Complete	YES			1
64744	Transection/Avulsion; Greater Occipital Nerve	YES			1
64771	Transection/Avulsion, Other Cranial Nerve, Extradural	YES			1
64772	Transection/Avulsion, Other Spinal Nerve, Extradural	YES			1
64864	Suture, Facial Nerve; Extracranial	YES			1
64865	Suture, Facial Nerve; Infratemporal, W/Wo Grafting	YES			1
64866	Anastomosis; Facial-Spinal Accessory	YES			1
64868	Anastomosis; Facial-Hypoglossal	YES			1
64999	Unlisted Proc, Nervous System	YES			1
65778	Placement of amniotic membrane on the ocular surface; without sutures	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	YES			1
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	YES			1
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	YES			1
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	YES			1
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	YES			1
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif	YES			1
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif	YES			1
66999	Unlisted Proc, Anterior Segment, Eye	YES			1
67027	Implant, Intravitreal Drug Delivery System W/Removal, Vitreous	YES			1
67028	Intravitreal Injection, A Pharmacologic Agent (Sep Proc)	YES			1
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of		YES		1
67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)	YES			1
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	YES			1
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	YES			1
67903	Repair, Blepharoptosis; (Tarso) Levator Resection/Advancement, Int Approach	YES			1
67904	Repair, Blepharoptosis; (Tarso) Levator Resection/Advancement, Ext Approach	YES			1
67906	Repair, Blepharoptosis; Superior Rectus W/Fascial Sling	YES			1
67908	Repair, Blepharoptosis; Conjunctivo-Tarso-Muller's Muscle-Levator Resection	YES			1
69090	Ear Piercing	YES			1
69300	Otoplasty, Protruding Ear, W/Wo Size Reduction	YES			1
69399	Unlisted Proc, Ext Ear	YES			1
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	YES			1
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	YES			1
69710	Implantation/Replacement, Electromagnetic Bone Conduction Hearing Device, Temporal Bone	YES			1
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	YES			1
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than	YES			1
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid an	YES			1
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater	YES			1
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid a	YES			1
69799	Unlisted Proc, Middle Ear	YES			1
69930	Cochlear Device Implantation, W/Wo Mastoidectomy	YES			1
69949	Unlisted Proc, Inner Ear	YES			1
69955	Total Facial Nerve Decompression &/Or Repair, (May Include Graft)	YES			1
70336	Mri, Temporomandibular Joints		YES		1
70450	Ct Scan, Head/Brain; W/O Contrast Matl		YES		1
70460	Ct Scan, Head/Brain; W/Contrast Matl(S)		YES		1
70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast		YES		1
70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast		YES		1
70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/Contrast		YES		1
70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast		YES		1
70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl		YES		1
70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)		YES		1
70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections		YES		1
70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl		YES		1
70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)		YES		1
70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections		YES		1
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		YES		1
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		YES		1
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		YES		1
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)		YES		1
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma		YES		1
70544	Mra, Head; W/O Contrast Matl(S)		YES		1
70545	Mra, Head; W/Contrast Matl(S)		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences		YES		1
70547	Mra, Neck; W/O Contrast Matl(S)		YES		1
70548	Mra, Neck; W/Contrast Matl(S)		YES		1
70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences		YES		1
70551	Mri, Brain; W/O Contrast		YES		1
70552	Mri, Brain; W/Contrast		YES		1
70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences		YES		1
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part m		YES		1
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofun		YES		1
71250	Computed tomography, thorax, diagnostic; without contrast material		YES		1
71260	Computed tomography, thorax, diagnostic; with contrast material(s)		YES		1
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections		YES		1
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		YES		1
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if perfo		YES		1
71550	Mri, Chest; W/O Contrast Matl(S)		YES		1
71551	Mri, Chest; W/Contrast Matl(S)		YES		1
71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences		YES		1
71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Matl(S)		YES		1
72125	Ct Scan, Cervical Spine; W/O Contrast		YES		1
72126	Ct Scan, Cervical Spine; W/Contrast		YES		1
72127	Ct Scan, Cervical Spine; W/O Contrast, Then W/Contrast & Further Sections		YES		1
72128	Computed tomography, thoracic spine; without contrast material		YES		1
72129	Cat, Thoracic Spine; w/Contrst Materl, 18-2		YES		1
72130	Ct Scan, Thoracic Spine; W/O Contrast, Then W/Contrast & Further Sections		YES		1
72131	Ct Scan, Lumbar Spine; W/O Contrast		YES		1
72132	Ct Scan, Lumbar Spine; W/Contrast		YES		1
72133	Ct Scan, Lumbar Spine; W/O Contrast, Then W/Contrast & Further Sections		YES		1
72141	Mri, Cervical Spine; W/O Contrast		YES		1
72142	Mri, Cervical Spine; W/Contrast		YES		1
72146	Mri, Thoracic Spine; W/O Contrast		YES		1



**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
72147	Mri, Thoracic Spine; W/Contrast		YES		1
72148	Mri, Lumbar Spine; W/O Contrast		YES		1
72149	Mri, Lumbar Spine; W/Contrast		YES		1
72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical		YES		1
72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic		YES		1
72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar		YES		1
72159	Mra, Spine W/Wo Contrast		YES		1
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima		YES		1
72192	Ct Scan, Pelvis; W/O Contrast		YES		1
72193	Ct Scan, Pelvis; W/Contrast		YES		1
72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections		YES		1
72195	Mri, Pelvis; W/O Contrast Matl(S)		YES		1
72196	Mri, Pelvis; W/Contrast Matl(S)		YES		1
72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences		YES		1
72198	Mra, Pelvis, W/Wo Contrast		YES		1
72285	Discography, cervical or thoracic, radiological supervision and interpretation	YES	YES		1
72295	Discography, lumbar, radiological supervision and interpretation		YES		1
73200	Ct Scan, Upper Extremity; W/O Contrast		YES		1
73201	Ct Scan, Upper Extremity; W/Contrast		YES		1
73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections		YES		1
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed		YES		1
73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)		YES		1
73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)		YES		1
73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc		YES		1
73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)		YES		1
73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)		YES		1
73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ		YES		1
73225	Mra, Upper Extremity, W/Wo Contrast		YES		1
73700	Ct Scan, Lower Extremity; W/O Contrast		YES		1
73701	Ct Scan, Lower Extremity; W/Contrast		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections		YES		1
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed		YES		1
73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)		YES		1
73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)		YES		1
73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq		YES		1
73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl		YES		1
73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)		YES		1
73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq		YES		1
73725	Mra, Lower Extremity, W/Wo Contrast		YES		1
74150	Ct Scan, Abdomen; W/O Contrast		YES		1
74160	Computed tomography, abdomen; with contrast material(s)		YES		1
74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections		YES		1
74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing		YES		1
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im		YES		1
74176	Computed tomography, abdomen and pelvis; without contrast material		YES		1
74177	Computed tomography, abdomen and pelvis; with contrast material(s)		YES		1
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 regio		YES		1
74181	Mri, Abdomen; W/O Contrast Matl(S)		YES		1
74182	Mri, Abdomen; W/Contrast Matl(S)		YES		1
74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences		YES		1
74185	Mra, Abdomen, W/Wo Contrast		YES		1
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		YES		1
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including		YES		1
74263	Computed tomographic (CT) colonography, screening, including image postprocessing		YES		1
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation		YES		1
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;		YES		1
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi		YES		1
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi		YES		1
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		YES		1
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D ima		YES		1
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postproce		YES		1
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc		YES		1
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		YES		1
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi		YES		1
76120	Cineradiography/Videoradiology, Except Where Specifically Included	YES	YES		1
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under co	YES			1
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under co	YES			1
76390	Mr Spectroscopy		YES		1
76391	Magnetic resonance (eg, vibration) elastography		YES		1
76496	Unlisted Fluoroscopic Procedure	YES			1
76498	Unlisted Mr Procedure	YES			1
76499	Unlisted Dx Radiographic Procedure	YES			1
76873	Echography, Transrectal; Prostate Volume Study, Brachytherapy Planning		YES		1
76965	Us Guided, Interstitial Radioelement Application		YES		1
77014	Computed tomography guidance for placement of radiation therapy fields		YES		1
77046	Magnetic resonance imaging, breast, without contrast material; unilateral		YES		1
77047	Magnetic resonance imaging, breast, without contrast material; bilateral		YES		1
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokin		YES		1
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokin		YES		1
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)		YES		1
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply		YES		1
77295	3-dimensional radiotherapy plan, including dose-volume histograms		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
77299	Unlisted Proc, Therapeutic Radiology Clinical Treatment Planning	YES			1
77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms		YES		1
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)		YES		1
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(		YES		1
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)		YES		1
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT		YES		1
77370	Special Medical Radiation Physics Consultation		YES		1
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist		YES		1
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist		YES		1
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en		YES		1
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple		YES		1
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex		YES		1
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed		YES		1
77402	Radiation Treatment Delivery, Single Area, Single/Parallel Opposed Ports; Up To 5 Mev		YES		1
77407	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple bl		YES		1
77412	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational		YES		1
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	YES	YES		1
77424	Intraoperative Radiation Treatment Delivery, X-Ray, Single Treatment Session		YES		1
77425	Intraoperative Radiation Treatment Delivery, Electrons, Single Treatment Session		YES		1
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)		YES		1
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image g		YES		1
77469	Intraoperative Radiation Treatment Management		YES		1
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)		YES		1
77520	Proton Treatment Delivery; Simple W/O Compensation		YES		1
77522	Proton Treatment Delivery; Simple W/Compensation		YES		1
77523	Proton Treatment Delivery; Intermediate		YES		1
77525	Proton Treatment Delivery; Complex		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
77761	Intracavitary Radiation Source Application; Simple		YES		1
77762	Intracavitary Radiation Source Application; Intermediate		YES		1
77763	Intracavitary Radiation Source Application; Complex		YES		1
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel		YES		1
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels		YES		1
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels		YES		1
77778	Interstitial Radioelement Application; Complex		YES		1
77790	Supervision, Handling, Loading, Radiation Source		YES		1
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single s		YES		1
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at re		YES		1
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at		YES		1
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], w		YES		1
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], w		YES		1
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo		YES		1
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo		YES		1
78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo		YES		1
78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo		YES		1
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single s		YES		1
78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative		YES		1
78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique		YES		1
78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect W/Wo Quantification		YES		1
78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress		YES		1
78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress		YES		1
78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant		YES		1
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at re		YES		1
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at		YES		1
78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification		YES		1
78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation		YES		1
78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation		YES		1
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed)		YES		1
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)		YES		1
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh		YES		1
78813	Positron emission tomography (PET) imaging; whole body		YES		1
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and an		YES		1
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and an		YES		1
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and an		YES		1
78999	Unlisted Miscellaneous Proc, Dx Nuclear Medicine	YES			1
79101	Radiopharmaceutical Therapy, By Intravenous Administration		YES		1
79403	Radiopharmaceutical Therapy, Radiolabeled Monoclonal Antibody By Intravenous Infusion		YES		1
79445	Radiopharmaceutical Therapy, By Intra-Arterial Particulate Administration	YES			1
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)		YES		1
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)		YES		1
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed		YES		1
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplicatio		YES		1
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		YES		1
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, de		YES		1
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		YES		1
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)		YES		1
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain		YES		1
81171	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		YES		1
81172	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methyla		YES		1
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence		YES		1
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant		YES		1
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; fu		YES		1
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; ta		YES		1
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES		1
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES		1
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES		1
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES		1
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES		1
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES		1
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES		1
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		YES		1
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence		YES		1
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant		YES		1
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES		1
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		YES		1
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)		YES		1
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis		YES		1
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis		YES		1
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis		YES		1
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis		YES		1
81200	Aspa (Aspartoacylase) (Eg, Canavan Disease) Gene Analysis, Common Variants (Eg, E285A, Y231X)		YES		1
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence		YES		1
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants		YES		1
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants		YES		1
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or me		YES		1
81205	Bckdhd (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide) (Eg, Maple Syrup Urine Disease) Gene Analysis, Common Variants (Eg, R183P, G278S, E422X)		YES		1
81206	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Major Breakpoint, Qualitative Or Quantitative		YES		1
81207	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Minor Breakpoint, Qualitative Or Quantitative		YES		1
81208	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Other Breakpoint, Qualitative Or Quantitative		YES		1
81209	Blm (Bloom Syndrome, Recq Helicase-Like) (Eg, Bloom Syndrome) Gene Analysis, 2281Del6Ins7 Variant		YES		1
81210	Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer), Gene Analysis, V600E Variant		YES		1
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants		YES		1
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant		YES		1
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		YES		1
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant		YES		1
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence		YES		1
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9		YES		1
81220	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Common Variants (Eg, Acmg/Acog Guidelines)		YES		1
81221	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Known Familial Variants		YES		1
81222	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Duplication/Deletion Variants		YES		1



### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
81223	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Full Gene Sequence		YES		1
81224	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Intron 8 Poly-T Analysis (Eg, Male Infertility)		YES		1
81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *8, *17)		YES		1
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,		YES		1
81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)		YES		1
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [		YES		1
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) vari		YES		1
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)		YES		1
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)		YES		1
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)		YES		1
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)		YES		1
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles		YES		1
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)		YES		1
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence		YES		1
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)		YES		1
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)		YES		1
81240	F2 (Prothrombin, Coagulation Factor II) (Eg, Hereditary Hypercoagulability) Gene Analysis, 20210G>A Variant		YES		1
81241	F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene Analysis, Leiden Variant		YES		1
81242	Fancc (Fanconi Anemia, Complementation Group C) (Eg, Fanconi Anemia, Type C) Gene Analysis, Common Variant (Eg, lvs4+4A>T)		YES		1
81243	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (eg, expanded) al		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
81244	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (eg, expanded size)		YES		1
81245	FLT3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute Myeloid Leukemia), Gene Analysis, Internal Tandem Duplication (Itd) Variants (Ie, Exons 14, 15)		YES		1
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)		YES		1
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)		YES		1
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)		YES		1
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence		YES		1
81250	G6Pc (Glucose-6-Phosphatase, Catalytic Subunit) (Eg, Glycogen Storage Disease, Type 1A, Von Gierke Disease) Gene Analysis, Common Variants (Eg, R83C, Q347X)		YES		1
81251	Gba (Glucosidase, Beta, Acid) (Eg, Gaucher Disease) Gene Analysis, Common Variants (Eg, N370S, 84Gg, L444P, Ivs2+1G>A)		YES		1
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence		YES		1
81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants		YES		1
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-D13S		YES		1
81255	Hexa (Hexosaminidase A [Alpha Polypeptide]) (Eg, Tay-Sachs Disease) Gene Analysis, Common Variants (Eg, 1278Instatc, 1421+1G>C, G269S)		YES		1
81256	Hfe (Hemochromatosis) (Eg, Hereditary Hemochromatosis) Gene Analysis, Common Variants (Eg, C282Y, H63D)		YES		1
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		YES		1
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		YES		1
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		YES		1
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+		YES		1
81261	Igh@ (Immunoglobulin Heavy Chain Locus) (Eg, Leukemias And Lymphomas, B-Cell), Gene Rearrangement Analysis To Detect Abnormal Clonal Population(S); Amplified Methodology (Eg,		YES		1
81262	Igh@ (Immunoglobulin Heavy Chain Locus) (Eg, Leukemias And Lymphomas, B-Cell), Gene Rearrangement Analysis To Detect Abnormal Clonal Population(S); Direct Probe Methodology (E		YES		1
81263	Igh@ (Immunoglobulin Heavy Chain Locus) (Eg, Leukemia And Lymphoma, B-Cell), Variable Region Somatic Mutation Analysis		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
81264	Igk@ (Immunoglobulin Kappa Light Chain Locus) (Eg, Leukemia And Lymphoma, B-Cell), Gene Rearrangement Analysis, Evaluation To Detect Abnormal Clonal Population(S)		YES		1
81265	Comparative Analysis Using Short Tandem Repeat (Str) Markers; Patient And Comparative Specimen (Eg, Pre-Transplant Recipient And Donor Germline Testing, Post-Transplant Non-He		YES		1
81266	Comparative Analysis Using Short Tandem Repeat (Str) Markers; Each Additional Specimen (Eg, Additional Cord Blood Donor, Additional Fetal Samples From Different Cultures, Or A		YES		1
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		YES		1
81270	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant		YES		1
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		YES		1
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequ		YES		1
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)		YES		1
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)		YES		1
81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) Gene Analysis, Variants In Codons 12 And 13		YES		1
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)		YES		1
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities		YES		1
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative		YES		1
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)		YES		1
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant		YES		1
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles		YES		1
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)		YES		1
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence		YES		1
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis		YES		1
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis		YES		1
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)		YES		1
81290	Mcoln1 (Mucolipin 1) (Eg, Mucopolipidosis, Type Iv) Gene Analysis, Common Variants (Eg, lvs3-2A>G, Del6.4Kb)		YES		1
81291	Mthfr (5,10-Methylenetetrahydrofolate Reductase) (Eg, Hereditary Hypercoagulability) Gene Analysis, Common Variants (Eg, 677T, 1298C)		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis		YES		1
81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants		YES		1
81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants		YES		1
81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis		YES		1
81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants		YES		1
81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants		YES		1
81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis		YES		1
81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants		YES		1
81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants		YES		1
81301	Microsatellite Instability Analysis (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Of Markers For Mismatch Repair Deficiency (Eg, Bat25, Bat26), Includes Com		YES		1
81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis		YES		1
81303	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Known Familial Variant		YES		1
81304	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Duplication/Deletion Variants		YES		1
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant		YES		1
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)		YES		1
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence		YES		1
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant		YES		1
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9,		YES		1
81310	Npm1 (Nucleophosmin) (Eg, Acute Myeloid Leukemia) Gene Analysis, Exon 12 Variants		YES		1
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)		YES		1
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)		YES		1
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)		YES		1
81315	Pml/Raralpha, (T(15;17)), (Promyelocytic Leukemia/Retinoic Acid Receptor Alpha) (Eg, Promyelocytic Leukemia) Translocation Analysis; Common Breakpoints (Eg, Intron 3 And Intro		YES		1
81316	Pml/Raralpha, (T(15;17)), (Promyelocytic Leukemia/Retinoic Acid Receptor Alpha) (Eg, Promyelocytic Leukemia) Translocation Analysis; Single Breakpoint (Eg, Intron 3, Intron 6		YES		1
81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis		YES		1
81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants		YES		1
81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants		YES		1
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)		YES		1
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis		YES		1
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant		YES		1
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant		YES		1
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis		YES		1
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis		YES		1
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant		YES		1
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis		YES		1
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)		YES		1
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neur		YES		1
81330	Smpd1(Sphingomyelin Phosphodiesterase 1, Acid Lysosomal) (Eg, Niemann-Pick Disease, Type A) Gene Analysis, Common Variants (Eg, R496L, L302P, Fsp330)		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis		YES		1
81332	Serpina1 (Serpine Peptidase Inhibitor, Clade A, Alpha-1 Antiproteinase, Antitrypsin, Member 1) (Eg, Alpha-1-Antitrypsin Deficiency), Gene Analysis, Common Variants (Eg, *S And		YES		1
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)		YES		1
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analy		YES		1
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)		YES		1
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence		YES		1
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)		YES		1
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)		YES		1
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10		YES		1
81340	Trb@ (T Cell Antigen Receptor, Beta) (Eg, Leukemia And Lymphoma), Gene Rearrangement Analysis To Detect Abnormal Clonal Population(S); Using Amplification Methodology (Eg, Pol		YES		1
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, Sout		YES		1
81342	Trg@ (T Cell Antigen Receptor, Gamma) (Eg, Leukemia And Lymphoma), Gene Rearrangement Analysis, Evaluation To Detect Abnormal Clonal Population(S)		YES		1
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES		1
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES		1
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)		YES		1
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)		YES		1
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)		YES		1
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)		YES		1
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelton MBM	Responsible Party CareltonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common varian		YES		1
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence		YES		1
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)		YES		1
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant		YES		1
81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants (Eg, -1639/3673)		YES		1
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)		YES		1
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs,		YES		1
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)		YES		1
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)		YES		1
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)		YES		1
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence		YES		1
81379	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); Complete (Ie, Hla-A, -B, And -C)		YES		1
81380	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Locus (Eg, Hla-A, -B, Or -C), Each		YES		1
81381	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (Eg, B*57:01P), Each		YES		1
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1		YES		1
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2		YES		1
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3		YES		1
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4		YES		1
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5		YES		1
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6		YES		1
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7		YES		1
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8		YES		1
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, S		YES		1
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must		YES		1
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, m		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease)		YES		1
81413	Cardiac ion channelopathies (eg Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel,		YES		1
81414	Cardiac ion channelopathies (eg Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analys		YES		1
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis		YES		1
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code		YES		1
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syn		YES		1
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		YES		1
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8		YES		1
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis		YES		1
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to co		YES		1
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/s		YES		1
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23,		YES		1
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 delet		YES		1
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer, hereditary pancreatic cancer, hereditary pr		YES		1
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 1		YES		1
81435	Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel, 5 o		YES		1
81437	Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analy		YES		1
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must inc		YES		1
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, CO		YES		1



### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, co		YES		1
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, m		YES		1
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucoli		YES		1
81445	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis o		YES		1
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-		YES		1
81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis		YES		1
81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform e		YES		1
81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform e		YES		1
81455	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearr		YES		1
81456	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearr		YES		1
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability		YES		1
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability		YES		1
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite		YES		1
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [		YES		1
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,		YES		1
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		YES		1
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,		YES		1
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if perfor		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, A		YES		1
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX,		YES		1
81479	Unlisted molecular pathology procedure		YES		1
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	YES			1
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		YES		1
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity s		YES		1
81506	Endocrinology, Biochemical Assays Of Seven Analytes Utilizing Serum Or Plasma, Algorithm Reporting A Risk Score		YES		1
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immuno	YES			1
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm		YES		1
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		YES		1
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 r		YES		1
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue		YES		1
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported		YES		1
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue,		YES		1
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		YES		1
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tiss		YES		1
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first singl	YES			1
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall surviva	YES			1
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algori		YES		1
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk s		YES		1
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)		YES		1
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as		YES		1
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed pa		YES		1
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categ		YES		1
81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole p	YES			1
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral b	YES	YES		1
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utiliz	YES			1
81599	Unlisted Multianalyte Assay With Algorithmic Analysis		YES		1
82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each	YES			1
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitativ	YES			1
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise sp	YES			1
84999	Unlisted Chemistry Proc	YES			1
86001	Allergen Specific IgG Quantitative/Semiquantitative, Ea Allergen	YES			1
86343	Leukocyte Histamine Release Test (Lhr)	YES			1
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)	YES			1
86357	Natural killer (NK) cells, total count	YES			1
86849	Unlisted Immunology Proc	YES			1
86999	Unlisted Transfusion Medicine Proc	YES			1
87999	Unlisted Microbiology Proc	YES			1
88356	Morphometric Analysis; Nerve	YES			1
88399	Unlisted Surgical Pathology Proc	YES			1
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
89240	Unlisted Miscellaneous Pathology Test	YES			1
89290	Biopsy, Oocyte Polar Body or Embryo Blastomere, Microtechnique; Less Than or Equal To 5 Embryos	YES			1
89291	Biopsy, Oocyte Polar Body or Embryo Blastomere, Microtechnique; Greater Than 5 Embryos	YES			1
89329	Sperm Evaluation; Hamster Penetration Test	YES			1
89330	Sperm Evaluation; Cervical Mucus Penetration Test, W/Wo Spinnbarkeit Test	YES			1
89398	Unlisted reproductive medicine laboratory procedure	YES			1
90281	Immune Globulin (Ig), Human, Im Use			YES	1
90283	Immune Globulin (IgIV), Human, IV Use			YES	1
90284	Immune globulin (SCIG), human, for use in subcutaneous infusions, 100mg, each			YES	1
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each			YES	1
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use			YES	1
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use			YES	1
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	YES			1 unit per 90 days
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	YES			35 units per 90 days
90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management	YES			1 unit per 90 days
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior m	YES			1
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior m	YES			1
90901	Biofeedback Training, Any Modality	YES	YES		1
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qu	YES	YES		1
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or		YES		1
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	YES	YES		1
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		YES		10
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals		YES		10
92521	Evaluation of speech fluency (eg, stuttering, cluttering)		YES		1
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive an		YES		1
92524	Behavioral and qualitative analysis of voice and resonance		YES		1
92526	Treatment, Swallowing Dysfunction &/Or Oral Function, Feeding		YES		10
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour		YES		1
92606	Therapeutic Service(S), Use Non-Speech Generatiing Device, W/Programming & Modification		YES		10
92607	Eval, Prescription, Speech-Generating Augmentative & Alternative Communication Device; 1st Hr		YES		1
92608	Eval, Prescrip, Speech-Generating Augmentative & Alternative Communication Device; Ea Add'l 30 Min		YES		1
92609	Therapeutic Services, Non-Speech Generative Device Use, W/Programming & Modification		YES		10
92610	Eval, Oral & Pharyngeal Swallow Function		YES		1
92611	Motion Fluoroscopic Eval, Swallow Function, Cine/Video Record		YES		1
92618	Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separat		YES		1
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour		YES		1
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List sepa		YES		1
92630	Auditory rehabilitation; pre-lingual hearing loss		YES		10
92633	Auditory rehabilitation; post-lingual hearing loss		YES		10
92700	Unlisted Otorhinolaryngological Service/Procedure	YES			1
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch		YES		1
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch		YES		1
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch		YES		1
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch		YES		1
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, ather		YES		1
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoron		YES		1
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon MBM</b>	<b>Responsible Party CarelonRX</b>	<b>Maximum Allowable Units for PA Exemption (per member per plan year)</b>
93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	YES			1
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	YES			1
93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	YES			1
93153	Interrogation without programming of implanted phrenic nerve stimulator system	YES			1
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data	YES	YES		1
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data	YES	YES		1
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation	YES	YES		1
93303	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Complete		YES		1
93304	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Follow-Up/Limited Study		YES		1
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com		YES		1
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com		YES		1
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, fol		YES		1
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including		YES		1
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement		YES		1
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acq		YES		1
93315	Echocardiography, Transesophageal, Congenital Anomalies; W/Probe, Image, Interpretation & Report		YES		1
93316	Echocardiography, Transesophageal, Congenital Anomalies; Transesophageal Probe Placement Only		YES		1
93317	Echocardiography, Transesophageal, Congenital Anomalies; Image, Interpretation & Report		YES		1
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, dur		YES		1
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill		YES		1
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;		YES		1
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit		YES		1
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit		YES		1
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit		YES		1
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit		YES		1
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit		YES		1
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit		YES		1
93580	Perc Transcatheter Closure, Congenital Interatrial Communication W/Implant	YES	YES		1
93600	Bundle Of His Recording	YES	YES		1
93602	Intra-Atrial Recording	YES	YES		1
93603	Right Ventricular Recording	YES	YES		1
93609	Intraventricular &/Or Intra-Atrial Mapping, Tachycardia Site(S) W/Catheter Manipulation		YES		1
93613	Intracardiac Electrophysiologic 3-Dimensional Mapping		YES		1
93619	Electrophys Eval, W/Right Atrial/Ventricular Pace/Recording, Insertion Cath, W/O Arrhyth Induction	YES	YES		1
93620	Electrophys Eval, Insert Cath, W/Arrhyth Induction; W/Right Atrial/Ventricular Pace/Record	YES	YES		1
93621	Electrophys Eval, Insert Cath, W/Arrhyth Induction; W/Lt Atrial Pace/Record		YES		1
93622	Electrophys Eval, Insert Cath, W/Arrhythmia Induction; W/Lt Vent Pace/Record		YES		1
93624	Electrophys, Follow-Up Study W/Pacing & Recording W/Arrhyth Induction	YES	YES		1
93640	Electrophys Eval, Single/Dual Pacing Cardio/Defib Leads, Initial Implant/Replace		YES		1
93641	Electrophys Eval, Single/Dual Pacing Cardio/Defib Leads, Initial Implant/Replace; W/Pulse Generator		YES		1
93650	Intracardiac Catheter Ablation, Atrioventricular Node Function/Conduction	YES	YES		1
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atri	YES	YES		1
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atri	YES	YES		1
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a sp		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
93656	Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of	YES	YES		1
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation		YES		1
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	YES			1
93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishment of	YES	YES		1
93799	Unlisted Cardiovascular Service/Proc	YES			1
93880	Duplex Scan, Extracranial Arteries; Complete Bilateral Study		YES		1
93882	Duplex Scan, Extracranial Arteries; Unilateral/Limited Study		YES		1
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)		YES		1
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)		YES		1
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing (ie, bidirectional Doppler waveform or volume plethysmography recording)		YES		1
93925	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Complete Bilateral Study		YES		1
93926	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Unilateral/Limited Study		YES		1
93930	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Complete Bilateral Study		YES		1
93931	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Unilateral/Limited Study		YES		1
93978	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Complete Study		YES		1
93979	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Unilateral/Limited		YES		1
93998	Unlisted Noninvasive Vascular Diagnostic Study	YES			1
94667	Chest Wall Manipulation, Facilitate Lung Function; Initial Demo &/Or Eval		YES		1
94668	Chest Wall Manipulation, Facilitate Lung Function; Subsequent		YES		1
95199	Unlisted Allergy/Clinical Immunologic Service/Proc	YES			1
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist		YES		1
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		YES		1
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time		YES		1



Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)		YES		1
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recor	YES			1
95805	Multiple Sleep Latency Test, Multiple Trails		YES		1
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory		YES		1
95807	Sleep Study, Attended		YES		1
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist		YES		1
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist		YES		1
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 v		YES		1
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, eac	YES			1
95965	Magnetoencephalography (Meg), Record & Analysis; For Spontaneous Brain Magnetic Activity		YES		1
95966	Magnetoencephalography (Meg), Record & Analysis; For Evoked Magnetic Fields, Single Modality		YES		1
95967	Magnetoencephalography (Meg), Record & Analysis; For Evoked Magnetic Fields, Ea Add'l Modality		YES		1
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst	YES			1
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst	YES			1
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configu	YES			1
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configu	YES			1
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configu	YES			1
95999	Unlisted Neurological/Neuromuscular Dx Proc	YES			1
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measuremen		YES		1
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	YES			1
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	YES			1
96549	Unlisted Chemotherapy Proc	YES			1
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history o	YES			1
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	YES			1
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	YES			1
96999	Unlisted Special Dermatological Service/Proc	YES			1
97010	Application of a modality to 1 or more areas; hot or cold packs		YES		1
97012	Application of a modality to 1 or more areas; traction, mechanical		YES		1
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)		YES		1
97016	Application of a modality to 1 or more areas; vasopneumatic devices		YES		1
97018	Application of a modality to 1 or more areas; paraffin bath		YES		1
97022	Application of a modality to 1 or more areas; whirlpool		YES		1
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)		YES		1
97026	Application of a modality to 1 or more areas; infrared		YES		1
97028	Application of a modality to 1 or more areas; ultraviolet		YES		1
97032	Application, Modality 1+ Areas; Electrical Stimulation (Manual), Each 15 Min		YES		1
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes		YES		1
97034	Application, Modality To 1+ Areas; Contrast Baths, Each 15 Min		YES		1
97035	Application, Modality To 1+ Areas; Ultrasound, Each 15 Min		YES		1
97036	Application, Modality To 1+ Areas; Hubbard Tank, Each 15 Min		YES		1
97039	Unlisted Modality (Specify Type & Time If Constant Attendance)	YES			1
97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises		YES		1
97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation		YES		1
97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquatic Therapy W/Exercises		YES		1
97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait Training (W/Stair Climbing)		YES		1
97124	Therapeutic Proc, 1+ Areas, Each 15 Min; Massage		YES		1
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensato		YES		1
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensato		YES		1
97139	Unlisted Therapeutic Procedure (Specify)	YES			1
97140	Manual Therapy Techniques, 1+ Regions, Each 15 Min		YES		1
97150	Therapeutic Proc(S), Group, (2+ Individuals)		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
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	YES			20 units per 6 months
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	YES			4 units per 6 months
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	YES			20 hours per week
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	YES			1 hour per week
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	YES			2 hours per week
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	YES			1 hour per week
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	YES			0.5 hours per month
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each	YES			0.5 hours per month
97161	Physical therapy evaluation; low complexity, requiring components		YES		1
97162	Physical therapy evaluation; moderate complexity requiring components		YES		1
97163	Physical therapy evaluation; high complexity requiring components		YES		1
97164	Reevaluation of physical therapy established plan of care requiring components		YES		1
97165	Occupational therapy evaluation; low complexity requiring components		YES		1
97166	Occupational therapy evaluation; moderate complexity requiring components		YES		1
97167	Occupational therapy evaluation; high complexity requiring components		YES		1
97168	Reevaluation of occupational therapy care/established plan of care requiring components		YES		1
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		YES		10
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		YES		10
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 devices)		YES		10
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis)		YES		10
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes		YES		10
97545	Work Hardening/Conditioning; Initial 2 Hours		YES		1

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
97546	Work Hardening/Conditioning; Add'l Hr		YES		1
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	YES			1
97750	Physical Performance Test, W/Written Report, Each 15 Min		YES		1
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct on		YES		1
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)		YES		1
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes		YES		1
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		YES		1
97799	Unlisted Physical Medicine/Rehabilitation Service/Proc	YES			1
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation support	YES			1
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation support	YES			1
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing	YES			1
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing	YES			1
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	YES			1
99199	Unlisted Proc, Special Service/Report	YES			1
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported		YES		1
0002M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizi	YES			1
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizi	YES			1
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score		YES		1
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk clas		YES		1
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor d		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in		YES		1
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade pr		YES		1
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and XCR2), utilizing urine, algorithm rep		YES		1
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 re		YES		1
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (lumina		YES		1
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not de		YES		1
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algo		YES		1
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		YES		1
0018M	Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm	YES			1
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to		YES		1
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential ta		YES		1
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as pr		YES		1
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3		YES		1
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 ('Posi		YES		1
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15		YES		1
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs1277		YES		1
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)		YES		1
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)		YES		1
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant		YES		1

## Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C		YES		1
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism), gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *1		YES		1
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses		YES		1
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements,		YES		1
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative		YES		1
0042T	Cerebral Perfusion Anaysis, Ct W/Contrst, Postprocess, Determ Cerebral Blood Flow/Vol & Mean		YES		1
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-e		YES		1
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative		YES		1
0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algori		YES		1
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatel		YES		1
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative		YES		1
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements		YES		1
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma		YES		1
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	YES			1
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score		YES		1
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, *		YES		1
0071T	Ultrasound Ablation of Uterine Leiomyomata inc MR Guidance	YES			1
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedu		YES		1
0072T	Ultrasound Ablation of Uterine Leiomyomata inc MR Guidance; Vol>=200 CC	YES			1
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		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
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		YES		1
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multip		YES		1
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5 gene duplication/multiplication) (List se		YES		1
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3 gene duplication/ multiplication) (List s		YES		1
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms(SNPs), urine and buccal DNA, for specimen identity verification		YES		1
0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smok	YES			1
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a pro		YES		1
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)		YES		1
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue,		YES		1
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	YES			1
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis		YES		1
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)		YES		1
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for p		YES		1
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	YES			1
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	YES			1
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a		YES		1
0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle	YES			1
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing		YES		1
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and arr		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kid	YES			1
0106T	QST TST-EXT; TOUCH PRESS LG DIAM SENSATION	YES			1
0107T	QST TST-EXT; VIBRATION LG DIAM FIBER SENSATION	YES			1
0108T	QST-EXT; COOL SM NRV FIBR SENSATION&HYPERALGESIA	YES			1
0109T	QST-EXT;HEAT-PAIN SM NRV FIBR SENSATN&HYPRALGSIA	YES			1
0110T	QST TST-EXT; OTHER STIMULI ASSESS SENSATION	YES			1
0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue		YES		1
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	YES	YES		1
0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm		YES		1
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxy	YES			1
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free		YES		1
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed		YES		1
0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/dup		YES		1
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC,		YES		1
0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13		YES		1
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17		YES		1
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes)		YES		1
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel		YES		1
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)		YES		1
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to co		YES		1



**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance gen	YES			1
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance ge	YES			1
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive patho	YES	YES		1
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a tripl		YES		1
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		YES		1
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.E545		YES		1
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis		YES		1
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separ		YES		1
0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative	YES			1
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspa		YES		1
0166U	Liver disease, 10 biochemical assays (+2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric a	YES			1
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants		YES		1
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis		YES		1
0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequenc		YES		1
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 homol		YES		1
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 gene		YES		1
0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or un	YES			1
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes		YES		1
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	YES			1
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior kno		YES		1
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles		YES		1
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles		YES		1
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foramin	YES			1
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 continu		YES		1
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 negativ		YES		1
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, c	YES			1
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	YES			1
0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibr		YES		1
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities		YES		1
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy		YES		1
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tand		YES		1
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES		1
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tand		YES		1
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES		1
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tande		YES		1
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES		1
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tande		YES		1
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES		1
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions,		YES		1
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and va		YES		1
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES		1
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or		YES		1
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	YES			1
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	YES			1
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	YES	YES		1
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional		YES		1
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morni	YES			1
0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis		YES		1
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic		YES		1
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, del		YES		1
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	YES			1
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic region		YES		1
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expa		YES		1
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		YES		1
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		YES		1
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 chan		YES		1
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel		YES		1
0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, dupl		YES		1

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, ins		YES		1
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplif		YES		1
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score	YES			1
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rear		YES		1
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 a		YES		1
0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal	YES			1
0248U	Oncology, spheroid cell culture in 3D microenvironment, 12-drug panel, brain- or brain metastasis-response prediction for each drug	YES			1
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and	YES			1
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysi		YES		1
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space	YES			1
0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene exp	YES			1
0254U	Reproductive medicine (preimplantation genetic assessment), analysis o		YES		1
0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of c	YES			1
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likeli		YES		1
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical		YES		1
0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algori		YES		1
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete pro	YES			1
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete pro	YES			1
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral o	YES			1
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, sali		YES		1
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative	YES			1
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fi		YES		1
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when	YES			1
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical g		YES		1
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when p	YES			1
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid		YES		1
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrog	YES			1
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid		YES		1
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performe	YES			1
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid		YES		1
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed	YES			1
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid		YES		1
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor de	YES			1
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive		YES		1
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor de	YES			1
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAU), blood, buccal		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or forami	YES	YES		1
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid		YES		1
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or forami	YES	YES		1
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid		YES		1
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid		YES		1
0278T	Transcutaneous Electrical Modulation Pain Reprocessing (Eg, Scrambler Therapy), Each Treatment Session (Includes Placement Of Electrodes)	YES			1
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid		YES		1
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score		YES		1
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants		YES		1
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic predict		YES		1
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1),		YES		1
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score		YES		1
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score		YES		1
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score		YES		1
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score		YES		1
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score		YES		1
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score		YES		1
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm re		YES		1
0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comp		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow		YES		1
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variation		YES		1
0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequencing		YES		1
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for		YES		1
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to prior		YES		1
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens	YES			1
0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent assay	YES			1
0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a		YES		1
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue,		YES		1
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded		YES		1
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood		YES		1
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection		YES		1
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular		YES		1
0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibodies	YES			1
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of	YES	YES		1
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number		YES		1
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability		YES		1
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	YES			1
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	YES	YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically s		YES		1
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	YES	YES		1
0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low proba		YES		1
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement		YES		1
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence va		YES		1
0335T	Insertion of sinus tarsi implant	YES	YES		1
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile ele		YES		1
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile ele		YES		1
0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells ba	YES			1
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast inject	YES			1
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8	YES			1
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast inject	YES			1
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examinati		YES		1
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patien		YES		1
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	YES			1
0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immun	YES			1
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as		YES		1
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum	YES			1
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	YES			1



**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication ana		YES		1
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	YES	YES		1
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes		YES		1
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)	YES	YES		1
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes		YES		1
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	YES	YES		1
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and imp		YES		1
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)	YES	YES		1
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes		YES		1
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	YES			1
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred	YES			1
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative	YES			1
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred	YES			1
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)		YES		1
0356U	Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer re		YES		1
0358U	Neurology (mild cognitive impairment), analysis of B-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive,	YES			1
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	YES			1
0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categoric	YES			1
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	YES			1
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the phys	YES			0.5 hours per month

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid captureenrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formalin-fi		YES		1
0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incor		YES		1
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s		YES		1
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4,		YES		1
0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiot	YES			1
0370U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiple	YES			1
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk s	YES			1
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	YES			0.5 hours per month
0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified	YES			1
0374U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antib	YES			1
0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prost	YES			1
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (	YES			1
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to	YES			1
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab		YES		1
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to	YES			1
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene cop		YES		1
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and struct		YES		1
0389U	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using reverse transc		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0390U	Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score	YES			1
0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleoti		YES		1
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication an		YES		1
0400U	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, DNA, reported as carrie		YES		1
0401U	Cardiology (coronary heart disease [CAD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a		YES		1
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed	YES			1
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch urine, algorithm reported as percentage of likelihood of detecting clinically significant prostat		YES		1
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected		YES		1
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor n	YES			1
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	YES	YES		1
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	YES	YES		1
0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number a		YES		1
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	YES	YES		1
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected		YES		1
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	YES	YES		1
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication ana		YES		1
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	YES	YES		1
0412U	Beta amyloid, AB42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific prot	YES			1
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	YES	YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marr		YES		1
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	YES	YES		1
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if		YES		1
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	YES	YES		1
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	YES	YES		1
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values	YES	YES		1
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene a		YES		1
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contr	YES	YES		1
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype		YES		1
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis		YES		1
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatmen		YES		1
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicit		YES		1
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as		YES		1
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)		YES		1
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis		YES		1
0430U	Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative	YES			1
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer		YES		1
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes		YES		1
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotox	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score		YES		1
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of C		YES		1
0445U	B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pa	YES			1
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	YES			1
0472T	Device evaluation, interrogation, and initial programming of intra- ocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implan	YES			1
0473T	Device evaluation and interrogation of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, w	YES			1
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	YES			1
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	YES			1
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	YES			1
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	YES			1
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation	YES			1
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	YES			1
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion sys	YES			1
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and labo	YES			1
0510T	Removal of sinus tarsi implant	YES	YES		1
0511T	Removal and reinsertion of sinus tarsi implant	YES	YES		1
0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound	YES			1
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performe	YES	YES		1
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performe	YES	YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed	YES	YES		1
0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only	YES	YES		1
0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery)	YES	YES		1
0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	YES	YES		1
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator	YES	YES		1
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values	YES	YES		1
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation	YES			1
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation	YES	YES		1
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation	YES	YES		1
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation	YES	YES		1
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	YES	YES		1
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	YES	YES		1
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	YES	YES		1
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	YES	YES		1
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	YES	YES		1
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	YES			1
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	YES			1
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	YES			1
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	YES			1
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	YES			1
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound gu	YES			1
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	YES			1
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	YES			1
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when perf	YES			1
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when perf	YES			1
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when perf	YES			1
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator,	YES			1
0588T	Revision or removal of percutaneously placed integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator	YES			1
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	YES			1
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	YES			1
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	YES			1
0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open	YES			1
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration	YES	YES		1
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration	YES	YES		1
0615T	Automated analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion, with inte	YES			1
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first le	YES			1
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	YES			1
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material		YES		1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)		YES		1
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)		YES		1
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)		YES		1
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)		YES		1
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)		YES		1
0646T	Transcatheter tricuspid valve implantation/replacement (TTVI) with pro	YES			1
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmissio		YES		1
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, includin		YES		1
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single		YES		1
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of in		YES		1
0655T	Transperineal focal laser ablation of malignant prostate tissue, inclu	YES			1
0656T	Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments	YES			1
0657T	Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments	YES			1
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automa	YES			1
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conju	YES			1
0664T	Donor hysterectomy (including cold preservation); open, from cadaver d	YES			1
0665T	Donor hysterectomy (including cold preservation); open, from living do	YES			1
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robo	YES			1
0667T	Donor hysterectomy (including cold preservation); recipient uterus all	YES			1
0668T	Backbench standard preparation of cadaver or living donor uterine allo	YES			1
0669T	Backbench reconstruction of cadaver or living donor uterus allograft p	YES			1
0670T	Backbench reconstruction of cadaver or living donor uterus allograft p	YES			1
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	YES			1
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	YES			1
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	YES			1
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	YES			1



**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	YES			1
0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with repor	YES			1
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatom	YES	YES		1
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (		YES		1
0692T	Therapeutic ultrafiltration	YES			1
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	YES			1
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	YES			1
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hour	YES			1
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	YES			1
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), inc		YES		1
0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, i	YES			1
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilate	YES			1
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	YES			1
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	YES			1
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	YES			1
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and int	YES			1
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image da	YES	YES		1
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiati	YES	YES		1
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	YES	YES		1
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noni	YES			1
0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic servi	YES			1
0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health ca	YES			1
0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscl	YES			1
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	YES			1
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	YES			1
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	YES			1
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	YES			1
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventric		YES		1
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventric		YES		1
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventric		YES		1
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker,?including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventricul		YES		1
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker,?including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventricul		YES		1
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker,?including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventricul		YES		1
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging?guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography,		YES		1
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging?guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography,		YES		1
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging?guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography,		YES		1
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, wit		YES		1
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	YES	YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, in	YES			1
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, in	YES			1
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcut	YES			1
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfas	YES			1
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography		YES		1
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography an		YES		1
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atria		YES		1
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	YES	YES		1
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	YES	YES		1
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	YES	YES		1
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	YES			1
A0430	Fixed Wing Air Transport	YES			1
A0431	Rotary Wing Air Transport	YES			1
A0435	Fixed Wing Air Mileage	YES			1
A0436	Rotary Wing Air Mileage	YES			1
A0888	Noncovered Ambulance Mileage	YES			1
A0999	Unlisted Ambulance Service	YES			1
A2001	Innovamatrix ac, per square centimeter/Original description: Miscellaneous with Motor >49.15.,without comorbidities,10/2019 description: Miscellaneous M >=66.50.,without comor	YES			1
A2002	Mirrugen advanced wound matrix, per square centimeter/Original description: Miscellaneous with Motor >38.75 & Motor <49.15.,without comorbidities,10/2019 description: Miscella	YES			1
A2004	Xcellistern, 1 mg/Original description: Miscellaneous with Motor <27.85, without comorbidities,10/2019 description: Miscellaneous M <46.50 and A >=77.50.,witho	YES			1
A2005	Microlyte matrix, per square centimeter/Miscellaneous M <46.50 and A <77.50.,without comorbidities	YES			1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
A2006	Novosorb synpath dermal matrix, per square centimeter	YES			1
A2007	Restrata, per square centimeter	YES			1
A2008	Theragenesis, per square centimeter	YES			1
A2009	Symphony, per square centimeter	YES			1
A2010	Apis, per square centimeter	YES			1
A2011	Supra SDRM, per sq cm	YES			1
A2012	SUPRATHEL, per sq cm	YES			1
A2013	Innovamatrix FS, per sq cm	YES			1
A2014	Omeza collagen matrix, per 100 mg	YES			1
A2015	Phoenix Wound Matrix, per sq cm	YES			1
A2016	Permeaderm b, per square centimeter	YES			1
A2017	PermeaDerm Glove, each	YES			1
A2018	Permeaderm c, per square centimeter	YES			1
A2019	Kerecis omega3 marigen shield, per square centimeter	YES			1
A2020	Ac5 advanced wound system (ac5)	YES			1
A2021	Neomatrix, per square centimeter	YES			1
A2022	InnovaBurn or InnovaMatrix XL, per sq cm	YES			1
A2023	InnovaMatrix PD, 1 mg	YES			1
A2024	Resolve matrix or xenopatch, per square centimeter	YES			1
A2025	Miro3D, per cu cm	YES			1
A2026	Restrata MiniMatrix, 5 mg	YES			1
A4100	Skin substitute, FDA-cleared as a device, not otherwise specified	YES			1
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	YES			1
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	YES			1
A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each	YES			1
A4468	Exsufflation belt, includes all supplies and accessories	YES			1
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	YES			1
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	YES			1
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	YES			1
A4575	Hyperbaric O2 Chamber Disps	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
A4596	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	YES			1
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	YES			1
A4604	Tubing with integrated heating element for use with positive airway pressure device		YES		1
A4649	Surgical Supplies; miscellaneous	YES			1
A7025	High Frequency Chest Wall Oscillation System Vest, Replacement For Use	YES			1
A7027	Combination oral/nasal mask, used with continuous positive airway pressure		YES		1
A7028	Oral cushion for combination oral/nasal mask, replacement only, each		YES		1
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair		YES		1
A7030	Full Face Mask Used With Positive Airway Pressure Device, Each		YES		1
A7031	Face Mask Interface, Replacement For Full Face Mask, Each		YES		1
A7032	Cushion for use on nasal mask interface, replacement only, each		YES		1
A7033	Pillow for use on nasal cannula type interface, replacement only, pair		YES		1
A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Press		YES		1
A7035	Headgear Used With Positive Airway Pressure Device		YES		1
A7036	Chinstrap Used With Positive Airway Pressure Device		YES		1
A7037	Tubing Used With Positive Airway Pressure Device		YES		1
A7038	Filter, Disposable, Used With Positive Airway Pressure Device		YES		1
A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device		YES		1
A7044	Oral Interface Used With Positive Airway Pressure Device, Each		YES		1
A7045	Repl exhalation port for PAP		YES		1
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each		YES		1
A9268	Programmer for transient, orally ingested capsule	YES			1
A9269	Programmable, transient, orally ingested capsule, for use with external programmer, per month	YES			1
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	YES			1
A9292	Prescription digital visual therapy, software-only, FDA cleared, per course of treatment	YES			1
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi		YES		1
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries		YES		1
A9582	Iodine I-123 Iobenguane, Diagnostic, Per Study Dose, Up To 15 Millicuries	YES	YES		1
A9590	Iodine I-131, Iobenguane, 1 mCi		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
A9606	Radium RA-223 dichloride, therapeutic, per UCI		YES		1
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie		YES		1
B4164	Parenteral 50% Dextrose Solu	YES			1
B4168	Parenteral Sol Amino Acid 3.	YES			1
B4172	Parenteral Sol Amino Acid 5.	YES			1
B4176	Parenteral Sol Amino Acid 7-	YES			1
B4178	Parenteral Sol Amino Acid >	YES			1
B4180	Parenteral Sol Carb > 50%	YES			1
B4185	Parenteral nutrition solution, not otherwise specified, 10 grams lipids	YES			1
B4187	Omegaven, 10 g lipids	YES			1
B4189	Parenteral Sol Amino Acid &	YES			1
B4193	Parenteral Sol 52-73 Gm Prot	YES			1
B4197	Parenteral Sol 74-100 Gm Pro	YES			1
B4199	Parenteral Sol > 100gm Prote	YES			1
B4216	Parenteral Nutrition Additiv	YES			1
B4220	Parenteral Supply Kit Premix	YES			1
B4222	Parenteral Supply Kit Homemi	YES			1
B4224	Parenteral Administration Ki	YES			1
B5000	Parenteral Sol Renal-Amirosy	YES			1
B5100	Parenteral Sol Hepatic-Fream	YES			1
B5200	Parenteral Sol Stres-Brnch C	YES			1
B9004	Parenteral Infus Pump Portab	YES			1
B9006	Parenteral Infus Pump Statio	YES			1
B9999	Parenteral Supp Not Othrws C	YES			1
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation		YES		1
C1721	Cardioverter-defibrillator, dual chamber (implantable)		YES		1
C1722	Cardioverter-defibrillator, single chamber (implantable)		YES		1
C1726	Catheter, balloon dilatation, nonvascular	YES			1
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
C1764	Event recorder, cardiac (implantable)	YES	YES		1
C1767	Generator, neurostimulator (implantable), nonrechargeable	YES	YES		1
C1772	Infusion pump, programmable (implantable)	YES			1
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)		YES		1
C1778	Lead, neurostimulator (implantable)	YES	YES		1
C1785	Pacemaker, dual chamber, rate-responsive (implantable)		YES		1
C1786	Pacemaker, single chamber, rate-responsive (implantable)		YES		1
C1787	Patient programmer, neurostimulator	YES	YES		1
C1789	Prosthesis, breast (implantable)	YES			1
C1815	Prosthesis, urinary sphincter (implantable)	YES			1
C1816	Receiver and/or transmitter, neurostimulator (implantable)	YES			1
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	YES			1
C1821	Interspinous process distraction device (implantable)	YES	YES		1
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	YES			1
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	YES			1
C1824	Generator, cardiac contractility modulation (implantable)	YES	YES		1
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	YES			1
C1832	Autograft suspension, including cell processing and application, and all system components	YES			1
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	YES	YES		1
C1839	Iris prosthesis	YES			1
C1840	Lens, intraocular (telescopic)	YES			1
C1878	Material for vocal cord medialization, synthetic (implantable)	YES			1
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)		YES		1
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	YES			1
C1891	Infusion pump, nonprogrammable, permanent (implantable)	YES			1
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)		YES		1
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)		YES		1
C2614	Probe, percutaneous lumbar discectomy	YES			1
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	YES			1
C2619	Pacemaker, dual chamber, nonrate-responsive (implantable)		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
C2620	Pacemaker, single chamber, nonrate-responsive (implantable)		YES		1
C2621	Pacemaker, other than single or dual chamber (implantable)		YES		1
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	YES	YES		1
C2626	Infusion pump, nonprogrammable, temporary (implantable)	YES			1
C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	YES			1
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of b	YES			1
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up t	YES			1
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area grea	YES			1
C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s)	YES			1
C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s)	YES			1
C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s)	YES			1
C7530	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s)	YES			1
C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricul		YES		1
C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for lef		YES		1
C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for		YES		1
C8903	Magnetic resonance imaging with contrast, breast; unilateral		YES		1
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral		YES		1
C8906	Magnetic resonance imaging with contrast, breast; bilateral		YES		1
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral		YES		1
C9047	Injection, caplacizumab-yhdp, 1 mg			YES	1
C9173	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram		YES	YES	1
C9257	Injection, bevacizumab, 0.25 mg			YES	1
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length	YES			1



**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length	YES			1
C9354	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm	YES			1
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length	YES			1
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm	YES			1
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	YES			1
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc		YES		1
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	YES			1
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length	YES			1
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc		YES		1
C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per square cm	YES			1
C9364	Porcine implant, Permacol, per sq cm	YES			1
C9399	Unclassified Drugs Or Biologicals	YES			1
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch		YES		1
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list		YES		1
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch		YES		1
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary art		YES		1
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary		YES		1
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary		YES		1
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluti		YES		1
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluti		YES		1
C9727	Insertion of implants into the soft palate; minimum of 3 implants	YES			1
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance	YES			1
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisitio	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	YES			1
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	YES			1
C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the sam		YES		1
C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s)		YES		1
C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplast		YES		1
C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s),		YES		1
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when perfo		YES		1
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty		YES		1
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel		YES		1
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includ		YES		1
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromio		YES		1
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])	YES			1
C9797	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervis	YES			1
D7810	open reduction of dislocation	YES			1
D7820	closed reduction of dislocation	YES			1
D7830	manipulation under anesthesia	YES			1
D7840	condylectomy	YES			1
D7850	surgical discectomy, with/without implant	YES			1
D7852	disc repair	YES			1
D7854	synovectomy	YES			1
D7856	myotomy	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
D7858	joint reconstruction	YES			1
D7860	arthrotomy	YES			1
D7865	arthroplasty	YES			1
D7870	arthrocentesis	YES			1
D7871	non-arthroscopic lysis and lavage	YES			1
D7873	arthroscopy: lavage and lysis of adhesions	YES			1
D7874	arthroscopy: disc repositioning and stabilization	YES			1
D7875	arthroscopy: synovectomy	YES			1
D7876	arthroscopy: discectomy	YES			1
D7877	arthroscopy: debridement	YES			1
D7880	occlusal orthotic device, by report	YES			1
D7940	osteoplasty - for orthognathic deformities	YES			1
D7941	osteotomy - mandibular rami	YES			1
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	YES			1
D7944	osteotomy - segmented or subapical	YES			1
D7945	osteotomy - body of mandible	YES			1
D7946	LeFort I (maxilla - total)	YES			1
D7947	LeFort I (maxilla - segmented)	YES			1
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	YES			1
D7949	LeFort II or LeFort III - with bone graft	YES			1
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	YES			1
D7995	synthetic graft - mandible or facial bones, by report	YES			1
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	YES			1
D9222	deep sedation/general anesthesia - first 15 minutes	YES			1
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	YES			1
D9950	occlusion analysis - mounted case	YES			1
D9951	occlusal adjustment - limited	YES			1
D9952	occlusal adjustment - complete	YES			1
E0217	Water Circ Heat Pad W Pump	YES			1
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	YES			1
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stim	YES			1
E0470	Respiratory assist device, bi-level pressure capability, without backup rate		YES		1
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate		YES		1
E0481	Intrapulmonary percussive ventilation system and related accessories	YES			1
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup	YES			1
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes		YES		1
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, inclu		YES		1
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	YES	YES		1
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hard	YES	YES		1
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	YES	YES		1
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phon	YES	YES		1
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	YES	YES		1
E0561	Humidifier, non-heated, used with positive airway pressure device		YES		1
E0562	Humidifier, heated, used with positive airway pressure device		YES		1
E0601	Continuous positive airway pressure (cpap) device		YES		1
E0616	Cardiac Event Recorder	YES	YES		1
E0617	Automatic Ext Defibrillator	YES			1
E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	YES			1
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	YES			1
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	YES			1
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	YES			1
E0650	Pneuma Compressor Non-Segment	YES			1
E0651	Pneum Compressor Segmental	YES			1
E0652	Pneum Compres W/Cal Pressure	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
E0655	Pneumatic Appliance Half Arm	YES			1
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	YES			1
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	YES			1
E0660	Pneumatic Appliance Full Leg	YES			1
E0665	Pneumatic Appliance Full Arm	YES			1
E0666	Pneumatic Appliance Half Leg	YES			1
E0667	Seg Pneumatic Appl Full Leg	YES			1
E0668	Seg Pneumatic Appl Full Arm	YES			1
E0669	Seg Pneumatic Appli Half Leg	YES			1
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	YES			1
E0671	Pressure Pneum Appl Full Leg	YES			1
E0672	Pressure Pneum Appl Full Arm	YES			1
E0673	Pressure Pneum Appl Half Leg	YES			1
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE	YES			1
E0677	Non-pneumatic sequential compression garment, trunk	YES			1
E0678	Non-pneumatic sequential compression garment, full leg	YES			1
E0679	Non-pneumatic sequential compression garment, half leg	YES			1
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure	YES			1
E0681	Non-pneumatic compression controller without calibrated gradient pressure	YES			1
E0682	Non-pneumatic sequential compression garment, full arm	YES			1
E0732	Cranial electrotherapy stimulation (ces) system, any type	YES			1
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	YES			1
E0735	Non-invasive vagus nerve stimulator	YES			1
E0745	Neuromuscular Stim For Shock	YES			1
E0746	Electromyograph Biofeedback	YES			1
E0748	Elec Osteogen Stim Spinal		YES		1
E0760	Osteogen Ultrasound Stimltor	YES			1
E0761	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electrom	YES			1
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	YES			1
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	YES			1
E0769	Electric wound treatment dev	YES			1
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, n	YES			1
E0782	Non-Programble Infusion Pump	YES			1
E0783	Programmable Infusion Pump	YES			1
E0786	Implantable Pump Replacement	YES			1
E1002	Wheelchair accessory, power seating system, tilt only	YES			1
E1003	Wheelchair accessory, power seating system, recline only, without shear	YES			1
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear	YES			1
E1005	Wheelchair accessory, power seatng system, recline only, with power shear	YES			1
E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction	YES			1
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction	YES			1
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	YES			1
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg	YES			1
E1010	Wheelchair accessory, addition to power seating system, power leg elevation	YES			1
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	YES			1
E1230	Power Operated Vehicle	YES			1
E1239	Ped power wheelchair NOS	YES			1
E1399	Durable medical equipment, miscellaneous	YES			1
E1801	Static progressive stretch/patient actualized serial stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and ac	YES			1
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes	YES			1
E1811	Static progressive stretch/patient actualized serial stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and acc	YES			1
E1816	Static progressive stretch/patient actualized serial stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and ac	YES			1
E1818	Static progressive stretch/patient actualized serial stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and acces	YES			1
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	YES			1
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
E1841	Static progressive stretch/patient actualized serial stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	YES			1
E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	YES			1
E2230	Manual wheelchair accessory, manual standing system	YES			1
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	YES			1
E2301	Wheelchair accessory, power standing system, any type	YES			1
E2351	Power wheelchair accessory, electronic interface to operate speech generating device	YES			1
E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less	YES			1
E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.	YES			1
E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.	YES			1
E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.	YES			1
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling	YES			1
E2510	Speech generating device, synthesized speech, permitting multiple methods	YES			1
E2511	Speech generating software program, for personal computer or personal digital assistant	YES			1
E2512	Accessory for speech generating device, mounting system	YES			1
E2599	Accessory for speech generating device, not otherwise classified	YES			1
G0176	Opps/Php;Activity Therapy	YES			1
G0255	Current Perception Threshold/Sensory Nerve Conduction Test, Per Limb,	YES			1
G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Ste		YES		1
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	YES			1
G0281	Electrical Stimulation, (Unattended), To One Or More Areas, For Chroni		YES		1
G0282	Electrical Stimulation, (Unattended), To One Or More Areas, For Wound		YES		1
G0283	Electrical Stimulation (Unattended), To One Or More Areas For Indicati		YES		1
G0289	Arthroscopy, Knee, Surgical, For Removal Of Loose Body, Foreign Body,		YES		1
G0295	Electromagnetic Stimulation, To One Or More Areas		YES		1
G0329	Electromagntic tx for ulcers		YES		1
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia ca	YES			1
G0339	Robot lin-radsurg com, first		YES		1
G0340	Robt lin-radsurg fractx 2-5		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
G0341	Percutaneous islet celltrans	YES			1
G0342	Laparoscopy islet cell trans	YES			1
G0343	Laparotomy islet cell transp	YES			1
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart r		YES		1
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow,		YES		1
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels		YES		1
G0428	Collagen Meniscus Implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	YES			1
G0429	Dermal Filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active	YES			1
G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac v		YES		1
G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate		YES		1
G0460	Autologous platelet rich plasma or other blood-derived product for non-diabetic chronic wounds/ulcers, including as applicable phlebotomy, centrifugation or mixing, and all ot	YES			1
G0465	Autologous platelet rich plasma (PRP) or other blood-derived product for diabetic chronic wounds/ulcers, using an FDA-cleared device for this indication, (includes as applicab	YES			1
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care profes			YES	1
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care profes			YES	1
G6001	Ultrasonic guidance for placement of radiation therapy fields		YES		1
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy		YES		1
G6003	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5mev		YES		1
G6004	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10mev		YES		1
G6005	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19mev		YES		1
G6006	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater		YES		1
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev		YES		1
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev		YES		1
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev		YES		1



Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater		YES		1
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev		YES		1
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev		YES		1
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev		YES		1
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater		YES		1
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session		YES		1
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated field		YES		1
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction		YES		1
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)		YES		1
G9840	RAS (KRAS and NRAS) gene mutation testing performed before initiation of anti-EGFR MoAb		YES		1
G9841	RAS (KRAS and NRAS) gene mutation testing not performed before initiation of anti-EGFR MoAb		YES		1
H0004	Behavioral health counseling and therapy, per 15 minutes	YES			1
H0006	Alcohol and/or drug services; case management	YES			
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan)	YES			20
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	YES			7
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	YES			7
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	YES			
H0035	Mental health partial hospitalization, treatment, less than 24 hours	YES			15
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	YES			
H2015	Comprehensive community support services, per 15 minutes	YES			
H2019	Therapeutic behavioral services, per 15 minutes	YES			
H2020	Therapeutic behavioral services, per diem	YES			
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)			YES	

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
J0139	Injection, adalimumab, 1 mg			YES	
J0172	Injection, aducanumab-avwa, 2 mg			YES	
J0174	Injection, lecanemab-irmb, 1 mg			YES	
J0175	Injection, donanemab-azbt, 2 mg			YES	
J0177	Injection, aflibercept HD, 1 mg			YES	
J0178	Injection, aflibercept, 1 mg			YES	
J0179	Injection, brolucizumab-dbl, 1 mg			YES	
J0180	Agalsidase beta injection			YES	
J0202	Injection, alemtuzumab, 1 mg			YES	
J0207	Amifostine		YES		
J0208	Injection, sodium thiosulfate (Pedmark), 100 mg		YES		
J0217	Injection, velmanase alfa-tycv, 1 mg			YES	
J0218	Injection, olipudase alfa-rpcp, 1 mg			YES	
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg			YES	
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg			YES	
J0222	Injection, Patisiran, 0.1 mg			YES	
J0223	Injection, givosiran, 0.5 mg			YES	
J0224	Injection, lumasiran, 0.5 m			YES	
J0225	Injection, vutrisiran, 1 mg			YES	
J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg			YES	
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg			YES	
J0456	Azithromycin	YES			
J0485	Injection, belatacept, 1 mg			YES	
J0490	Injection, belimumab, 10 mg			YES	
J0491	Injection, anifrolumab-fnia, 1 mg			YES	
J0517	Injection, benralizumab, 1 mg			YES	
J0558	Injection, penicillin g benzathine and penicillin g procaine, 100,000 units	YES			
J0561	Injection, penicillin g benzathine, 100,000 units	YES			
J0565	Injection, bezlotoxumab, 10 mg		YES	YES	
J0567	Injection, cerliponase alfa, 1 mg			YES	

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelton MBM	Responsible Party CareltonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
J0584	Injection, burosumab-twza 1 mg			YES	
J0585	Injection, Onabotulinumtoxina, 1 Unit			YES	
J0586	Injection, Abobotulinumtoxina, 5 Units			YES	
J0587	Injection, Rimabotulinumtoxina, 100 Units			YES	
J0588	Injection, incobotulinumtoxina, 1 unit			YES	
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit		YES	YES	
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)			YES	
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units			YES	
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units			YES	
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units			YES	
J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units			YES	
J0638	Injection, canakinumab, 1 mg			YES	
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg		YES		
J0642	Injection, levoleucovorin (khapzory), 0.5 mg		YES		
J0690	Cefazolin Sodium Injection	YES			
J0696	Ceftriaxone Sodium Injection	YES			
J0698	Cefotaxime Sodium Injection	YES			
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 administer			YES	
J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg			YES	
J0743	Cilastatin Sodium Injection	YES			
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg			YES	
J0791	Injection, crizanlizumab-tmca, 5 mg			YES	
J0801	Injection, corticotropin (Acthar Gel), up to 40 units			YES	
J0802	Injection, corticotropin (ANI), up to 40 units			YES	
J0870	Injection, imetelstat, 1 mg		YES		
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)		YES	YES	
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)		YES	YES	
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units		YES	YES	

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)			YES	
J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)			YES	
J0896	Injection, luspatercept-aamt, 0.25 mg		YES	YES	
J0897	Injection, denosumab, 1 mg		YES	YES	
J1203	Injection, cipaglucosidase alfa-atga, 5 mg			YES	
J1267	Injection, doripenem, 10 mg	YES			
J1290	Injection, ecallantide, 1 mg			YES	
J1301	Injection, edaravone, 1 mg			YES	
J1302	Injection, sutimlimab-jome, 10 mg			YES	
J1303	Injection, ravulizumab-cwvz, 10 mg			YES	
J1304	Injection, tofersen, 1 mg			YES	
J1305	Injection, evinacumab-dgnb, 5 mg			YES	
J1306	Injection, inclisiran, 1 mg			YES	
J1307	Injection, crovalimab-akkz, 10 mg			YES	
J1322	Injection, elosulfase alfa, 1mg			YES	
J1323	Injection, elranatamab-bcmm, 1 mg		YES		
J1325	Epoprostenol Injection			YES	
J1335	Injection, ertapenem sodium, 500 mg	YES			
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	YES			1
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 <sup>13</sup> vector genomes	YES			1
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	YES			1
J1426	Injection, casimersen, 10 mg			YES	
J1427	Injection, viltolarsen, 10 mg			YES	
J1428	Injection, eteplirsen, 10 mg			YES	
J1429	Injection, golodirsen, 10 mg			YES	
J1437	Injection, ferric derisomaltose, 10 mg			YES	
J1438	Etanercept Injection			YES	
J1439	Injection, ferric carboxymaltose, 1mg			YES	
J1440	Fecal microbiota, live - jslm, 1 ml			YES	
J1442	5G-CSFexcludes biosimilars, 1 microgram		YES	YES	

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
J1447	Injection, tbo-filgrastim, 1 microgram		YES	YES	
J1448	Injection, trilaciclib, 1 mg		YES		
J1449	Injection, eflapegrastim-xnst, 0.1 mg		YES	YES	
J1450	Fluconazole	YES			
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg		YES		
J1458	INJECTION, GALSULFASE, 1 MG			YES	
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg		YES	YES	
J1460	Gamma Globulin 1 Cc Inj		YES	YES	
J1551	Injection, immune globulin (cutaquig), 100 mg		YES	YES	
J1552	Injection, immune globulin (alyglo), 500 mg		YES	YES	
J1554	Injection, immune globulin (asceniv), 500 mg		YES	YES	
J1555	Injection, immune globulin (Cuvitru), 100 mg		YES	YES	
J1556	Injection, immune globulin (bivigam), 500 mg		YES	YES	
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg		YES	YES	
J1558	Injection, immune globulin (xembify), 100 mg		YES	YES	
J1559	Injection, immune globulin (hizentra), 100 mg		YES	YES	
J1560	Gamma Globulin > 10 Cc Inj		YES	YES	
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg		YES	YES	
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg		YES	YES	
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g.		YES	YES	
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg		YES	YES	
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg		YES	YES	
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin		YES	YES	
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg		YES	YES	
J1595	Injection, glatiramer acetate, 20 mg			YES	
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg		YES	YES	
J1602	Injection, golimumab, 1 mg, for intravenous use			YES	
J1628	Injection, guselkumab, 1 mg			YES	
J1632	Injection, brexanolone, 1 mg			YES	
J1675	Injection, histrelin acetate, 10 mcg			YES	

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg		YES	YES	
J1743	Injection, idursulfase, 1 mg			YES	
J1744	Injection, icatibant, 1 mg			YES	
J1745	Injection, infliximab, excludes biosimilar, 10 mg			YES	
J1746	Injection, ibalizumab-uiyk, 10 mg			YES	
J1747	Injection, spesolimab-sbzo, 1 mg			YES	
J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg			YES	
J1750	Injection, Iron Dextran, 50mg			YES	
J1756	Injection, Iron Sucrose, 1 Mg			YES	
J1786	Injection, imiglucerase, 10 units			YES	
J1815	Injection, Insulin, Per 5 Units	YES			
J1817	Insulin For Administration Through Dme (I.E., Insulin Pump) Per 50 U	YES			
J1823	Injection, inebilizumab-cdon, 1 mg			YES	
J1826	Injection, interferon beta-1a, 30 mcg			YES	
J1830	Interferon Beta-1b / .25 Mg			YES	
J1930	Injection, lanreotide, 1 mg		YES	YES	
J1931	Laronidase injection			YES	
J1932	Injection, lanreotide, (cipla), 1 mg		YES	YES	
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 m			YES	
J1954	Injection, leuprolide acetate for depot suspension (cipla), 7.5 mg			YES	
J1956	Levofloxacin Injection	YES			
J1961	Injection, lenacapavir, 1 mg			YES	
J2170	INJECTION, MECASERMIN, 1 MG			YES	
J2182	Injection, mepolizumab, 1 mg			YES	
J2185	Injection, meropenem, 100 mg	YES			
J2267	Injection, mirikizumab-mrkz, 1 mg			YES	
J2277	Injection, motixafortide, 0.25 mg		YES		
J2278	Injection, ziconotide, 1 mcg			YES	
J2280	Injection, moxifloxacin, 100 mg	YES			
J2323	Imjection, natalizumab, 1 mg			YES	

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
J2326	Injection, nusinersen, 0.1 mg			YES	
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg			YES	
J2329	Injection, ublituximab-xiiy, 1mg			YES	
J2350	Injection, ocrelizumab, 1 mg			YES	
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg		YES	YES	
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous		YES	YES	
J2356	Injection, tezepelumab-ekko, 1 mg			YES	
J2357	Omalizumab injection			YES	
J2502	Injection, pasireotide long acting, 1 mg			YES	
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg		YES	YES	
J2507	Injection, pegloticase, 1 mg			YES	
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg			YES	
J2510	Penicillin G Procaine Inj	YES			
J2540	Penicillin G Potassium Inj	YES			
J2562	Injection, Plerixafor, 1 Mg		YES	YES	
J2777	Injection, faricimab-svoa, 0.1 mg			YES	
J2778	Injection, ranibizumab, 0.1 mg			YES	
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	YES			
J2781	Injection, pegcetacoplan, intravitreal, 1 mg			YES	
J2782	Injection, avacincaptad pegol, 0.1 mg			YES	
J2786	Injection, reslizumab, 1 mg			YES	
J2787	Riboflavin 5-phosphate, ophthalmic solution, up to 3 ml	YES			
J2793	Injection, Rilonacept, 1 Mg			YES	
J2802	Injection, romiplostim, 1 microgram		YES		
J2820	Sargramostim Injection		YES	YES	
J2840	Injection, sebelipase alfa, 1 mg			YES	
J2860	Injection, siltuximab, 10 mg		YES		
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg			YES	
J2940	Injection, somatrem, 1 mg			YES	
J2941	Injection, somatropin, 1 mg			YES	

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
J2998	Injection, plasminogen, human-tvmh, 1 mg			YES	
J3032	Injection, eptinezumab-jjmr, 1 mg			YES	
J3055	Injection, talquetamab-tgvs, 0.25 mg		YES		
J3060	Injection, taliglucerase alfa, 10 units			YES	
J3111	Injection, romosozumab-aqqg, 1 mg			YES	
J3241	Injection, teprotumumab-trbw, 10 mg			YES	
J3245	Injection, tildrakizumab, 1 mg			YES	
J3247	Injection, secukinumab, IV, 1 mg			YES	
J3262	Injection, tocilizumab, 1 mg		YES	YES	
J3263	Injection, toripalimab-tpzi, 1 mg		YES		
J3285	Injection, trestipenil, 1 mg			YES	
J3299	Injection, triamcinolone acetate (xipere), 1 mg			YES	
J3304	Injection, triamcinolone acetate, preservative-free, extended-release, microsphere formulation, 1 mg			YES	
J3315	Injection, Triptorelin Pamoate, 3.75 Mg			YES	
J3316	Injection, triptorelin, extended-release, 3.75 mg			YES	
J3357	Ustekinumab, for subcutaneous injection, 1 mg			YES	
J3358	Ustekinumab, for intravenous injection, 1 mg			YES	
J3380	Injection, vedolizumab, IV, 1 mg			YES	
J3385	Injection, velaglucerase alfa, 100 units			YES	
J3393	Injection, betibeglogene autotemcel, per treatment	YES			1
J3394	Injection, lovetibeglogene autotemcel, per treatment	YES			1
J3397	Injection, vestronidase alfa-vjkb, 1 mg			YES	
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	YES			1
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes	YES			1
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> pfu/ml vector genomes, per 0.1 ml			YES	1
J3489	Injection, zoledronic acid, 1 mg			YES	
J7170	Injection, emicizumab-kxwh, 0.5 mg			YES	
J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU			YES	
J7175	Injection, factor x, (human), 1 i.u.			YES	
J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg			YES	



**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg			YES	
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0			YES	
J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU			YES	
J7181	Injection, factor xiii a-subunit, (recombinant), per iu			YES	
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu			YES	
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RC0			YES	
J7185	Injection, Factor VIII (Antihemophilic Factor, Recombinant) (Xyntha), Per I.U.			YES	
J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.			YES	
J7187	Injection, von Willebrand factor complex (Humate-P), per IU vWF-RC0			YES	
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.			YES	
J7189	Factor VIIa (antihemophilic Factor, recombinant), per 1 mcg			YES	
J7190	Factor VIII			YES	
J7191	Factor VIII (Porcine)			YES	
J7192	Factor VIII (Antihemophilic Factor, Recombinant) Per I.U., Not Otherwise Specified			YES	
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU			YES	
J7194	Factor Ix Complex			YES	
J7195	Factor IX (antihemophilic factor, recombinant) per IU			YES	
J7198	Anti-Inhibitor			YES	
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu			YES	
J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU			YES	
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.			YES	
J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebiny), 1 IU			YES	
J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU			YES	
J7205	Injection, factor viii fc fusion (recombinant), per iu			YES	
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.			YES	
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.			YES	
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.			YES	
J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU			YES	
J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU			YES	
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram			YES	

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.			YES	
J7214	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviiio), per Factor VIII IU			YES	
J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg			YES	
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg			YES	
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg			YES	
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg			YES	
J7330	Cultured Chondrocytes Implnt		YES		
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml			YES	
J7351	Injection, bimatoprost, intracameral implant, 1 microgram			YES	
J7352	Afamelanotide implant, 1 mg			YES	
J7353	Anacaulase-bcdb, 8.8% gel, 1 gm			YES	
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)			YES	
J7355	Injection, travoprost, intracameral implant, 1 mcg			YES	
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	YES			
J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg			YES	
J9015	Injection, aldesleukin, per single use vial		YES		
J9019	Injection, asparaginase (erwinaze), 1,000 iu		YES		
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg		YES		
J9022	Injection, atezolizumab, 10 mg		YES		
J9023	Injection, avelumab, 10 mg		YES		
J9026	Injection, tarlatamab-dlle, 1 mg		YES		
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram		YES		
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose		YES		1
J9032	Injection, belinostat, 10 mg		YES		
J9033	Injection, bendamustine hydrochloride, 1 mg		YES		
J9034	Injection, bendamustine hcl (bendeka), 1 mg		YES		
J9035	Bevacizumab injection		YES	YES	
J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg		YES		
J9039	Injection, blinatumomab, 1 microgram		YES		

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
J9042	Injection, brentuximab vedotin, 1 mg		YES		
J9043	Injection, cabazitaxel, 1 mg		YES		
J9047	Injection, carfilzomib, 1 mg		YES		
J9055	Cetuximab injection		YES		
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg		YES		
J9057	Injection, copanlisib, 1 mg		YES		
J9061	Injection, amivantamab-vmjw, 2 mg		YES		
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg		YES		
J9064	Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg		YES		
J9118	Injection, calaspargase pegol-mknl, 10 units		YES		
J9119	Injection, cemiplimab-rwlc, 1 mg		YES		
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj		YES		
J9145	Injection, daratumumab, 10 mg		YES		
J9173	Injection, durvalumab, 10 mg		YES		
J9176	Injection, elotuzumab, 1 mg		YES		
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg		YES		
J9179	Injection, eribulin mesylate, 0.1 mg		YES		
J9202	Goserelin Acetate Implant			YES	
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg		YES		
J9207	Injection, ixabepilone, 1 mg		YES		
J9210	Injection, emapalumab-lzsg, 1 mg			YES	
J9216	Injection, interferon, gamma-1B, 3 million units		YES		
J9217	Leuprolide Acetate Suspnsion			YES	
J9223	Injection, lurbinectedin, 0.1 mg		YES		
J9225	Histrelin implant (Vantas), 50 mg			YES	
J9226	Histrelin implant (supprelin LA), 50 mg			YES	
J9227	Injection, isatuximab-irfc, 10 mg		YES		
J9228	Injection, ipilimumab, 1 mg		YES		
J9229	Injection, inotuzumab ozogamicin, 0.1 mg		YES		
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg		YES		

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
J9264	Injection, paclitaxel protein-bound particles, 1 mg		YES		
J9266	Injection, pegaspargase, per single dose vial		YES		
J9269	Injection, tagraxofusp-erzs, 10 micrograms		YES		
J9271	Injection, pembrolizumab, 1 mg		YES		
J9272	Injection, dostarlimab-gxly, 10 mg		YES		
J9273	Injection, tisotumab vedotin-tftv, 1 mg		YES		
J9274	Injection, tebentafusp-tebn, 1 microgram		YES		
J9281	Mitomycin pyelocalyceal instillation, 1 mg		YES		
J9286	Injection, glofitamab-gxbm, 2.5 mg		YES		
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to J9305, 10 mg		YES		
J9294	Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg		YES		
J9296	Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg		YES		
J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to J9305, 10 mg		YES		
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg		YES		
J9299	Injection, nivolumab, 1 mg		YES		
J9301	Injection, obinutuzumab, 10 mg		YES		
J9302	Injection, ofatumumab, 10 mg		YES		
J9303	Injection, panitumumab, 10 mg		YES		
J9304	Injection, pemetrexed (pemfexy), 10 mg		YES		
J9305	Injection, pemetrexed, NOS, 10 mg		YES		
J9306	Injection, pertuzumab, 1 mg		YES		
J9308	Injection, ramucirumab, 5 mg		YES		
J9309	Injection, polatuzumab vedotin-piiq, 1 mg		YES		
J9312	Injection, rituximab, 10 mg			YES	
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg		YES		
J9314	Injection, pemetrexed (Teva), not therapeutically equivalent to J9305, 10 mg		YES		
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg		YES		
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg		YES		
J9318	Injection, romidepsin, nonlyophilized, 0.1 mg		YES		
J9319	Injection, romidepsin, lyophilized, 0.1 mg		YES		

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
J9321	Injection, epcoritamab-bysp, 0.16 mg		YES		
J9322	Injection, pemetrexed (BluePoint), not therapeutically equivalent to J9305, 10 mg		YES		
J9323	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg		YES		
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg		YES		
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units		YES		1
J9329	Injection, tislelizumab-jsgr, 1mg		YES		
J9331	Injection, sirolimus protein-bound particles, 1 mg		YES		
J9332	Injection, efgartigimod alfa-fcab, 2mg			YES	
J9333	Injection, rozanolixizumab-noli, 1 mg			YES	
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc			YES	
J9345	Injection, retifanlimab-dlwr, 1 mg		YES		
J9347	Injection, tremelimumab-actl, 1 mg		YES		
J9348	Injection, naxitamab-gqgk, 1 m		YES		
J9349	Injection, tafasitamab-cxix, 2 mg		YES		
J9350	Injection, mosunetuzumab-axgb, 1 mg		YES		
J9353	Injection, margetuximab-cmkb, 5 m		YES		
J9354	Injection, ado-trastuzumab emtansine, 1 mg		YES		
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg		YES		
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg		YES		
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg		YES		
J9376	Injection, pozelimab-bbfg, 1 mg			YES	
J9380	Injection, teclistamab-cqyv, 0.5 mg		YES		
J9381	Injection, teplizumab-mzww, 5 mcg			YES	
J9393	Injection, fulvestrant (Teva), not therapeutically equivalent to J9395, 25 mg		YES		
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg		YES		
J9395	Injection, fulvestrant, 25 mg		YES		
J9400	Injection, ziv-aflibercept, 1 mg		YES		
K0010	Stnd Wt Frame Power Whlchr	YES			1
K0011	Stnd Wt Pwr Whlchr W Control	YES			1
K0012	Ltwt Portbl Power Whlchr	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
K0013	Custom motorized/power wheelchair base	YES			1
K0014	Other Power Whlchr Base	YES			1
K0108	W/C Component-Accessory Nos	YES			1
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	YES			1
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES			1
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS	YES			1
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES			1
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES			1
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES			1
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES			1
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	YES			1
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	YES			1
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES			1
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES			1
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES			1
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU	YES			1
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES			1
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES			1
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES			1
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES			1
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES			1
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES			1
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	YES			1
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	YES			1
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 30	YES			1
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	YES			1
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	YES			1
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	YES			1
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	YES			1
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES			1
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60	YES			1
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN	YES			1
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	YES			1
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3	YES			1
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	YES			1
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES			1
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES			1
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES			1
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES			1
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES			1
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	YES			1

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Caredon MBM	Responsible Party CaredonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	YES			1
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	YES			1
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	YES			1
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	YES			1
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	YES			1
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES			1
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60	YES			1
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	YES			1
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	YES			1
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO	YES			1
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO	YES			1
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES			1
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES			1
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES			1
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES			1
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	YES			1
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	YES			1
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	YES			1



**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	YES			1
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	YES			1
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	YES			1
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	YES			1
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU	YES			1
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC	YES			1
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	YES			1
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	YES			1
K0900	Customized durable medical equipment, other than wheelchair	YES			1
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	YES			1
K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes	YES			1
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	YES	YES		1
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	YES			1
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft material	YES			1
L1499	Spinal Orthosis Nos	YES			1
L2999	Lower Extremity Orthosis Nos	YES			1
L3999	Upper Limb Orthosis Nos	YES			1
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	YES			1
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batt	YES			1
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH,	YES			1
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	YES			1
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	YES			1
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL	YES			1
L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device	YES			1
L6925	Wrist Disart Myoelectronic C	YES			1
L6935	Below Elbow Myoelectronic Ct	YES			1
L6945	Elbow Disart Myoelectronic C	YES			1
L6955	Above Elbow Myoelectronic Ct	YES			1
L6965	Shldr Disartic Myoelectronic	YES			1
L6975	Interscap-Thor Myoelectronic	YES			1
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	YES			1
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	YES			1
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	YES			1
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC	YES			1
L7180	Electronic Elbow Utah Myoele	YES			1
L7181	Electronic elbow simultaneous	YES			1
L7190	Elbow Adolescent Myoelectron	YES			1
L7191	Elbow Child Myoelectronic Ct	YES			1
L7499	Upper Extremity Prothes Nos	YES			1
L7510	Prosthetic Device Repair Rep	YES			1
L7520	Repair Prosthesis Per 15 Min	YES			1
L8045	Auricular Prosthesis	YES			1
L8600	Implant Breast Silicone/Eq	YES			1
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	YES			1
L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system	YES			1
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	YES			1
L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement	YES			1
L8627	Cochlear Implant, External Speech Processor, Component, Replacement	YES			1
L8628	Cochlear Implant, External Controller Component, Replacement	YES			1
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	YES	YES		1
L8679	Implantable neurostimulator, pulse generator, any type	YES	YES		1
L8680	Implantable neurostimulator electrode, each	YES	YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	YES	YES		1
L8682	Implantable neurostimulator radiofrequency receiver	YES			1
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	YES	YES		1
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder	YES	YES		1
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	YES	YES		1
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	YES	YES		1
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	YES			1
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	YES			1
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	YES			1
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	YES			1
L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O	YES			1
L8693	Auditory osseointegrated device abutment, any length, replacement only	YES			1
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	YES			1
L8699	Prosthetic Implant Nos	YES			1
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, c	YES			1
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories	YES			1
Q0138	Injection, Ferumoxytol, For Treatment Of Iron Deficiency Anemia, 1 Mg (Non-Esrd Use)			YES	
Q2026	Injection, Radiesse, 0.1ml	YES			
Q2028	Injection, sculptra, 0.5 mg	YES			
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	YES			1
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	YES			1
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion		YES		1
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg		YES		
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg		YES		
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	YES			1

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	YES			1
Q2055	Idecabtagene vicleucel, up to 510 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, p	YES			1
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures	YES			1
Q3001	Brachytherapy Radioelements		YES		1
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use			YES	
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use			YES	
Q4074	Iloprost, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Up			YES	
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)		YES	YES	
Q4100	Skin substitute, not otherwise specified	YES			1
Q4101	Apligraf, per square centimeter	YES			1
Q4102	Oasis wound matrix, per square centimeter	YES			1
Q4103	Oasis burn matrix, per square centimeter	YES			1
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter	YES			1
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	YES			1
Q4106	Dermagraft, per square centimeter	YES			1
Q4107	Graftjacket, per square centimeter	YES			1
Q4108	Integra matrix, per square centimeter	YES			1
Q4110	Primatrix, per square centimeter	YES			1
Q4111	Gammagraft, per square centimeter	YES			1
Q4112	Cymetra, injectable, 1cc	YES			1
Q4113	GRAFTJACKET XPRESS, injectable, 1cc	YES			1
Q4114	Integra flowable wound matrix, injectable, 1 cc	YES			1
Q4115	Alloskin, per square centimeter	YES			1
Q4116	Alloderm, per square centimeter	YES			1
Q4117	Hyalomatrix, per square centimeter	YES			1
Q4118	Matristem micromatrix, 1 mg	YES			1
Q4121	Theraskin, per square centimeter	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon MBM</b>	<b>Responsible Party CarelonRX</b>	<b>Maximum Allowable Units for PA Exemption (per member per plan year)</b>
Q4122	Dermacell, per square centimeter	YES			1
Q4123	AlloSkin RT, per sq cm	YES			1
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	YES			1
Q4125	Arthroflex, per sq cm	YES			1
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	YES			1
Q4127	Talymed, per sq cm	YES			1
Q4128	FlexHD, or AllopatchHD, per sq cm	YES			1
Q4130	Strattice TM, per sq cm	YES			1
Q4132	Grafix Core and GrafixPL Core, per sq cm	YES			1
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	YES			1
Q4134	Hmatrix, per square centimeter	YES			1
Q4135	Mediskin, per square centimeter	YES			1
Q4136	Ez-derm, per square centimeter	YES			1
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm	YES			1
Q4138	Biodfence dryflex, per square centimeter	YES			1
Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	YES			1
Q4140	Biodfence, per square centimeter	YES			1
Q4141	Alloskin ac, per square centimeter	YES			1
Q4142	Xcm biologic tissue matrix, per square centimeter	YES			1
Q4143	Repriza, per square centimeter	YES			1
Q4145	Epifix, injectable, 1 mg	YES			1
Q4146	Tensix, per square centimeter	YES			1
Q4147	Architect extracellular matrix, per square centimeter	YES			1
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	YES			1
Q4149	Excellagen, 0.1 cc	YES			1
Q4150	Allowrap ds or dry, per square centimeter	YES			1
Q4151	Amnioband or guardian, per square centimeter	YES			1
Q4152	Dermapure, per square centimeter	YES			1
Q4153	Dermavest, per square centimeter	YES			1
Q4154	Biovance, per square centimeter	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
Q4155	Neoxflo or clariflo, 1 mg	YES			1
Q4156	Neox 100 or Clarix 100, per sq cm	YES			1
Q4157	Revitalon, per square centimeter	YES			1
Q4158	Kerecis Omega3, per sq cm	YES			1
Q4159	Affinity, per square centimeter	YES			1
Q4160	Nushield, per square centimeter	YES			1
Q4161	Bio-connekt wound matrix, per square centimeter	YES			1
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	YES			1
Q4163	WoundEx, BioSkin, per sq cm	YES			1
Q4164	Helicoll, per square centimeter	YES			1
Q4165	Keramatrix, per square centimeter	YES			1
Q4166	Cytal, per square centimeter	YES			1
Q4167	Truskin, per square centimeter	YES			1
Q4168	Amnioband, 1 mg	YES			1
Q4169	Artacent wound, per square centimeter	YES			1
Q4170	Cygnus, per square centimeter	YES			1
Q4171	Interfyl, 1 mg	YES			1
Q4173	Palingen or palingen xplus, per square centimeter	YES			1
Q4174	Palingen or promatr, 0.36 mg per 0.25 cc	YES			1
Q4175	Miroderm, per square centimeter	YES			1
Q4176	Neopatch or Therion, per sq cm	YES			1
Q4177	FlowerAmnioFlo, 0.1 cc	YES			1
Q4178	FlowerAmnioPatch, per sq cm	YES			1
Q4179	FlowerDerm, per sq cm	YES			1
Q4180	Revita, per sq cm	YES			1
Q4181	Amnio Wound, per sq cm	YES			1
Q4183	Surgigraft, per sq cm	YES			1
Q4184	Cellesta, per sq cm	YES			1
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	YES			1
Q4186	Epifix, per sq cm	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon MBM</b>	<b>Responsible Party CarelonRX</b>	<b>Maximum Allowable Units for PA Exemption (per member per plan year)</b>
Q4187	Epicord, per sq cm	YES			1
Q4188	AmnioArmor, per sq cm	YES			1
Q4189	Artacent AC, 1 mg	YES			1
Q4190	Artacent AC, per sq cm	YES			1
Q4191	Restorigin, per sq cm	YES			1
Q4192	Restorigin, 1 cc	YES			1
Q4193	Coll-e-Derm, per sq cm	YES			1
Q4194	Novachor, per sq cm	YES			1
Q4195	PuraPly, per sq cm	YES			1
Q4196	PuraPly AM, per sq cm	YES			1
Q4197	PuraPly XT, per sq cm	YES			1
Q4198	Genesis Amniotic Membrane, per sq cm	YES			1
Q4199	Cygnus matrix, per square centimeter	YES			1
Q4200	SkinTE, per sq cm	YES			1
Q4201	Matrion, per sq cm	YES			1
Q4202	Keroxx (2.5g/cc), 1cc	YES			1
Q4203	Derma-Gide, per sq cm	YES			1
Q4204	XWRAP, per sq cm	YES			1
Q4205	Membrane graft or membrane wrap, per square centimeter	YES			1
Q4206	Fluid flow or fluid GF, 1 cc	YES			1
Q4208	Novafix, per square centimeter	YES			1
Q4209	Surgraft, per square centimeter	YES			1
Q4211	Amnion bio or Axobiomembrane, per square centimeter	YES			1
Q4212	Allogen, per cc	YES			1
Q4213	Ascent, 0.5 mg	YES			1
Q4214	Cellesta cord, per square centimeter	YES			1
Q4215	Axolotl ambient or axolotl cryo, 0.1 mg	YES			1
Q4216	Artacent cord, per square centimeter	YES			1
Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter	YES			1
Q4218	Surgicord, per square centimeter	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon MBM</b>	<b>Responsible Party CarelonRX</b>	<b>Maximum Allowable Units for PA Exemption (per member per plan year)</b>
Q4219	Surgigraft-dual, per square centimeter	YES			1
Q4220	BellaCell HD or Surederm, per square centimeter	YES			1
Q4221	Amniowrap2, per square centimeter	YES			1
Q4222	Progenamatrix, per square centimeter	YES			1
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm	YES			1
Q4225	Amniobind or dermabind tl, per square centimeter	YES			1
Q4226	MyOwn skin, includes harvesting and preparation procedures, per square centimeter	YES			1
Q4227	AmnioCoreTM, per sq cm	YES			1
Q4229	Cogenex Amniotic Membrane, per sq cm	YES			1
Q4230	Cogenex Flowable Amnion, per 0.5 cc	YES			1
Q4232	Corplex, per sq cm	YES			1
Q4233	SurFactor or NuDyn, per 0.5 cc	YES			1
Q4234	XCellerate, per sq cm	YES			1
Q4235	AMNIOREPAIR or AltiPly, per sq cm	YES			1
Q4236	carePATCH, per sq cm	YES			1
Q4237	Cryo-Cord, per sq cm	YES			1
Q4238	Derm-Maxx, per sq cm	YES			1
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	YES			1
Q4240	CoreCyte, for topical use only, per 0.5 cc	YES			1
Q4241	PolyCyte, for topical use only, per 0.5 cc	YES			1
Q4242	AmnioCyte Plus, per 0.5 cc	YES			1
Q4245	AmnioText, per cc	YES			1
Q4246	CoreText or ProText, per cc	YES			1
Q4247	Amniotext patch, per sq cm	YES			1
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	YES			1
Q4249	Amniply, for topical use only, per square centimeter	YES			1
Q4250	Amnioamp-mp, per square centimeter	YES			1
Q4251	Vim, per sq cm	YES			1
Q4252	Vendaje, per sq cm	YES			1
Q4253	Zenith Amniotic Membrane, per sq cm	YES			1



**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon MBM</b>	<b>Responsible Party CarelonRX</b>	<b>Maximum Allowable Units for PA Exemption (per member per plan year)</b>
Q4254	Novafix DL, per sq c	YES			1
Q4255	Reguard, for topical use only, per square centimeter	YES			1
Q4256	MLG-Complete, per sq cm	YES			1
Q4257	Relese, per sq cm	YES			1
Q4258	Enverse, per sq cm	YES			1
Q4259	Celera dual layer or celera dual membrane, per square centimeter	YES			1
Q4260	Signature apatch, per square centimeter	YES			1
Q4261	Tag, per square centimeter	YES			1
Q4262	Dual layer impax membrane, per square centimeter	YES			1
Q4263	Surgraft tl, per square centimeter	YES			1
Q4264	Cocoon membrane, per square centimeter	YES			1
Q4265	Neostim tl, per square centimeter	YES			1
Q4266	Neostim membrane, per square centimeter	YES			1
Q4267	Neostim dl, per square centimeter	YES			1
Q4268	Surgraft ft, per square centimeter	YES			1
Q4269	Surgraft xt, per square centimeter	YES			1
Q4270	Complete sl, per square centimeter	YES			1
Q4271	Complete ft, per square centimeter	YES			1
Q4272	Esano a, per square centimeter	YES			1
Q4273	Esano aaa, per square centimeter	YES			1
Q4274	Esano ac, per square centimeter	YES			1
Q4275	Esano aca, per square centimeter	YES			1
Q4276	Orion, per square centimeter	YES			1
Q4278	Epieffect, per square centimeter	YES			1
Q4279	Vendaje ac, per square centimeter	YES			1
Q4280	Xcell amnio matrix, per square centimeter	YES			1
Q4281	Barrera sl or barrera dl, per square centimeter	YES			1
Q4282	Cygnus dual, per square centimeter	YES			1
Q4283	Biovance tri-layer or biovance 3l, per square centimeter	YES			1
Q4284	Dermabind sl, per square centimeter	YES			1

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	YES			1
Q4286	NuDYN SL or NuDYN SLW, per sq cm	YES			1
Q4287	Dermabind dl, per square centimeter	YES			1
Q4288	Dermabind ch, per square centimeter	YES			1
Q4289	Revoshield + amniotic barrier, per square centimeter	YES			1
Q4290	Membrane Wrap-Hydro, per sq cm	YES			1
Q4291	Lamellas xt, per square centimeter	YES			1
Q4292	Lamellas, per square centimeter	YES			1
Q4293	Acesso dl, per square centimeter	YES			1
Q4294	Amnio quad-core, per square centimeter	YES			1
Q4295	Amnio tri-core amniotic, per square centimeter	YES			1
Q4296	Rebound matrix, per square centimeter	YES			1
Q4297	Emerge matrix, per square centimeter	YES			1
Q4298	Amnicore pro, per square centimeter	YES			1
Q4299	Amnicore pro+, per square centimeter	YES			1
Q4300	Acesso tl, per square centimeter	YES			1
Q4301	Activate matrix, per square centimeter	YES			1
Q4302	Complete aca, per square centimeter	YES			1
Q4303	Complete aa, per square centimeter	YES			1
Q4304	Grafix plus, per square centimeter	YES			1
Q4305	American Amnion AC Tri-Layer, per sq cm	YES			1
Q4306	American Amnion AC, per sq cm	YES			1
Q4307	American Amnion, per sq cm	YES			1
Q4308	Sanopellis, per sq cm	YES			1
Q4309	VIA Matrix, per sq cm	YES			1
Q4310	Procenta, per 100 mg	YES			1
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram		YES	YES	
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg			YES	
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg			YES	
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units		YES	YES	

### Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units		YES	YES	
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg		YES	YES	
Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg		YES	YES	
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg			YES	
Q5110	Injection, filgrastim-aafi, biosimilar, (nivistym), 1 microgram		YES	YES	
Q5111	Injection, pegfilgrastim-cbqv (udenyc), biosimilar, 0.5 mg		YES	YES	
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg		YES		
Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg		YES		
Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg		YES		
Q5115	Injection, rituximab-abbs, biosimilar, 10 mg		YES	YES	
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg		YES		
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg		YES	YES	
Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg		YES	YES	
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg		YES	YES	
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg			YES	
Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg		YES	YES	
Q5123	Injection, rituximab-arx, biosimilar, (riabni), 10 m			YES	
Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg			YES	
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram		YES	YES	
Q5126	Injection, bevacizumab-maly, biosimilar, (alysys), 10 mg		YES	YES	
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg		YES	YES	
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg			YES	
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg		YES	YES	
Q5130	Injection, pegfilgrastim-pbbk (fytetra), biosimilar, 0.5 mg		YES	YES	
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg		YES	YES	
Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg			YES	
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg		YES	YES	
Q5136	Injection, denosumab-bbdz (jubonti/wyost), biosimilar, 1 mg		YES	YES	
Q5137	Injection, ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg			YES	
Q5138	Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg			YES	

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg			YES	
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg			YES	
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg			YES	
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg			YES	
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg			YES	
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg			YES	
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg		YES		
S0013	Esketamine, nasal spray, 1 mg			YES	
S0353	Treatment planning and care coordination management for cancer initial treatment		YES		1
S0354	Treatment planning and care coordination management for cancer established patient with a change of regimen		YES		1
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,	YES			1
S1091	Stent, non-coronary, temporary, with delivery system (propel)	YES			1
S2053	Transplantation Of Small Int	YES			1
S2054	Transplantation Of Multivisc	YES			1
S2055	Harvesting Of Donor Multivis	YES			1
S2060	Lobar Lung Transplantation	YES			1
S2061	Donor Lobectomy (Lung)	YES			1
S2065	Simultaneous pancreas kidney transplantation	YES			1
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including	YES			2
S2067	Breast reconstruction of a single breast with "stacked" deep inferior	YES			2
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SI	YES			2
S2080	Laser-assisted uvulopalatoplasty (LAUP)	YES			1
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method	YES			1
S2102	Islet Cell Tissue Transplant	YES			1
S2103	Adrenal Tissue Transplant	YES			1
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)		YES		1
S2117	Arthroereisis, subtalar	YES	YES		1
S2118	Metal-on-metal total hip resurfacing including acetabular and femoral components		YES		1
S2120	Low Density Lipoprotein(Ldl)	YES			1
S2140	Cord Blood Harvesting	YES			1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
S2142	Cord Blood-Derived Stem-Cell	YES			1
S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe	YES			1
S2202	Echosclerotherapy	YES			1
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	YES			1
S2235	Implantation of auditory brain stem implant	YES			1
S2300	Arthroscopy, Shoulder, Surgi	YES	YES		1
S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(	YES			1
S2348	Decompress disc RF lumbar	YES	YES		1
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)		YES		1
S3840	DNA analysis for germline mutations of the ret proto-oncogene		YES		1
S3841	Genetic testing for retinoblastoma		YES		1
S3842	Genetic testing for von hippel-lindau disease		YES		1
S3844	DNA analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness		YES		1
S3845	Genetic testing for alpha-thalassemia		YES		1
S3846	Genetic testing for hemoglobin e beta-thalassemia		YES		1
S3849	Genetic testing for niemann-pick disease		YES		1
S3850	Genetic testing for sickle cell anemia		YES		1
S3852	DNA analysis for apoe epsilon 4 allele for susceptibility to Alzheimer's disease		YES		1
S3853	Genetic testing for myotonic muscular dystrophy		YES		1
S3854	Gene expression profiling panel for use in the management of breast cancer treatment		YES		1
S3861	Genetic testing, sodium channel, voltage-gated, Type V, alpha subunit (SCN5A) and variants for suspected brugada syndrom		YES		1
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy		YES		1
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mu		YES		1
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability		YES		1
S3900	Surface electromyography (EMG)	YES			1
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy		YES		1
S8035	Magnetic Source Imaging		YES		1
S8040	Topographic Brain Mapping	YES			1
S8092	Electron Beam Computed Tomog		YES		1

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
S8130	Interferential current stimulator, 2 channel	YES			1
S8131	Interferential current stimulator, 4 channel	YES			1
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient	YES			1
S8940	EQUESTRIAN/HIPPOTHERAPY PER SESSION		YES		1
S8948	Application of a modality (requiring constant provider attendance) to one or		YES		1
S8950	Complex Lymphedema Therapy		YES		1
S8990	Physical or manipulative therapy performed for maintenance rather than restoration		YES		1
S9002	Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	YES			1
S9056	Coma Stimulation Per Diem	YES			1
S9090	Vertebral Axial Decompressio	YES	YES		1
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT cod	YES			1
S9124	Nursing care, in the home; by licensed practical nurse, per hour	YES			1
S9128	Speech Therapy, In The Home	YES			10
S9152	Speech therapy, re-evaluation		YES		1
S9364	Home infusion therapy, total parenteral nutrition (TPN) (do not use with home infusion codes S9365-S9368 using daily vol	YES			1
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day	YES			1
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day	YES			1
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liter but no more than three liters per day	YES			1
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liter per day	YES			1
S9480	Intensive Outpatient Psychia	YES			20
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy (do not use with home infusion codes for hourly dosi	YES			1
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every three hours	YES			1
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours	YES			1
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours	YES			1
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours	YES			1
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every six hours	YES			1
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every four hours	YES			1
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	YES			1
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	YES			1

Prior Authorization List

Updated: 4/17/2025

**Texas Individual Commercial Business: Prior Authorization Exemption Clinical Guidelines (TX HB3459)**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	Maximum Allowable Units for PA Exemption (per member per plan year)
T2036	Therapeutic camping, overnight, waiver; each session	YES			1
T2037	Therapeutic camping, day, waiver; each session	YES			1
V2787	Astigmatism correcting function of intraocular lens	YES			1
V2788	Presbyopia correcting function of intraocular lens	YES			1
V2790	Amniotic Membrane	YES			1
V5095	Semi-Implantable Middle Ear Hearing Prosthesis	YES			1
V5298	Hearing Aid, Not Otherwise Classified	YES			2
V5362	Speech Screening		YES		10
V5363	Language Screening		YES		10
V5364	Dysphagia Screening		YES		10

Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan. CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of the health plan. Coverage provided by Wellpoint Insurance Company.

TXWP-CM-085419-25 June 2025

**Appendix A: Prior Authorization Exemption Clinical Guidelines (TX HB3459) for  
Medical and Surgical Inpatient Hospitalizations and Facility-based Post-Acute Care**

Primary Indication for Hospitalization	Maximum Allowable Days for PA Exemption (per member per inpatient hospitalization)	Condition Category
Complete Mastectomy	1	Breast Surgery
Complete Mastectomy with Tissue Flap Reconstruction	3	Breast Surgery
Lumpectomy	1	Breast Surgery
Angina	2	Cardiovascular
Atrial Fibrillation	2	Cardiovascular
Cardiac Ablation	1	Cardiovascular
Cardioverter-Defibrillator Implantation	1	Cardiovascular
Chest Pain	2	Cardiovascular
Heart Failure	2	Cardiovascular
Hypertension	2	Cardiovascular
Endocarditis	5	Cardiovascular
Percutaneous Left Atrial Appendage Closure	1	Cardiovascular
Myocardial Infarction	2	Cardiovascular
Myocarditis	2	Cardiovascular
Percutaneous Coronary Intervention	1	Cardiovascular
Pericarditis	2	Cardiovascular
Supraventricular Arrhythmias	2	Cardiovascular
Syncope	2	Cardiovascular
Ventricular Arrhythmias	2	Cardiovascular
Endovascular Abdominal Aortic Aneurysm Repair	1	Cardiovascular
Open Abdominal Aortic Aneurysm Repair	5	Cardiovascular
Endovascular Thoracic Aortic Aneurysm Repair	2	Cardiovascular
Open Thoracic Aortic Aneurysm Repair	5	Cardiovascular
Percutaneous Aortic Coarctation Repair	1	Cardiovascular
Open Aortic Coarctation Repair	5	Cardiovascular
Transcatheter Aortic Valve Replacement	1	Cardiovascular
Aortofemoral or Aortoiliac Bypass Surgery	5	Cardiovascular
Atrial Septal Defect Open Repair	3	Cardiovascular
Transcatheter Atrial Septal Defect Closure	1	Cardiovascular
Ventricular Septal Defect Open Repair	3	Cardiovascular
Cardiac Valve Open Replacement or Repair	5	Cardiovascular
Ross Procedure	4	Cardiovascular
Percutaneous Cardiac Valvotomy	1	Cardiovascular
Percutaneous Carotid Artery Stenting	1	Cardiovascular
Carotid Endarterectomy	1	Cardiovascular
Coronary Artery Bypass Grafting	4	Cardiovascular
Minimally Invasive Direct Coronary Artery Bypass Grafting	3	Cardiovascular
Femoral Popliteal Bypass	2	Cardiovascular
Heart Transplant	12	Cardiovascular
Transcatheter Closure of Patent Ductus Arteriosus	1	Cardiovascular
Lower Extremity Percutaneous Revascularization	1	Cardiovascular
Sympathectomy via Laparoscopy or Thoracoscopy	1	Cardiovascular
Pediatric Endocarditis	5	Cardiovascular
Pediatric Supraventricular Arrhythmias	2	Cardiovascular
Pediatric Syncope	2	Cardiovascular
Complex Repair of Pediatric Cardiac Congenital Defects	4	Cardiovascular
Pediatric Heart Transplant	12	Cardiovascular
Pediatric Transcatheter Closure of Patent Ductus Arteriosus	1	Cardiovascular
Laparoscopic Adrenalectomy	1	Endocrinology
Open Partial or Complete Adrenalectomy	3	Endocrinology
Diabetes	2	Endocrinology
Parathyroidectomy	1	Endocrinology



Thyroidectomy	1	Endocrinology
Pediatric Diabetes	2	Endocrinology
Abdominal Pain	2	Gastrointestinal
Acute Diverticulitis	2	Gastrointestinal
Esophageal Disease	2	Gastrointestinal
Acute cholangitis, acute cholecystitis, gallbladder or bile duct obstruction	2	Gastrointestinal
Gastritis and Duodenitis	2	Gastrointestinal
Gastroenteritis	2	Gastrointestinal
Lower Gastrointestinal Bleeding	2	Gastrointestinal
Upper Gastrointestinal Bleeding	2	Gastrointestinal
Ileus	2	Gastrointestinal
Inflammatory Bowel Disease	2	Gastrointestinal
Gastrointestinal Obstruction	2	Gastrointestinal
Acute liver disease	2	Gastrointestinal
Pancreatitis	2	Gastrointestinal
Pancreatitis due to common duct stone	3	Gastrointestinal
Vomiting	2	Gastrointestinal
Abdominal Trauma	2	Gastrointestinal
Open Appendectomy with Abscess or Peritonitis	3	Gastrointestinal
Laparoscopic Appendectomy with or without Abscess or Peritonitis	1	Gastrointestinal
Open Appendectomy without Abscess or Peritonitis	1	Gastrointestinal
Open Cholecystectomy	3	Gastrointestinal
Laparoscopic Cholecystectomy	1	Gastrointestinal
Open Cholecystectomy with Common Duct Exploration	4	Gastrointestinal
Laparoscopic Cholecystectomy with Common Duct Exploration	1	Gastrointestinal
Laparoscopic Colectomy	2	Gastrointestinal
Open Partial Colectomy	4	Gastrointestinal
Open Total Colectomy or Abdominoperineal Resection	5	Gastrointestinal
Endoscopic Esophageal Diverticulectomy	1	Gastrointestinal
Esophagectomy	7	Gastrointestinal
Open Abdominal Fundoplication and Hiatal Hernia Repair	3	Gastrointestinal
Laparoscopic Fundoplication and Hiatal Hernia Repair	1	Gastrointestinal
Open Billroth I or II Partial Gastrectomy	5	Gastrointestinal
Open Gastric Bypass	2	Gastrointestinal
Laparoscopic Gastric Bypass	1	Gastrointestinal
Laparoscopic Gastric Restrictive Procedure without Gastric Bypass	1	Gastrointestinal
Laparoscopic Sleeve Gastrectomy	1	Gastrointestinal
Non-Hiatal Hernia Repair	1	Gastrointestinal
Liver Transplant	7	Gastrointestinal
Open Lysis of Adhesions	4	Gastrointestinal
Laparoscopic Lysis of Adhesions	1	Gastrointestinal
Pancreatectomy	6	Gastrointestinal
Pyloroplasty and Vagotomy	4	Gastrointestinal
Small Intestine Resection	4	Gastrointestinal
Open Splenectomy	4	Gastrointestinal
Lapaoscopic Splenectomy	1	Gastrointestinal
Pediatric Abdominal Pain	2	Gastrointestinal
Pediatric Gastroenteritis	2	Gastrointestinal
Pediatric Upper or Lower Gastrointestinal Bleeding	2	Gastrointestinal
Pediatric Inflammatory Bowel Disease	2	Gastrointestinal
Pediatric Vomiting	2	Gastrointestinal
Pediatric Laparoscopic Appendectomy with Abscess or Peritonitis	1	Gastrointestinal
Pediatric Open Appendectomy with Abscess or Peritonitis	3	Gastrointestinal
Pediatric Laparoscopic Appendectomy without Abscess or Peritonitis	1	Gastrointestinal
Pediatric Open Appendectomy without Abscess or Peritonitis	1	Gastrointestinal
Pediatric Non-Hiatal Hernia Repair	1	Gastrointestinal
Pediatric Surgical Intussusception Reduction	2	Gastrointestinal
Pediatric Liver Transplant	10	Gastrointestinal
Pediatric Pyloromyotomy for Pyloric Stenosis	1	Gastrointestinal
Complete Laryngectomy	7	Head and Neck
Partial Laryngectomy	2	Head and Neck

Neck Dissection	1	Head and Neck
Parotidectomy	1	Head and Neck
Anemia	2	Hematology/Oncology
Chemotherapy	3	Hematology/Oncology
Sickle Cell Disease	2	Hematology/Oncology
Pediatric Chemotherapy	2	Hematology/Oncology
Pediatric Hemophilia	2	Hematology/Oncology
Pediatric Immune Thrombocytopenia	2	Hematology/Oncology
Pediatric Sickle Cell Disease	2	Hematology/Oncology
Cellulitis	2	Infectious Disease
Osteomyelitis	3	Infectious Disease
Sepsis	3	Infectious Disease
Septic Arthritis	3	Infectious Disease
Venom Exposure	2	Infectious Disease
Pediatric Orbital or Periorbital Cellulitis	2	Infectious Disease
Pediatric Cellulitis	2	Infectious Disease
Pediatric Osteomyelitis	3	Infectious Disease
Pediatric Retropharyngeal or Parapharyngeal Abscess	2	Infectious Disease
Pediatric Sepsis	2	Infectious Disease
Pediatric Septic Arthritis	3	Infectious Disease
Pediatric Venom Exposure	2	Infectious Disease
Pediatric Acute Viral Illness	2	Infectious Disease
Acute Viral Illness	2	Infectious Disease
Intravascular Volume Depletion	2	Miscellaneous
Drug Ingestion and Overdose	2	Miscellaneous
Major Burn	2	Miscellaneous
Anorexia Nervosa in a Child or Adolescent	6	Miscellaneous
Substance Disorders in a Child or Adolescent	2	Miscellaneous
Pediatric Intravascular Volume Depletion	2	Miscellaneous
Pediatric Failure to Thrive	2	Miscellaneous
Pediatric Drug Ingestion or Overdose	2	Miscellaneous
Pediatric Major Burn	2	Miscellaneous
Pediatric Apparent Life-Threatening Event	2	Miscellaneous
Lower Extremity Deep Venous Thrombosis	4	Miscellaneous
Intravenous Device Complication including Infection or Thrombosis	3	Miscellaneous
Adult Anorexia Nervosa	6	Miscellaneous
Delirium	3	Miscellaneous
Adult Substance Disorders	2	Miscellaneous
Neonatal Apnea	2	Neonatal Care
Mild Neonatal Hypoxic-Ischemic Encephalopathy	3	Neonatal Care
Neonatal Abstinence Syndrome	5	Neonatal Care
Neonatal Jaundice	2	Neonatal Care
Routine Newborn Care	1	Neonatal Care
Term Newborn with Severe Illness or Abnormality	3	Neonatal Care
Neonatal Pneumonia	6	Neonatal Care
Neonatal Pneumothorax	5	Neonatal Care
Prematurity - Greater than 28 Weeks of Gestation and Greater than 1 Kilogram	7	Neonatal Care
Extreme Prematurity - Less than 28 Weeks of Gestation or Less than 1 Kilogram	14	Neonatal Care
Confirmed Neonatal Sepsis	10	Neonatal Care
Suspected Neonatal Sepsis	2	Neonatal Care
Renal Artery or Vein Endovascular Intervention	1	Nephrology
Renal Colic and Nephrolithiasis	2	Nephrology
Acute Renal Failure	2	Nephrology
Chronic Renal Failure	2	Nephrology
Pediatric Renal Colic and Nephrolithiasis	2	Nephrology
Dizziness	2	Neurology & Neurosurgery
Video Monitoring EEG	2	Neurology & Neurosurgery
Headaches	2	Neurology & Neurosurgery
Bacterial Meningitis	4	Neurology & Neurosurgery
Suspected or Viral Meningitis	2	Neurology & Neurosurgery
Acute Paraplegia	7	Neurology & Neurosurgery

Seizure	2	Neurology & Neurosurgery
Hemorrhagic Stroke	3	Neurology & Neurosurgery
Ischemic Stroke	2	Neurology & Neurosurgery
Subarachnoid Hemorrhage Requiring Nonsurgical Treatment	3	Neurology & Neurosurgery
Acute Tetraplegia	7	Neurology & Neurosurgery
Transient Ischemic Attack	2	Neurology & Neurosurgery
Traumatic Brain Injury Requiring Nonsurgical Treatment	2	Neurology & Neurosurgery
Percutaneous Cordotomy	1	Neurology & Neurosurgery
Cranioplasty	1	Neurology & Neurosurgery
Craniotomy for Traumatic Brain Injury or Intracerebral Hemorrhage	5	Neurology & Neurosurgery
Supratentorial Craniotomy	2	Neurology & Neurosurgery
Supratentorial Craniotomy for Bleeding Intracranial Aneurysm	11	Neurology & Neurosurgery
Hypophysectomy by Nasal Approach	2	Neurology & Neurosurgery
Percutaneous Rhizotomy	1	Neurology & Neurosurgery
Ventriculoperitoneal Shunt for Hydrocephalus	1	Neurology & Neurosurgery
Pediatric Video EEG Monitoring	1	Neurology & Neurosurgery
Pediatric Headache	2	Neurology & Neurosurgery
Pediatric Bacterial Meningitis	5	Neurology & Neurosurgery
Pediatric Suspected or Viral Meningitis	2	Neurology & Neurosurgery
Pediatric Near-Drowning or Nonfatal Submersion	2	Neurology & Neurosurgery
Pediatric Seizure	2	Neurology & Neurosurgery
Pediatric Traumatic Brain Injury Requiring Nonsurgical Treatment	2	Neurology & Neurosurgery
Pediatric Cranioplasty	1	Neurology & Neurosurgery
Pediatric Craniotomy for Traumatic Brain Injury or Intracerebral Hemorrhage	5	Neurology & Neurosurgery
Pediatric Supratentorial Craniotomy	3	Neurology & Neurosurgery
Cesarean Birth	2 days post-partum	Obstetrics and Gynecology
Diabetes in Pregnancy	2	Obstetrics and Gynecology
Laparoscopic Gynecologic Surgery	1	Obstetrics and Gynecology
Gynecologic Surgery by Laparotomy	1	Obstetrics and Gynecology
Hyperemesis Gravidarum	2	Obstetrics and Gynecology
Hypertension in Pregnancy	2	Obstetrics and Gynecology
Open Abdominal Hysterectomy	2	Obstetrics and Gynecology
Laparoscopic Hysterectomy	1	Obstetrics and Gynecology
Vaginal Hysterectomy	1	Obstetrics and Gynecology
Acute Pelvic Inflammatory Disease	2	Obstetrics and Gynecology
Threatened Preterm Labor	2	Obstetrics and Gynecology
Pelvic Organ Prolapse Repair	1	Obstetrics and Gynecology
Urethral Suspension Surgery	1	Obstetrics and Gynecology
Vaginal Birth	1	Obstetrics and Gynecology
Operative Vaginal Birth	1	Obstetrics and Gynecology
Pediatric Acute Pelvic Inflammatory Disease	2	Obstetrics and Gynecology
Eyeball Enucleation or Evisceration	1	Ophthalmology
Orbital Exploration	1	Ophthalmology
Retinal Detachment Repair	1	Ophthalmology
Vitrectomy	1	Ophthalmology
Achilles Tendon Repair	1	Orthopedic Surgery and Musculoskeletal
Ankle Arthroscopy	1	Orthopedic Surgery and Musculoskeletal
Open Reduction of Ankle Dislocation	1	Orthopedic Surgery and Musculoskeletal
Open Reduction/Internal Fixation of Closed Ankle Fracture	1	Orthopedic Surgery and Musculoskeletal
Open Reduction/Internal Fixation of Open Ankle Fracture	2	Orthopedic Surgery and Musculoskeletal
Ankle - Heel Cord Lengthening or Shortening	1	Orthopedic Surgery and Musculoskeletal
Back Pain	2	Orthopedic Surgery and Musculoskeletal
Bunionectomy	1	Orthopedic Surgery and Musculoskeletal
Cervical Discectomy or Microdiscectomy, Foraminotomy, Laminotomy	1	Orthopedic Surgery and Musculoskeletal
Anterior Cervical Fusion	1	Orthopedic Surgery and Musculoskeletal
Posterior Cervical Fusion	2	Orthopedic Surgery and Musculoskeletal
Cervical Laminectomy	1	Orthopedic Surgery and Musculoskeletal
Elbow Arthroplasty	1	Orthopedic Surgery and Musculoskeletal
Elbow Arthroscopy	1	Orthopedic Surgery and Musculoskeletal
Open Treatment of Elbow Fracture	1	Orthopedic Surgery and Musculoskeletal
Open Reduction/Internal Fixation of Intercondylar Femur Fracture	3	Orthopedic Surgery and Musculoskeletal

Removal of Internal Fixation Device for Femur Fracture	1	Orthopedic Surgery and Musculoskeletal
Internal Fixation of Shaft Femur Fracture	1	Orthopedic Surgery and Musculoskeletal
Open Reduction/Internal Fixation of Calcaneus or Talus Foot Fracture	1	Orthopedic Surgery and Musculoskeletal
Surgical Wound Care for Foot	1	Orthopedic Surgery and Musculoskeletal
Transmetatarsal Amputation	3	Orthopedic Surgery and Musculoskeletal
Hip Arthroplasty	1	Orthopedic Surgery and Musculoskeletal
Hip Arthroscopy	1	Orthopedic Surgery and Musculoskeletal
Open Repair of Hip Fracture	3	Orthopedic Surgery and Musculoskeletal
Hip Resurfacing	1	Orthopedic Surgery and Musculoskeletal
Closed Reduction of Acquired Closed Hip Dislocation	1	Orthopedic Surgery and Musculoskeletal
Core Decompression of Femoral Head	1	Orthopedic Surgery and Musculoskeletal
Hemiarthroplasty for Displaced Fracture Femoral Neck	3	Orthopedic Surgery and Musculoskeletal
Open Reduction of Humerus Fracture	1	Orthopedic Surgery and Musculoskeletal
Total Knee Arthroplasty	1	Orthopedic Surgery and Musculoskeletal
Knee Arthroscopy	1	Orthopedic Surgery and Musculoskeletal
Knee Arthrotomy	1	Orthopedic Surgery and Musculoskeletal
Open Reduction of Knee Dislocation	1	Orthopedic Surgery and Musculoskeletal
Amputation Above or Below the Knee	3	Orthopedic Surgery and Musculoskeletal
Open Reduction of Tibial Plateau Fracture	1	Orthopedic Surgery and Musculoskeletal
Patella Reconstruction or Realignment	1	Orthopedic Surgery and Musculoskeletal
Lumbar Discectomy, Foraminotomy or Laminotomy	1	Orthopedic Surgery and Musculoskeletal
Lumbar Fusion	1	Orthopedic Surgery and Musculoskeletal
Lumbar Laminectomy	1	Orthopedic Surgery and Musculoskeletal
Sacral, Ischial or Trochanteric Pressure Injury Closure by Musculocutaneous or Free Flap	5	Orthopedic Surgery and Musculoskeletal
Open Reduction of Radius or Ulna Fracture	1	Orthopedic Surgery and Musculoskeletal
Removal of Posterior Spinal Instrumentation	1	Orthopedic Surgery and Musculoskeletal
Shoulder Arthroplasty	1	Orthopedic Surgery and Musculoskeletal
Shoulder Arthroscopy	1	Orthopedic Surgery and Musculoskeletal
Shoulder Hemiarthroplasty	1	Orthopedic Surgery and Musculoskeletal
Posterior Instrumentation of Spine for Scoliosis	3	Orthopedic Surgery and Musculoskeletal
Open Reduction of Tibia or Fibula Shaft Fracture	1	Orthopedic Surgery and Musculoskeletal
Adult Tibial Osteotomy	1	Orthopedic Surgery and Musculoskeletal
Wrist Arthroplasty	1	Orthopedic Surgery and Musculoskeletal
Wrist Arthroscopy	1	Orthopedic Surgery and Musculoskeletal
Open Treatment of Wrist Fracture	1	Orthopedic Surgery and Musculoskeletal
Pediatric Open Reduction for Congenital Hip Dislocation	1	Orthopedic Surgery and Musculoskeletal
Pediatric Closed Reduction of Slipped Upper Femoral Epiphysis	1	Orthopedic Surgery and Musculoskeletal
Pediatric Posterior Instrumentation for Spine Scoliosis	3	Orthopedic Surgery and Musculoskeletal
Child or Adolescent Tibial Osteotomy	1	Orthopedic Surgery and Musculoskeletal
Pediatric Aspiration of Foreign Body	1	Pulmonary and Thoracic
Pediatric Asthma	2	Pulmonary and Thoracic
Pediatric Bronchiolitis	2	Pulmonary and Thoracic
Pediatric Bronchopulmonary Dysplasia	2	Pulmonary and Thoracic
Pediatric COVID-19	2	Pulmonary and Thoracic
Pediatric Croup	2	Pulmonary and Thoracic
Pediatric Lung Transplant	12	Pulmonary and Thoracic
Pediatric Pertussis Under Age 1 Year	2	Pulmonary and Thoracic
Pediatric Pneumonia	2	Pulmonary and Thoracic
Pediatric Pneumothorax	2	Pulmonary and Thoracic
Asthma	2	Pulmonary and Thoracic
Chronic Obstructive Pulmonary Disease	2	Pulmonary and Thoracic
Cor Pulmonale	3	Pulmonary and Thoracic
COVID-19	2	Pulmonary and Thoracic
Lung Lobectomy	4	Pulmonary and Thoracic
Lung Lobectomy by Video-Assisted Thoracic Surgery	2	Pulmonary and Thoracic
Lung Transplant	12	Pulmonary and Thoracic
Mediastinoscopy	1	Pulmonary and Thoracic
Pleural Effusion	2	Pulmonary and Thoracic
Pneumonia	2	Pulmonary and Thoracic
Pneumonia due to Aspiration	3	Pulmonary and Thoracic
Pneumocystic Pneumonia	4	Pulmonary and Thoracic

Pulmonary Embolism	4	Pulmonary and Thoracic
Rib Fracture	2	Pulmonary and Thoracic
Thoracotomy	3	Pulmonary and Thoracic
Thoracotomy by Video-Assisted Thoracic Surgery	1	Pulmonary and Thoracic
Skilled Nursing Facility Rehabilitation	5	Rehabilitation
Inpatient Rehabilitation	5	Rehabilitation
Long-term Post-acute Care	5	Rehabilitation
Pediatric Renal Transplant	5	Urology
Pediatric Urinary Tract Infection	2	Urology
Cystotomy	1	Urology
Transurethral Destruction of Bladder Lesion	1	Urology
Complete Cystectomy	5	Urology
Open Nephrectomy	2	Urology
Laparoscopic Nephrectomy	1	Urology
Percutaneous Nephrostomy	1	Urology
Orchiectomy	1	Urology
Radical Prostatectomy	1	Urology
Transurethral Resection Prostatectomy	1	Urology
Renal Transplant	4	Urology
Nontransurethral Ureterotomy for Stone	1	Urology
Excision of Urethral Diverticulum	1	Urology
Urethroplasty	1	Urology
Urinary Tract Infection	2	Urology

**Appendix B: Prior Authorization Exemption Clinical Guidelines (TX HB3459) for  
Behavioral Health Inpatient Hospitalizations**

Primary Indication for Hospitalization	Maximum Allowable Days for PA Exemption (per member per hospitalization)	Condition Category
--	--	--------------------

Psychiatric Inpatient Hospitalization

3

Behavioral Health

## Appendix C: Prior Authorization Exemption Clinical Guidelines (TX HB3459) for Medications

Drug Class	Maximum Allowable Days Supply for PA Exemption (per member per inpatient hospitalization)
------------	---

GLP-1 agonists including semaglutide (Ozempic, Rybelsus, Wegovy); Dulaglutide (Trulicity); Liraglutide (Victoza, Saxenda); Exenatide (Byetta, Bydureon Bcise); Lixisenatide (Adlyxin)

90 days supply

GIP and GLP-1 agonists, including Tirzepatide (Mounjaro, Zepbound)

90 days supply