

Medicaid and CHIP Precertification Effective Dates

To search this document, press the Ctrl key and the F key simultaneously on your keyboard then type in the keyword or code you are looking for.

Disclaimer: This procedure code listing is for Outpatient Procedures performed by a Participating Provider. Authorization requirements noted in this list are current as of the date/time the report was provided in April/2025. The authorization requirements may change. Please refer to the Newsletters located under the "Communications" section on the Wellpoint Provider Website for any scheduled changes (link provided below). Wellpoint may request specific additional information upon review of the request for prior authorization. Please refer to the Precertification Look-Up Tool to review specific codes (link provided below).

Wellpoint in Texas Provider Website: provider.wellpoint.com/texas-provider/home

Precertification Look-Up Tool: provider.wellpoint.com/texas-provider/resources/prior-authorization-requirements/precertification-lookup

Prior Authorization: Requirements, Contact Information, Pharmacy, Etc.: provider.wellpoint.com/texas-provider/resources/prior-authorization-requirements

Prior Authorization Forms: provider.wellpoint.com/texas-provider/resources/forms

Medical Policies and Clinical Utilization Management Guidelines: provider.wellpoint.com/texas-provider/resources/manuals-and-guides/medical-policies-and-clinical-guidelines

Texas Medicaid Provider Procedure Manual (TMPPM): <https://www.tmhp.com/resources/provider-manuals/tmppm>

For assistance with Prior Authorizations please contact Wellpoint's Provider Services at **833-731-2162**, available 8 a.m. to 5 p.m. Central time, Monday thru Friday.



Medicaid and CHIP Precertification Effective Dates

<https://provider.wellpoint.com/tx>

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- Wellpoint Provider Website** : <https://www.provider.wellpoint.com/texas-provider/home>
- Precertification Look-Up Tool** : <https://www.provider.wellpoint.com/texas-provider/resources/prior-authorization-requirements/precertification-lookup>
- Prior Authorization Requirements, Contact Information, Pharmacy, Etc.** : <https://www.provider.wellpoint.com/texas-provider/resources/prior-authorization-requirements>
- Prior Authorization Forms** : <https://www.provider.wellpoint.com/texas-provider/resources/forms>
- Medical Policies and Clinical Utilization Management Guidelines** : <https://www.provider.wellpoint.com/texas-provider/resources/manuals-and-guides/medical-policies-and-clinical-guidelines>
- Texas Medicaid Provider Procedure Manual (TMPPM)** : <https://www.tmhp.com/resources/provider-manuals/tmppm>

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State	Line of Business	Procedure Code	Procedure Code Description	Authorization Required	Policy/Clinical Guidelines	Third Party Guidelines	State Guidelines	CMS Guidelines	Effective Date	Termination Date
Texas	Medicaid/CHIP	0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	Yes		Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	None	None	9/1/2021	12/31/9999
Texas	Medicaid/CHIP	0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	Yes		Carelon Benefits Medical Management: Somatic Tumor Testing	None	None	9/1/2021	12/31/9999
Texas	Medicaid/CHIP	0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	Yes		Carelon Benefits Medical Management: Somatic Tumor Testing	None	None	9/1/2021	12/31/9999
Texas	Medicaid/CHIP	0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	5/1/2018	12/31/9999

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Texas	Medicaid/CHIP	0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	9/1/2020	12/31/9999
Texas	Medicaid/CHIP	0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	11/1/2019	12/31/9999

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Texas	Medicaid/CHIP	0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	Yes	LAB.00011	None	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	Yes	CG-LAB-09	None	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Yes		Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	11/1/2019	12/31/9999

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Texas	Medicaid/CHIP	0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	Yes	LAB.00048	None	None	None	6/1/2023	12/31/9999
Texas	Medicaid/CHIP	0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	4/1/2020	12/31/9999
Texas	Medicaid/CHIP	0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	Yes	LAB.00039	None	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	Yes	LAB.00039	None	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	4/1/2020	12/31/9999
Texas	Medicaid/CHIP	0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	9/1/2020	12/31/9999

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Texas	Medicaid/CHIP	0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	4/1/2020	12/31/9999
Texas	Medicaid/CHIP	0156U	Copy number (eg, intellectual disability, dysmorphism), sequence analysis	Yes		Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	None	None	1/1/2020	12/31/9999
Texas	Medicaid/CHIP	0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	1/1/2020	12/31/9999
Texas	Medicaid/CHIP	0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	1/1/2020	12/31/9999
Texas	Medicaid/CHIP	0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	1/1/2020	12/31/9999
Texas	Medicaid/CHIP	0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	1/1/2020	12/31/9999
Texas	Medicaid/CHIP	0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	1/1/2020	12/31/9999
Texas	Medicaid/CHIP	0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	5/1/2021	12/31/9999
Texas	Medicaid/CHIP	0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 gene	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	11/1/2020	12/31/9999
Texas	Medicaid/CHIP	0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	11/1/2020	12/31/9999

Medical Policies and Clinical Utilization Management Guidelines : <https://www.provider.wellpoint.com/texas-provider/resources/manuals-and-guides/medical-policies-and-clinical-guidelines>

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Texas	Medicaid/CHIP	0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	9/1/2020	12/31/9999
Texas	Medicaid/CHIP	0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	9/1/2020	12/31/9999
Texas	Medicaid/CHIP	0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	Yes		Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	10/1/2020	12/31/9999
Texas	Medicaid/CHIP	0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	Yes	LAB.00046	None	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)	Yes	LAB.00046	None	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	Yes		Carelon Medical Benefits Management: Chromosomal Microarray Analysis	None	None	10/1/2020	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	12/1/2020	12/31/9999

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Texas	Medicaid/CHIP	0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	Yes		Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	None	None	12/1/2020	12/31/9999
Texas	Medicaid/CHIP	0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)	Yes		Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	None	None	12/1/2020	12/31/9999
Texas	Medicaid/CHIP	0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	Yes		Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	None	None	12/1/2020	12/31/9999
Texas	Medicaid/CHIP	0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)	Yes		Carelon Medical Benefits Management: Whole Exome Sequencing and Whole Genome Sequencing	None	None	12/1/2020	12/31/9999
Texas	Medicaid/CHIP	0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/1/2020	12/31/9999
Texas	Medicaid/CHIP	0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/1/2020	12/31/9999

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Texas	Medicaid/CHIP	0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/1/2020	12/31/9999
Texas	Medicaid/CHIP	0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	Yes		Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	1/1/2021	12/31/9999

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Texas	Medicaid/CHIP	0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	9/1/2021	12/31/9999
Texas	Medicaid/CHIP	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	9/1/2021	12/31/9999
Texas	Medicaid/CHIP	0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysi	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	11/1/2021	12/31/9999
Texas	Medicaid/CHIP	0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	Yes	CG-BEH-02	MCG: BHG: B-806-T: Applied Behavioral Analysis	None	None	7/1/2014	12/31/9999

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Texas	Medicaid/CHIP	0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	Yes	CG-BEH-02	MCG: BHG: B-806-T: Applied Behavioral Analysis	None	None	7/1/2014	12/31/9999
Texas	Medicaid/CHIP	0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	Yes		MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	Yes	TRANS.00039	None	None	None	1/1/2018	12/31/9999
Texas	Medicaid/CHIP	0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	Yes	TRANS.00039	None	None	None	1/1/2018	12/31/9999
Texas	Medicaid/CHIP	0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)	Yes	TRANS.00039	None	None	None	1/1/2018	12/31/9999

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Texas	Medicaid/CHIP	0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	Yes		Carelon Medical Benefits Management: Endovascular Revascularization; MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	15782	Dermabrasion; Regional, Other Than Face	Yes	ANC.00007	MCG: GRG: PG-WS: Wound and Skin Management GRG	TMPPM 9.2.70 Skin Therapy	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15786	Abrasion; Single Lesion	Yes	ANC.00007	MCG: GRG: PG-WS: Wound and Skin Management GRG	TMPPM 9.4.2 Benefits and limitations	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15787	Abrasion; Add'l 4 Lesions/<	Yes	ANC.00007	MCG: GRG: PG-WS: Wound and Skin Management GRG	TMPPM 9.4.2 Benefits and limitations	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15789	Chemical Peel, Facial; Dermal	Yes	ANC.00007	MCG: GRG: PG-WS: Wound and Skin Management GRG	TMPPM 9.4.2 Benefits and limitations	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15792	Chemical Peel, Nonfacial; Epidermal	Yes	ANC.00007	MCG: GRG: PG-WS: Wound and Skin Management GRG	TMPPM 9.2.70 Skin Therapy	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15793	Chemical Peel, Nonfacial; Dermal	Yes	ANC.00007	MCG: GRG: PG-WS: Wound and Skin Management GRG	TMPPM 9.2.70 Skin Therapy	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15821	Blepharoplasty, Lower Eyelid; W/Extensive Herniated Fat Pad	Yes	CG-SURG-03	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.2.13 Blepharoplasty	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	15824	Rhytidectomy; Forehead	Yes	ANC.00008, SURG.00096	MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15826	Rhytidectomy; Glabellar Frown Lines	Yes	ANC.00008, SURG.00096	MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15828	Rhytidectomy; Cheek, Chin, & Neck	Yes	ANC.00008	MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen, infraumbilical panniculectomy	Yes		MCG: GRG: PG-WS: Wound and Skin Management GRG	TMPPM Guidelines	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Yes	ANC.00009	MCG: GRG: PG-WS: Wound and Skin Management GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Yes	ANC.00009	MCG: GRG: PG-WS: Wound and Skin Management GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Yes	ANC.00009	MCG: GRG: PG-WS: Wound and Skin Management GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Yes	ANC.00009	MCG: GRG: PG-WS: Wound and Skin Management GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Yes	ANC.00009	MCG: GRG: PG-WS: Wound and Skin Management GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)	Yes	ANC.00008	MCG: GRG: PG-WS: Wound and Skin Management GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)	Yes	ANC.00008	MCG: GRG: PG-WS: Wound and Skin Management GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique	Yes	ANC.00008	MCG: GRG: PG-WS: Wound and Skin Management GRG	None	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer	Yes	ANC.00008	MCG: GRG: PG-WS: Wound and Skin Management GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	15877	Suction Assisted Lipectomy; Trunk	Yes	ANC.00009, CG-SURG-116, CG-SURG-88	MCG: GRG: PG-WS: Wound and Skin Management GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	17106	Destruction, Cutaneous Vascular Proliferative Lesions; < 10 Sq Cm	Yes	ANC.00007	MCG: GRG: PG-WS: Wound and Skin Management GRG	TMPPM 9.2.70 Skin Therapy	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	17107	Destruction, Cutaneous Vascular Proliferative Lesions; 10.0-50.0 Sq Cm	Yes	ANC.00007	MCG: GRG: PG-WS: Wound and Skin Management GRG	TMPPM 9.2.70 Skin Therapy	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	17108	Destruction, Cutaneous Vascular Proliferative Lesions; > 50.0 Sq Cm	Yes	ANC.00007	MCG: GRG: PG-WS: Wound and Skin Management GRG	TMPPM 9.2.70 Skin Therapy	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	17380	Electrolysis epilation, each 30 minutes	Yes	ANC.00007	MCG: GRG: PG-WS: Wound and Skin Management GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	TMPPM 6.2.10 Brachytherapy	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	TMPPM 6.2.10 Brachytherapy	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	TMPPM 6.2.10 Brachytherapy	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	19300	Mastectomy for gynecomastia	Yes		MCG: GRG: W0142: General Surgery or Procedure GRG	Texas Medicaid Provider Procedures Manual -	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	19318	Reduction Mammoplasty	Yes		MCG: GRG: W0142: General Surgery or Procedure GRG	Texas Medicaid Provider Procedures Manual -	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	19325	Mammoplasty, Augmentation; W/Prosthetic Implant	Yes		MCG: GRG: W0142: General Surgery or Procedure GRG	Texas Medicaid Provider Procedures Manual -	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	19330	Removal, Mammary Implant Matl	Yes		MCG: GRG: W0142: General Surgery or Procedure GRG	TMPPM 9.2.44.3.2 Treatment for	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	19364	Breast Reconstruction W/Free Flap	Yes		MCG: GRG: W0142: General Surgery or Procedure GRG, ISC: W0023: Mastectomy, Complete, with Tissue Flap Reconstruction , ISC: W0023-RRG: Mastectomy, Complete, with Tissue Flap Reconstruction RRG, RFC: S-5858: Mastectomy	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	19367	Breast Reconstruction W/Myocutaneous (Tram) Flap, Single Pedicle W/Closure Donor Site;	Yes		MCG: GRG: W0142: General Surgery or Procedure GRG, RFC: S-5858: Mastectomy	Texas Medicaid Provider Procedures Manual - Medical and Nursing	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast	Yes		MCG: GRG: W0142: General Surgery or Procedure GRG, ISC: W0023: Mastectomy, Complete, with Tissue Flap Reconstruction , ISC: W0023-RRG: Mastectomy, Complete, with Tissue Flap Reconstruction RRG, RFC: S-5858: Mastectomy	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site	Yes		MCG: ISC: W0023: Mastectomy, Complete, with Tissue Flap Reconstruction , RFC: S-5858: Mastectomy, GRG: W0142: General Surgery or Procedure GRG, ISC: W0023-RRG: Mastectomy, Complete, with Tissue Flap Reconstruction RRG	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.42.3 Breast Reconstruction	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	20200	Bx, Muscle; Superficial	Yes		MCG: ISC: S-495-RRG: Foot: Surgical Wound Care RRG, GRG: W0118: Musculoskeletal Surgery or Procedure GRG, ISC: S-495: Foot: Surgical Wound Care	TMPPM 9.4.2.1 Additional Payable Procedure codes	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	20205	Bx, Muscle; Deep	Yes		MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG, ISC: S-495: Foot: Surgical Wound Care, ISC: S-495-RRG: Foot: Surgical Wound Care RRG	TMPPM 9.4.2.1 Additional Payable Procedure codes	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	20206	Bx, Muscle, Percutaneous Needle	Yes		MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG, ISC: S-495: Foot: Surgical Wound Care, ISC: S-495-RRG: Foot: Surgical Wound Care RRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	TMPPM 9.2.14 Bone Growth Stimulation	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	21083	Impression & Custom Preparation; Palatal Lift Prosthesis	Yes	ANC.00008	MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	TMPPM 9.4.2.1 Additional Payable Procedure codes	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	21086	Impression & Custom Preparation; Auricular Prosthesis	Yes	ANC.00008	MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin	Yes		MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.2.51.1 Prior Authorization for Orthognathic Surgery	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	21137	Reduction Forehead; Contouring Only	Yes	ANC.00008	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.2.51.1 Prior Authorization for	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft	Yes	ANC.00008	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.2.51.1 Prior Authorization for Orthognathic Surgery	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	21159	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I	Yes	ANC.00008	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.2.51.1 Prior Authorization for Orthognathic Surgery	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	21160	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/Lefort I	Yes	ANC.00008	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.2.51.1 Prior Authorization for Orthognathic Surgery	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft	Yes	SURG.00129	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.2.51.1 Prior Authorization for Orthognathic Surgery	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation	Yes	SURG.00129	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.2.51.1 Prior Authorization for Orthognathic Surgery	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement	Yes	SURG.00129	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.2.51.1 Prior Authorization for	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	21206	Osteotomy, Maxilla, Segmental	Yes	SURG.00129	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.2.51.1 Prior Authorization for	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)	Yes	ANC.00008	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.2.51.1 Prior Authorization for Orthognathic Surgery	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	21685	Hyoid Myotomy and Suspension	Yes	SURG.00129	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.4.2.1 Additional Payable Procedure Codes	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open	Yes	ANC.00009	MCG: GRG: SG-TS: Thoracic Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy	Yes	ANC.00009	MCG: GRG: SG-TS: Thoracic Surgery or Procedure GRG	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy	Yes	ANC.00009	MCG: GRG: SG-TS: Thoracic Surgery or Procedure GRG	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le	Yes	SURG.00052	MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance; 1 or mor	Yes	SURG.00052	MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-820: Lumbar Fusion, ISC: S-820-RRG: Lumbar Fusion RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-820: Lumbar Fusion, ISC: S-820-RRG: Lumbar Fusion RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	22548	Arthrodesis, Anterior Transoral/Extraoral, Atlas-Axis, W/Wo Excision Odontoid Process	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-320: Cervical Fusion, Anterior, ISC: S-320-RRG: Cervical Fusion, Anterior RRG, RFC: S-5310: Cervical Spine Surgery	None	None	12/1/2014	12/31/9999
Texas	Medicaid/CHIP	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-320: Cervical Fusion, Anterior, ISC: S-320-RRG: Cervical Fusion, Anterior RRG, RFC: S-5310: Cervical Spine Surgery	None	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-320: Cervical Fusion, Anterior, ISC: S-320-RRG: Cervical Fusion, Anterior RRG, RFC: S-5310: Cervical Spine Surgery	None	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	22554	Arthrodesis, Anterior Interbody, W/Mininmal Diskectomy; Cervical Below C2	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-320: Cervical Fusion, Anterior, ISC: S-320-RRG: Cervical Fusion, Anterior RRG, RFC: S-5310: Cervical Spine Surgery	None	None	12/1/2014	12/31/9999
Texas	Medicaid/CHIP	22558	Arthrodesis, Anterior Interbody, W/Mininmal Diskectomy; Lumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-820: Lumbar Fusion, ISC: S-820-RRG: Lumbar Fusion RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	22585	Arthrodesis, Anterior Interbody, W/Mininmal Diskectomy; Add'l Interspace	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-320: Cervical Fusion, Anterior, ISC: S-320-RRG: Cervical Fusion, Anterior RRG, ISC: S-820: Lumbar Fusion, ISC: S-820-RRG: Lumbar Fusion RRG, RFC: S-5310: Cervical Spine Surgery, RFC: S-5810: Lumbar Spine Surgery	None	None	12/1/2014	12/31/9999

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Texas	Medicaid/CHIP	22590	Arthrodesis, Posterior Technique, Craniocervical	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-330: Cervical Fusion, Posterior, ISC: S-330-RRG: Cervical Fusion, Posterior RRG, RFC: S-5310: Cervical Spine Surgery	None	None	12/1/2014	12/31/9999
Texas	Medicaid/CHIP	22595	Arthrodesis, Posterior Technique, Atlas-Axis	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-330-RRG: Cervical Fusion, Posterior RRG, ISC: S-330: Cervical Fusion, Posterior, RFC: S-5310: Cervical Spine Surgery	None	None	12/1/2014	12/31/9999
Texas	Medicaid/CHIP	22600	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Cervical Below C2	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: RFC: S-5310: Cervical Spine Surgery; MCG: ISC: S-330: Cervical Fusion, Posterior, ISC: S-330-RRG: Cervical Fusion, Posterior RRG, RFC: S-5310: Cervical Spine Surgery	None	None	12/1/2014	12/31/9999
Texas	Medicaid/CHIP	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-820: Lumbar Fusion, ISC: S-820-RRG: Lumbar Fusion RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	22614	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Add'l Segment	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0176: Neurosurgery or Procedure GRG, RFC: S-5310: Cervical Spine Surgery, ISC: S-330: Cervical Fusion, Posterior, ISC: S-330-RRG: Cervical Fusion, Posterior RRG	None	None	12/1/2014	12/31/9999
Texas	Medicaid/CHIP	22630	Arthrodesis, Post Interbody W/Laminectomy &/Or Discect, Prep Interspace, Single Interspace; Lumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-820: Lumbar Fusion, ISC: S-820-RRG: Lumbar Fusion RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	22632	Arthrodesis, Post Interbody W/Laminect &/Or Discect, Prep Interspace, Sngl Intrspc; Add'l Interspc	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG, ISC: S-820: Lumbar Fusion, ISC: S-820-RRG: Lumbar Fusion RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: RFC: S-5810: Lumbar Spine Surgery, ISC: S-820: Lumbar Fusion, ISC: S-820-RRG: Lumbar Fusion RRG	None	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-820: Lumbar Fusion, ISC: S-820-RRG: Lumbar Fusion RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	22800	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; Up To 6 Vertebral Segments	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: P-1056: Spine, Scoliosis, Posterior Instrumentation, Pediatric, ISC: P-1056-RRG: Spine, Scoliosis, Posterior Instrumentation, Pediatric RRG, ISC: S-1056: Spine, Scoliosis, Posterior Instrumentation, ISC: S-1056-RRG: Spine, Scoliosis, Posterior Instrumentation RRG	None	None	11/1/2015	12/31/9999
Texas	Medicaid/CHIP	22802	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 7 To 12 Vertebral Segments	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: P-1056: Spine, Scoliosis, Posterior Instrumentation, Pediatric, ISC: P-1056-RRG: Spine, Scoliosis, Posterior Instrumentation, Pediatric RRG, ISC: S-1056: Spine, Scoliosis, Posterior Instrumentation, ISC: S-1056-RRG: Spine, Scoliosis, Posterior Instrumentation RRG	None	None	11/1/2015	12/31/9999
Texas	Medicaid/CHIP	22804	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 13+ Vertebral Segments	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: P-1056: Spine, Scoliosis, Posterior Instrumentation, Pediatric, ISC: P-1056-RRG: Spine, Scoliosis, Posterior Instrumentation, Pediatric RRG, ISC: S-1056: Spine, Scoliosis, Posterior Instrumentation, ISC: S-1056-RRG: Spine, Scoliosis, Posterior Instrumentation RRG	None	None	11/1/2015	12/31/9999
Texas	Medicaid/CHIP	22808	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 2 To 3 Vertebral Segments	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	11/1/2015	12/31/9999
Texas	Medicaid/CHIP	22810	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 4 To 7 Vertebral Segments	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	11/1/2015	12/31/9999
Texas	Medicaid/CHIP	22812	Spinal Fixation, Wiring, Spinous Processes	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	11/1/2015	12/31/9999

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Texas	Medicaid/CHIP	22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	11/1/2015	12/31/9999
Texas	Medicaid/CHIP	22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	11/1/2015	12/31/9999
Texas	Medicaid/CHIP	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	27120	Acetabuloplasty;	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	7/1/2019	12/31/9999
Texas	Medicaid/CHIP	27122	Acetabuloplasty; Resection, Femoral Head	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	7/1/2019	12/31/9999
Texas	Medicaid/CHIP	27125	Hemiarthroplasty, Hip, Partial	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG, ISC: S-560: Hip Arthroplasty, ISC: S-560-RRG: Hip Arthroplasty RRG, RFC: I-5560: Inpatient Rehabilitation Facility (Acute Rehabilitation): Hip Arthroplasty, RFC: S-5560: Hip Arthroplasty	None	None	5/1/2016	12/31/9999
Texas	Medicaid/CHIP	27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-560: Hip Arthroplasty, ISC: S-560-RRG: Hip Arthroplasty RRG, RFC: I-5560: Inpatient Rehabilitation Facility (Acute Rehabilitation): Hip Arthroplasty, RFC: S-5560: Hip Arthroplasty	None	None	5/1/2016	12/31/9999
Texas	Medicaid/CHIP	27132	Conversion, Previous Hip Surgery To Total Hip Arthroplasty, W/Wo Autograft/Allograft	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: RFC: S-5560: Hip Arthroplasty, RFC: I-5560: Inpatient Rehabilitation Facility (Acute Rehabilitation): Hip Arthroplasty, ISC: S-560: Hip Arthroplasty, ISC: S-560-RRG: Hip Arthroplasty RRG	None	None	5/1/2016	12/31/9999

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Texas	Medicaid/CHIP	27134	Revision, Total Hip Arthroplasty; Both Components, W/Wo Autograft/Allograft	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: RFC: I-5560: Inpatient Rehabilitation Facility (Acute Rehabilitation): Hip Arthroplasty, RFC: S-5560: Hip Arthroplasty, ISC: S-560: Hip Arthroplasty, ISC: S-560-RRG: Hip Arthroplasty RRG	None	None	5/1/2016	12/31/9999
Texas	Medicaid/CHIP	27138	Revision, Total Hip Arthroplasty; Femoral Component Only, W/Wo Allograft	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: RFC: S-5560: Hip Arthroplasty, ISC: S-560: Hip Arthroplasty, ISC: S-560-RRG: Hip Arthroplasty RRG, RFC: I-5560: Inpatient Rehabilitation Facility (Acute Rehabilitation): Hip Arthroplasty	None	None	5/1/2016	12/31/9999
Texas	Medicaid/CHIP	27412	Autologous Chondrocyte Implantation, Knee	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	27415	Osteochondral allograft, knee, open	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	27437	Arthroplasty, Patella; W/O Prosthesis	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	7/1/2019	12/31/9999
Texas	Medicaid/CHIP	27445	Arthroplasty, Knee, Hinge Prosthesis	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: RFC: CMG-012-RF: Knee Arthroplasty and Dementia - Comorbidity Management, ISC: S-700-RRG: Knee Arthroplasty, Total RRG, RFC: I-5700: Inpatient Rehabilitation Facility (Acute Rehabilitation): Knee Arthroplasty, ISC: S-700: Knee Arthroplasty, Total, RFC: S-5700: Knee Arthroplasty, Total	None	None	5/1/2016	12/31/9999

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Texas	Medicaid/CHIP	27447	Arthroplasty, Knee, Condyle & Plateau; Medial & Lateral Compartments, W/Wo Patella Resurfacing	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-700: Knee Arthroplasty, Total, ISC: S-700-RRG: Knee Arthroplasty, Total RRG, RFC: CMG-012-RF: Knee Arthroplasty and Dementia - Comorbidity Management, RFC: I-5700: Inpatient Rehabilitation Facility (Acute Rehabilitation): Knee Arthroplasty, RFC: S-5700: Knee Arthroplasty, Total	None	None	5/1/2016	12/31/9999
Texas	Medicaid/CHIP	27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	7/1/2019	12/31/9999
Texas	Medicaid/CHIP	28446	Open osteochondral autograft, talus (includes obtaining grafts)	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: GRG: W0118: Musculoskeletal Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	29870	Arthroscopy, Knee, Dx, W/Wo Synovial Bx (Sep Proc)	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-705: Knee Arthroscopy, ISC: S-705-RRG: Knee Arthroscopy RRG	None	None	4/1/2016	12/31/9999
Texas	Medicaid/CHIP	29873	Arthroscopy, Knee, Surgical; W/Lateral Release	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-705: Knee Arthroscopy, ISC: S-705-RRG: Knee Arthroscopy RRG	None	None	4/1/2016	12/31/9999
Texas	Medicaid/CHIP	29874	Arthroscopy, Knee, Surgical; Removal, Loose/Fb	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-705: Knee Arthroscopy, ISC: S-705-RRG: Knee Arthroscopy RRG	None	None	4/1/2016	12/31/9999
Texas	Medicaid/CHIP	29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Sep Proc)	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-705: Knee Arthroscopy, ISC: S-705-RRG: Knee Arthroscopy RRG	None	None	4/1/2016	12/31/9999
Texas	Medicaid/CHIP	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-705: Knee Arthroscopy, ISC: S-705-RRG: Knee Arthroscopy RRG	None	None	4/1/2016	12/31/9999
Texas	Medicaid/CHIP	29877	Arthroscopy, Knee, Surgical; Debridement/Shaving, Articular Cartilage (Chondroplasty)	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-705: Knee Arthroscopy, ISC: S-705-RRG: Knee Arthroscopy RRG	None	None	4/1/2016	12/31/9999
Texas	Medicaid/CHIP	29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (W/Chondroplasty)/Multiple Drilling/Microfx	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-705: Knee Arthroscopy, ISC: S-705-RRG: Knee Arthroscopy RRG	None	None	4/1/2016	12/31/9999

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Texas	Medicaid/CHIP	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-705: Knee Arthroscopy, ISC: S-705-RRG: Knee Arthroscopy RRG	None	None	4/1/2016	12/31/9999
Texas	Medicaid/CHIP	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-705: Knee Arthroscopy, ISC: S-705-RRG: Knee Arthroscopy RRG	None	None	4/1/2016	12/31/9999
Texas	Medicaid/CHIP	29882	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial/Lateral	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-705-RRG: Knee Arthroscopy RRG, ISC: S-705: Knee Arthroscopy	None	None	4/1/2016	12/31/9999
Texas	Medicaid/CHIP	29883	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial & Lateral	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-705-RRG: Knee Arthroscopy RRG, ISC: S-705: Knee Arthroscopy	None	None	4/1/2016	12/31/9999
Texas	Medicaid/CHIP	29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesions, W/Wo Manipulation (Sep Proc)	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-705: Knee Arthroscopy, ISC: S-705-RRG: Knee Arthroscopy RRG	None	None	4/1/2016	12/31/9999
Texas	Medicaid/CHIP	29885	Arthroscopy, Knee, Surgical; Drill, Osteochondritis Dissecans W/Bone Graft, W/Wo Int/Ext Fixation	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-705: Knee Arthroscopy, ISC: S-705-RRG: Knee Arthroscopy RRG	None	None	4/1/2016	12/31/9999
Texas	Medicaid/CHIP	29886	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-705-RRG: Knee Arthroscopy RRG, ISC: S-705: Knee Arthroscopy	None	None	4/1/2016	12/31/9999
Texas	Medicaid/CHIP	29887	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion W/Int Fixation	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-705: Knee Arthroscopy, ISC: S-705-RRG: Knee Arthroscopy RRG	None	None	4/1/2016	12/31/9999
Texas	Medicaid/CHIP	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-572: Hip Arthroscopy, ISC: S-572-RRG: Hip Arthroscopy RRG	None	None	5/1/2016	12/31/9999
Texas	Medicaid/CHIP	29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-572: Hip Arthroscopy, ISC: S-572-RRG: Hip Arthroscopy RRG	None	None	5/1/2016	12/31/9999
Texas	Medicaid/CHIP	29916	Arthroscopy, hip, surgical; with labral repair	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-572: Hip Arthroscopy, ISC: S-572-RRG: Hip Arthroscopy RRG	None	None	5/1/2016	12/31/9999
Texas	Medicaid/CHIP	30120	Excision/Surgical Planing, Skin, Nose, Rhinophyma	Yes	ANC.00008	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.4.2.1 Additional Payable Procedure Codes	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip	Yes	ANC.00008	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.4.2.1 Additional Payable Procedure Codes	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)	Yes	ANC.00008	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.4.2.1 Additional Payable Procedure Codes	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft	Yes	CG-SURG-18, CG-SURG-87	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.4.2.1 Additional Payable Procedure Codes	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	30999	Unlisted Proc, Nose	Yes	MED.00091, SURG.00079, SURG.00157	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.4.2.1 Additional Payable Procedure Codes	None	4/1/2021	12/31/9999
Texas	Medicaid/CHIP	31200	Ethmoidectomy; Intranasal, Anterior	Yes		MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	31201	Ethmoidectomy; Intranasal, Total	Yes		MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	31205	Ethmoidectomy; Extranasal, Total	Yes		MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	Yes	SURG.00157	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	None	None	1/1/2024	12/31/9999
Texas	Medicaid/CHIP	31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	Yes	SURG.00157	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	None	None	1/1/2024	12/31/9999
Texas	Medicaid/CHIP	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: SG-TS: Thoracic Surgery or Procedure GRG	TMPPM 6.2.10 Brachytherapy	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	TMPPM 9.2.63.2 Stereotactic Radiosurgery	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass	Yes		MCG: ISC: W0076: Lung Transplant , ISC: W0076-RRG: Lung Transplant RRG, ISC: W0125: Lung Transplant, Pediatric , ISC: W0125-RRG: Lung Transplant, Pediatric RRG	TMPPM 9.2.50.6 Lung Transplants	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	32852	Lung Transplant, Single; W/Cardiopulmonary Bypass	Yes		MCG: ISC: W0125-RRG: Lung Transplant, Pediatric RRG, ISC: W0076: Lung Transplant , ISC: W0076-RRG: Lung Transplant RRG, ISC: W0125: Lung Transplant, Pediatric	TMPPM 9.2.50.6 Lung Transplants	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass	Yes		MCG: ISC: W0076: Lung Transplant , ISC: W0076-RRG: Lung Transplant RRG, ISC: W0125: Lung Transplant, Pediatric , ISC: W0125-RRG: Lung Transplant, Pediatric RRG	TMPPM 9.2.50.6 Lung Transplants	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass	Yes		MCG: ISC: W0076-RRG: Lung Transplant RRG, ISC: W0076: Lung Transplant , ISC: W0125: Lung Transplant, Pediatric , ISC: W0125-RRG: Lung Transplant, Pediatric RRG	TMPPM 9.2.50.6 Lung Transplants	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	33140	Transmyocardial Laser Revascularization, By Thoracotomy	Yes	SURG.00019	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed W/Other Open Cardiac Proc	Yes	SURG.00019	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber	Yes		Carelon Medical Benefits Management: Cardiac Resynchronization Therapy, Implantable Cardioverter Defibrillators; MCG: ISC: M-157-RRG: Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion RRG, ISC: M-157: Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion	None	None	12/1/2022	12/31/9999
Texas	Medicaid/CHIP	33263	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Dual Lead System	Yes		Carelon Medical Benefits Management: Cardiac Resynchronization Therapy, Implantable Cardioverter Defibrillators; MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	10/1/2024	12/31/9999
Texas	Medicaid/CHIP	33264	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Multiple Lead System	Yes		Carelon Medical Benefits Management: Cardiac Resynchronization Therapy, Implantable Cardioverter Defibrillators; MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	10/1/2024	12/31/9999
Texas	Medicaid/CHIP	33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Yes		Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators; MCG: ISC: M-157: Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion, ISC: M-157-RRG: Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion RRG	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	33271	Insertion of subcutaneous implantable defibrillator electrode	Yes		Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators; MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	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	CG-MED-79	MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMPPM 9.2.45.6 Diaphragm Pacing Neuromuscular Stimulation	None	1/1/2024	12/31/9999
Texas	Medicaid/CHIP	33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	Yes	CG-MED-79	MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMPPM 9.2.45.6 Diaphragm Pacing Neuromuscular Stimulation	None	1/1/2024	12/31/9999

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Texas	Medicaid/CHIP	33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Yes	SURG.00121	MCG: ISC: W0133: Aortic Valve Replacement, Transcatheter , ISC: W0133-RRG: Aortic Valve Replacement, Transcatheter RRG	None	None	1/1/2014	12/31/9999
Texas	Medicaid/CHIP	33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Yes	SURG.00121	MCG: ISC: W0089: Cardiac Valve Replacement or Repair, ISC: W0089-RRG: Cardiac Valve Replacement or Repair RRG, RFC: S-5290: Cardiac Valve Replacement or Repair	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR,	Yes	SURG.00005	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy	Yes		MCG: ISC: W0076: Lung Transplant , ISC: W0076-RRG: Lung Transplant RRG, ISC: W0125: Lung Transplant, Pediatric , ISC: W0125-RRG: Lung Transplant, Pediatric RRG	TMPPM 9.2.50.8 Multi-Organ Transplants	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	33945	Heart Transplant, W/Wo Recipient Cardiectomy	Yes		MCG: ISC: W0017: Heart Transplant , ISC: W0017: Heart Transplant RRG, ISC: W0123: Heart Transplant, Pediatric , ISC: W0123-RRG: Heart Transplant, Pediatric RRG	TMPPM 9.2.50.2 Heart Transplants	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	33975	Insertion, Ventricular Assist Device; Extracorporeal, Single Ventricle	Yes	SURG.00145	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	33976	Insertion, Ventricular Assist Device; Extracorporeal, Biventricular	Yes	SURG.00145	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	33979	Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle	Yes	SURG.00145	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	Yes	SURG.00145	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary	Yes	SURG.00145	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary byp	Yes	SURG.00145	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture	Yes	SURG.00145	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	9/1/2023	12/31/9999

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Texas	Medicaid/CHIP	33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	Yes	SURG.00145	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	9/1/2023	12/31/9999
Texas	Medicaid/CHIP	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Yes	SURG.00145	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	4/1/2021	12/31/9999
Texas	Medicaid/CHIP	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Yes	CG-SURG-119	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	1/1/2018	12/31/9999
Texas	Medicaid/CHIP	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Yes	CG-SURG-119	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	1/1/2018	12/31/9999
Texas	Medicaid/CHIP	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	Yes	CG-SURG-119	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	Yes	CG-SURG-119	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Yes	CG-SURG-119	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Radiofrequency; First Vein Treated	Yes	CG-SURG-119	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	CG-SURG-119	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Laser; First Vein Treated	Yes	CG-SURG-119	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	CG-SURG-119	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;	Yes	CG-SURG-93	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	10/1/2020	12/31/9999
Texas	Medicaid/CHIP	36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	Yes	CG-SURG-93	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	10/1/2020	12/31/9999
Texas	Medicaid/CHIP	36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	Yes	CG-SURG-93	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	10/1/2020	12/31/9999

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Texas	Medicaid/CHIP	36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	Yes	CG-SURG-93	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	10/1/2020	12/31/9999
Texas	Medicaid/CHIP	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	Yes	CG-SURG-93	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	10/1/2020	12/31/9999
Texas	Medicaid/CHIP	36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	Yes	CG-SURG-93	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	10/1/2020	12/31/9999
Texas	Medicaid/CHIP	36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	Yes	CG-SURG-93	MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	10/1/2020	12/31/9999
Texas	Medicaid/CHIP	37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	Yes		Carelon Medical Benefits Management: Endovascular Revascularization; MCG: RFC: S-6310: Percutaneous Revascularization, Lower Extremity; MCG: ISC: S-1310: Percutaneous Revascularization, Lower Extremity, ISC: S-1310-RRG: Percutaneous Revascularization, Lower Extremity RRG, RFC: S-6310: Percutaneous Revascularization, Lower Extremity	None	None	7/1/2018	12/31/9999

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Texas	Medicaid/CHIP	37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Yes		Carelon Medical Benefits Management: Endovascular Revascularization; MCG: RFC: S-6310: Percutaneous Revascularization, Lower Extremity; MCG: ISC: S-1310: Percutaneous Revascularization, Lower Extremity, ISC: S-1310-RRG: Percutaneous Revascularization, Lower Extremity RRG, RFC: S-6310: Percutaneous Revascularization, Lower Extremity	None	None	7/1/2018	12/31/9999
Texas	Medicaid/CHIP	37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Yes		Carelon Medical Benefits Management: Endovascular Revascularization; MCG: RFC: S-6310: Percutaneous Revascularization, Lower Extremity; MCG: ISC: S-1310: Percutaneous Revascularization, Lower Extremity, ISC: S-1310-RRG: Percutaneous Revascularization, Lower Extremity RRG, RFC: S-6310: Percutaneous Revascularization, Lower Extremity	None	None	7/1/2018	12/31/9999
Texas	Medicaid/CHIP	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	Yes		Carelon Medical Benefits Management: Endovascular Revascularization; MCG: RFC: S-6310: Percutaneous Revascularization, Lower Extremity, ISC: S-1310: Percutaneous Revascularization, Lower Extremity, ISC: S-1310-RRG: Percutaneous Revascularization, Lower Extremity RRG, RFC: S-6310: Percutaneous Revascularization, Lower Extremity	None	None	7/1/2018	12/31/9999
Texas	Medicaid/CHIP	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Yes		Carelon Medical Benefits Management: Endovascular Revascularization; MCG: RFC: S-6310: Percutaneous Revascularization, Lower Extremity; MCG: ISC: S-1310: Percutaneous Revascularization, Lower Extremity, ISC: S-1310-RRG: Percutaneous Revascularization, Lower Extremity RRG, RFC: S-6310: Percutaneous Revascularization, Lower Extremity	None	None	7/1/2018	12/31/9999

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Texas	Medicaid/CHIP	37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Yes		Carelon Medical Benefits Management: Endovascular Revascularization; MCG: RFC: S-6310: Percutaneous Revascularization, Lower Extremity; MCG: ISC: S-1310-RRG: Percutaneous Revascularization, Lower Extremity RRG, RFC: S-6310: Percutaneous Revascularization, Lower Extremity, ISC: S-1310: Percutaneous Revascularization, Lower Extremity	None	None	7/1/2018	12/31/9999
Texas	Medicaid/CHIP	37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	Yes		Carelon Medical Benefits Management: Endovascular Revascularization; MCG: RFC: S-6310: Percutaneous Revascularization, Lower Extremity; MCG: RFC: S-6310: Percutaneous Revascularization, Lower Extremity, ISC: S-1310: Percutaneous Revascularization, Lower Extremity, ISC: S-1310-RRG: Percutaneous Revascularization, Lower Extremity RRG	None	None	7/1/2018	12/31/9999
Texas	Medicaid/CHIP	37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	Yes		Carelon Medical Benefits Management: Endovascular Revascularization; MCG: RFC: S-6310: Percutaneous Revascularization, Lower Extremity; MCG: ISC: S-1310: Percutaneous Revascularization, Lower Extremity, ISC: S-1310-RRG: Percutaneous Revascularization, Lower Extremity RRG, RFC: S-6310: Percutaneous Revascularization, Lower Extremity	None	None	7/1/2018	12/31/9999
Texas	Medicaid/CHIP	37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Yes		Carelon Medical Benefits Management: Endovascular Revascularization; MCG: RFC: S-6310: Percutaneous Revascularization, Lower Extremity, ISC: S-1310: Percutaneous Revascularization, Lower Extremity, ISC: S-1310-RRG: Percutaneous Revascularization, Lower Extremity RRG, RFC: S-6310: Percutaneous Revascularization, Lower Extremity	None	None	7/1/2018	12/31/9999

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Texas	Medicaid/CHIP	37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Yes		Carelon Medical Benefits Management: Endovascular Revascularization; MCG: RFC: S-6310: Percutaneous Revascularization, Lower Extremity; MCG: ISC: S-1310: Percutaneous Revascularization, Lower Extremity, ISC: S-1310-RRG: Percutaneous Revascularization, Lower Extremity RRG, RFC: S-6310: Percutaneous Revascularization, Lower Extremity	None	None	7/1/2018	12/31/9999
Texas	Medicaid/CHIP	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	Yes	CG-SURG-119, SURG.00062	MCG: GRG: SG-US: Urologic Surgery or Procedure GRG, GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Yes	CG-SURG-28, CG-SURG-78, RAD.00059	MCG: GRG: SG-US: Urologic Surgery or Procedure GRG, GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	9/1/2016	12/31/9999
Texas	Medicaid/CHIP	38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic	Yes		MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous	Yes	MED.00148, TRANS.00028	MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	TMPPM 9.2.50.9 Nonsolid Organ Transplant	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	38230	Bone marrow harvesting for transplantation; allogeneic	Yes		MCG: GRG: W0074: Medical Oncology GRG	TMPPM 9.2.50.9 Nonsolid Organ Transplant	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	38232	Bone Marrow Harvesting For Transplantation; Autologous	Yes	MED.00148	MCG: GRG: W0074: Medical Oncology GRG	TMPPM 9.2.50.9 Nonsolid Organ Transplant	None	1/1/2012	12/31/9999
Texas	Medicaid/CHIP	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	Yes		MCG: GRG: W0074: Medical Oncology GRG	TMPPM 9.2.50.9 Nonsolid Organ Transplant	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	38241	Hematopoietic progenitor cell (HPC); autologous transplantation	Yes	MED.00148	MCG: GRG: W0074: Medical Oncology GRG	TMPPM 9.2.50.9 Nonsolid Organ Transplant	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	38243	Hematopoietic progenitor cell (HPC); HPC boost	Yes	TRANS.00028	MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	TMPPM 9.2.50.9.3 HPC Boost Infusion	None	1/1/2013	12/31/9999
Texas	Medicaid/CHIP	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	Yes	SURG.00129	MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	42145	Palatopharyngoplasty	Yes	SURG.00129	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMPPM 9.4.2.1 Additional payable procedure codes	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Yes	SURG.00047	MCG: GRG: W0142: General Surgery or Procedure GRG	None	None	4/1/2010	12/31/9999
Texas	Medicaid/CHIP	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Yes	SURG.00047	Carelon Medical Benefits Management: Surgical Site of Care; MCG: GRG: W0142: General Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	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	CG-SURG-101	Carelon Medical Benefits Management: Surgical Site of Care; MCG: GRG: W0142: General Surgery or Procedure GRG	None	None	1/1/2014	12/31/9999
Texas	Medicaid/CHIP	43499	Unlisted Proc, Esophagus	Yes	SURG.00047	MCG: GRG: W0142: General Surgery or Procedure GRG	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	43842	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Vertical-Banded Gastroplasty	Yes		MCG: GRG: W0142: General Surgery or Procedure GRG, ISC: W0054: Gastric Restrictive Procedure with or without Gastric Bypass , ISC: W0054-RRG: Gastric Restrictive Procedure with or without Gastric Bypass RRG	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.8 Bariatric Surgery	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Yes		MCG: ISC: W0054: Gastric Restrictive Procedure with or without Gastric Bypass , ISC: W0054-RRG: Gastric Restrictive Procedure with or without Gastric Bypass RRG	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.8 Bariatric	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	44135	Intestinal Allotransplantation; From Cadaver Donor	Yes		MCG: GRG: W0142: General Surgery or Procedure GRG	TMPPM 9.2.50.3 Intestinal Transplants	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	44136	Intestinal Allotransplantation; From Living Donor	Yes		MCG: GRG: W0142: General Surgery or Procedure GRG	TMPPM 9.2.50.3 Intestinal Transplants	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	44715	Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Venous Anastomosis, Each	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Arterial Anastomosis, Each	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	47133	Donor Hepatectomy, W/Preparation & Maintenance, Allograft; Cadaver Donor	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	TMPPM 9.2.50.5 Liver Transplants	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	47135	Liver Allotransplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age	Yes		MCG: ISC: W0124-RRG: Liver Transplant, Pediatric RRG, ISC: W0034: Liver Transplant , ISC: W0034-RRG: Liver Transplant RRG, ISC: W0124: Liver Transplant, Pediatric	TMPPM 9.2.50.5 Liver Transplants	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical	Yes	CG-SURG-78	MCG: GRG: W0142: General Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	47999	Unlisted Proc, Biliary Tract	Yes		MCG: GRG: W0142: General Surgery or Procedure GRG	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	48160	Pancreatectomy, Total/Subtotal W/Autologous Transplantation Pancreas/Pancreatic Islets	Yes		MCG: GRG: W0142: General Surgery or Procedure GRG	TMPPM 9.2.50.7 Pancreas Transplant	None	9/1/2005	12/31/9999
Texas	Medicaid/CHIP	48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	48554	Transplantation, Pancreatic Allograft	Yes		MCG: GRG: W0142: General Surgery or Procedure GRG	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bilat W/Prep & Maintenance, Allograft	Yes	CG-TRANS-02, TRANS.00011	MCG: GRG: SG-US: Urologic Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	50320	Donor Nephrectomy, Open, Living Donor W/O Allograft Preparation & Maintenance	Yes		MCG: ISC: S-870: Nephrectomy, ISC: S-870-RRG: Nephrectomy RRG	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each	Yes		MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	50340	Recipient Nephrectomy (Sep Proc)	Yes		MCG: ISC: S-870: Nephrectomy, ISC: S-870-RRG: Nephrectomy RRG	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy	Yes		MCG: ISC: W0027: Renal Transplant , ISC: W0027-RRG: Renal Transplant RRG, ISC: W0126: Renal Transplant, Pediatric , ISC: W0126-RRG: Renal Transplant, Pediatric RRG	TMMPH 9.2.50.4, 9.2.50.4.1 Kidney Transplants Prior Authorization for Kidney Transplants	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy	Yes		MCG: ISC: W0126-RRG: Renal Transplant, Pediatric RRG, ISC: W0027: Renal Transplant , ISC: W0027-RRG: Renal Transplant RRG, ISC: W0126: Renal Transplant, Pediatric	TMMPH 9.2.50.4, 9.2.50.4.1 Kidney Transplants Prior Authorization for Kidney Transplants	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	50547	Laparoscopy, Surgical; Donor Nephrectomy, Living Donor W/O Allograft Prep & Maintenance	Yes		MCG: ISC: S-872: Nephrectomy by Laparoscopy, ISC: S-872-RRG: Nephrectomy by Laparoscopy RRG	None	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	51715	Endoscopic Injection, Implant Matl Into Submucosal Tissues, Urethra &/Or Bladder Neck	Yes		MCG: GRG: SG-US: Urologic Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	51721	Transurethral ablation transducer insertion for delivery of thermal ultrasound for prostate	Yes					1/1/2025	12/31/9999
Texas	Medicaid/CHIP	53445	Insertion, Inflatable Urethra/Bladder Neck Sphincter, W/Placement Pump &/Or Reservoir & Cuff	Yes		MCG: GRG: SG-US: Urologic Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	53447	Removal & Replacement, Inflatable Sphincter W/Pump, Reservoir, Cuff, Same Session	Yes		MCG: GRG: SG-US: Urologic Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	53448	Remov & Replace Inflatable Sphincter W/Pump/Reservoir/Cuff, Infected, W/Irrig & Debride	Yes		MCG: GRG: SG-US: Urologic Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	53449	Repair, Inflatable Urethral/Bladder Neck Sphincter Device, Incl Pump/Reservoir/Cuff	Yes		MCG: GRG: SG-US: Urologic Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	54360	Plastic Operation, Penis To Correct Angulation	Yes	ANC.00009	MCG: GRG: SG-US: Urologic Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	54440	Plastic Operation, Penis, Injury	Yes	ANC.00009	MCG: GRG: SG-US: Urologic Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Yes	SURG.00107	MCG: GRG: SG-US: Urologic Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	55860	Exposure, Prostate, Any Approach, Radiation Insertion	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: SG-US: Urologic Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: SG-US: Urologic Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: SG-US: Urologic Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Yes		Carelon Medical Benefits Management: Perirectal Hydrogel Spacer for Prostate Radiotherapy; MCG: GRG: SG-US: Urologic Surgery or Procedure GRG	None	None	5/1/2021	12/31/9999
Texas	Medicaid/CHIP	55882	Transurethral ablation of prostate tissue, using thermal ultrasound; with insertion of ultrasound transducer	Yes					1/1/2025	12/31/9999
Texas	Medicaid/CHIP	55899	Unlisted Proc, Male Genital System	Yes	ANC.00009, CG-SURG-98, MED.00057, MED.00132, SURG.00107, SURG.00161	MCG: GRG: GG-FMMF: Gender-Affirming Surgery or Procedure GRG, GRG: SG-US: Urologic Surgery or Procedure GRG	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	56800	Plastic Repair, Introitus	Yes	ANC.00009	MCG: GRG: SG-OBS: Obstetric and Gynecologic Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: W0074: Medical Oncology GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: SG-OBS: Obstetric and Gynecologic Surgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	57335	Vaginoplasty, Intersex State	Yes	ANC.00009	None	TMMPH 6.15 Clitoroplasty and Vaginoplasty	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	58346	Insertion, Heyman Capsules, Clinical Brachytherapy	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: W0074: Medical Oncology GRG	TMMPH 6.2.10 Brachytherapy"	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	59076	Fetal Shunt Placement, Including Ultrasound Guidance	Yes	CG-SURG-121	MCG: GRG: SG-OBS: Obstetric and Gynecologic Surgery or Procedure GRG	TMMPH 4.1.1 Antepartum and Fetal Invasive Procedures	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Yes		Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton); MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.63.2 Stereotactic Radiosurgery	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (Lis	Yes		Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton); MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.63.2 Stereotactic Radiosurgery	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Yes		Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton); MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.63.2 Stereotactic Radiosurgery	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (Li	Yes		Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton); MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.63.2 Stereotactic Radiosurgery	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton); MCG: GRG: A-APC: Ancillary procedure; use main procedure or diagnosis code	TMMPH 9.2.63.2 Stereotactic Radiosurgery	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	61850	Twist Drill/Burr Hole(S), Implantation, Neurostimulator Electrodes, Cortical	Yes		MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.45.9 Intracranial	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	61860	Craniectomy/Craniotomy, Implantation, Neurostimulator Electrodes, Cerebral, Cortical	Yes		MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.45.9 Intracranial Neurostimulators	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array	Yes		MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.45.9 Intracranial Neurostimulators	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	61864	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array	Yes		MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.45.9 Intracranial Neurostimulators	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array	Yes		MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.45.9 Intracranial Neurostimulators	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	61868	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; ea addl Array	Yes		MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.45.9 Intracranial Neurostimulators	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrode Array	Yes		MCG: BHG: W0166: Vagus Nerve Stimulation, Implantable: Behavioral Health Care, GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.45.9 Intracranial Neurostimulators	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays	Yes		MCG: GRG: W0176: Neurosurgery or Procedure GRG	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians,	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	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	SURG.00026	MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	1/1/2024	12/31/9999
Texas	Medicaid/CHIP	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	SURG.00026	MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	1/1/2024	12/31/9999
Texas	Medicaid/CHIP	62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>	Yes	SURG.00072	MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	62264	Lysis, Perq Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 1 Day	Yes	SURG.00072	MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Yes		MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	1/1/2017	12/31/9999
Texas	Medicaid/CHIP	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	1/1/2017	12/31/9999

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Texas	Medicaid/CHIP	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	1/1/2017	12/31/9999
Texas	Medicaid/CHIP	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	1/1/2017	12/31/9999
Texas	Medicaid/CHIP	63005	Laminectomy W/O Facetectomy/Foraminotomy/Disectomy, 1/2 Segments; Lumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-830-RRG: Lumbar Laminectomy RRG, RFC: S-5810: Lumbar Spine Surgery, ISC: S-830: Lumbar Laminectomy	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	63012	Laminectomy W/Removal, Abnormal Facets, Lumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-830: Lumbar Laminectomy, ISC: S-830-RRG: Lumbar Laminectomy RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	63017	Laminectomy W/O Facetectomy/Foraminotomy/Disectomy, > 2 Segments; Lumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-830: Lumbar Laminectomy, ISC: S-830-RRG: Lumbar Laminectomy RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-810: Lumbar Disectomy, Foraminotomy, or Laminotomy, ISC: S-810-RRG: Lumbar Disectomy, Foraminotomy, or Laminotomy RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-810-RRG: Lumbar Disectomy, Foraminotomy, or Laminotomy RRG, ISC: S-810: Lumbar Disectomy, Foraminotomy, or Laminotomy, RFC: S-5810: Lumbar Spine Surgery	None	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Discect, Re-Explor, Sngle Interspc; Lumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-810: Lumbar Discectomy, Foraminotomy, or Laminotomy, ISC: S-810-RRG: Lumbar Discectomy, Foraminotomy, or Laminotomy RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-810: Lumbar Discectomy, Foraminotomy, or Laminotomy, ISC: S-810-RRG: Lumbar Discectomy, Foraminotomy, or Laminotomy RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	63047	Laminectomy. Facetectomy & Foraminotomy, 1 Segment; Lumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: RFC: S-5810: Lumbar Spine Surgery, ISC: S-830: Lumbar Laminectomy, ISC: S-830-RRG: Lumbar Laminectomy RRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	63048	Laminectomy, Facetectomy & Foraminotomy; Add'l Segment, Cervical/Thoracic/Lumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-830: Lumbar Laminectomy, ISC: S-830-RRG: Lumbar Laminectomy RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-830: Lumbar Laminectomy, ISC: S-830-RRG: Lumbar Laminectomy RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	63057	Transpedicular Approach, Add'l Segment; Thoracic/Lumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-830-RRG: Lumbar Laminectomy RRG, RFC: S-5810: Lumbar Spine Surgery, ISC: S- 830: Lumbar Laminectomy	None	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	63185	Laminectomy with rhizotomy; 1 or 2 segments	Yes	CG-SURG-08	Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	63190	Laminectomy with rhizotomy; more than 2 segments	Yes	CG-SURG-08	Carelon Medical Benefits Management: Spine Surgery; MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	63252	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Thoracolumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-830: Lumbar Laminectomy, ISC: S-830-RRG: Lumbar Laminectomy RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	4/6/2015	12/31/9999

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Texas	Medicaid/CHIP	63267	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Lumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-830: Lumbar Laminectomy, ISC: S-830-RRG: Lumbar Laminectomy RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	63272	Laminectomy, Excision, Intraspinal Lesion Other Than Neoplasm, Intradural; Lumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-830: Lumbar Laminectomy, ISC: S-830-RRG: Lumbar Laminectomy RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	63277	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Lumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: RFC: S-5810: Lumbar Spine Surgery, ISC: S-830: Lumbar Laminectomy, ISC: S-830-RRG: Lumbar Laminectomy RRG	None	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	63282	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Lumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-830: Lumbar Laminectomy, ISC: S-830-RRG: Lumbar Laminectomy RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	63287	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary, Thoracolumbar	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-830: Lumbar Laminectomy, ISC: S-830-RRG: Lumbar Laminectomy RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	63290	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural-Intradural Lesion, Any Level	Yes		Carelon Medical Benefits Management: Spine Surgery; MCG: ISC: S-830: Lumbar Laminectomy, ISC: S-830-RRG: Lumbar Laminectomy RRG, RFC: S-5810: Lumbar Spine Surgery	None	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Yes		Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton); MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.63.2 Stereotactic Radiosurgery	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separat	Yes		Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton); MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.63.2 Stereotactic Radiosurgery	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.45.7 Dorsal Column Neurostimulator (DCN)	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural	Yes	CG-SURG-08	Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.45.7 Dorsal Column Neurostimulator (DCN)	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	63685	Incision/Placement, Spinal Neurostimulator Pulse Generator/Receiver	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.45.7 Dorsal Column Neurostimulator (DCN)	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	64405	Injection, Anesthetic Agent; Greater Occipital Nerve	Yes	SURG.00144	MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	Texas Medicaid Provider Procedures Manual - Medical and Nursing	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	64415	Injection, Anesthetic Agent; Brachial Plexus, Single	Yes	SURG.00140	MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	TMMPH 9.2.52 Osteopathic Manipulative Treatment (OMT)	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	64417	Injection, Anesthetic Agent; Axillary Nerve	Yes	SURG.00140	MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	TMMPH 9.2.52 Osteopathic Manipulative Treatment (OMT)	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	64447	Injection, Anesthetic Agent; Femoral Nerve, Single	Yes	SURG.00140	MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	TMMPH 9.2.52 Osteopathic Manipulative Treatment (OMT)	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	64450	Injection, Anesthetic Agent; Other Peripheral Nerve/Branch	Yes	SURG.00140, SURG.00144	MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	Texas Medicaid Provider Procedures Manual - Medical and Nursing	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	TMMPH 9.2.52 Osteopathic Manipulative Treatment (OMT)	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	TMMPH 9.2.52 Osteopathic Manipulative Treatment (OMT)	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.49	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	None	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	None	None	1/1/2010	12/31/9999

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Texas	Medicaid/CHIP	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	None	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	None	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	None	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	None	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion	Yes	SURG.00144	MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	TMMPH 9.2.52 Osteopathic Manipulative Treatment (OMT)	None	5/1/2024	12/31/9999
Texas	Medicaid/CHIP	64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)	Yes	CG-SURG-116, SURG.00140	Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: A-MPC: Minor procedure; inpatient care need not clear	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	Yes		MCG: BHG: W0166: Vagus Nerve Stimulation, Implantable: Behavioral Health Care, GRG: W0176: Neurosurgery or Procedure GRG	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Yes		MCG: GRG: W0176: Neurosurgery or Procedure GRG	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	Yes	CG-SURG-95	MCG: GRG: W0176: Neurosurgery or Procedure GRG	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Yes	CG-SURG-120, SURG.00129	MCG: BHG: W0166: Vagus Nerve Stimulation, Implantable: Behavioral Health Care, GRG: W0176: Neurosurgery or Procedure GRG	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Yes		MCG: BHG: W0166: Vagus Nerve Stimulation, Implantable: Behavioral Health Care, GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.45.19 Revision or Removal of Neurostimulator Device	None	1/1/2011	12/31/9999

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Texas	Medicaid/CHIP	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Yes		MCG: GRG: W0176: Neurosurgery or Procedure GRG	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	Yes	CG-SURG-95	MCG: GRG: W0176: Neurosurgery or Procedure GRG	Texas Medicaid Provider Procedures Manual - Medical and Nursing	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	Yes	SURG.00129	MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	10/1/2024	12/31/9999
Texas	Medicaid/CHIP	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupl	Yes		MCG: GRG: W0176: Neurosurgery or Procedure GRG	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode arra	Yes	SURG.00158	MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.45.11 Percutaneous Electrical Nerve Stimulation (PENS)	None	1/1/2024	12/31/9999
Texas	Medicaid/CHIP	64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electr	Yes	SURG.00158	MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.2.45.11 Percutaneous Electrical Nerve Stimulation (PENS)	None	1/1/2024	12/31/9999
Texas	Medicaid/CHIP	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Yes	SURG.00142	MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	1/1/2020	12/31/9999
Texas	Medicaid/CHIP	64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Interventional Pain Management; MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	64640	Destruction, Neurolytic; Other Peripheral Nerve/Branch	Yes	SURG.00096, SURG.00100	MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	64716	Neuroplasty &/Or Transposition; Cranial Nerve (Specify)	Yes	ANC.00008, SURG.00096	MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	64732	Transection/Avulsion; Supraorbital Nerve	Yes	ANC.00008, SURG.00096	MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	64734	Transection/Avulsion; Infraorbital Nerve	Yes	ANC.00008, SURG.00096	MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999

Medical Policies and Clinical Utilization Management Guidelines : <https://www.provider.wellpoint.com/texas-provider/resources/manuals-and-guides/medical-policies-and-clinical-guidelines>

Texas Medicaid Provider Procedure Manual (TMPPM) : <https://www.tmhp.com/resources/provider-manuals/tmppm>

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Texas	Medicaid/CHIP	64736	Transection/Avulsion; Mental Nerve	Yes	ANC.00008	MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.4.2.1 Additional Payable Procedure Codes	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	64738	Transection/Avulsion; Inferior Alveolar Nerve, Osteotomy	Yes	ANC.00008	MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.4.2.1 Additional Payable Procedure Codes	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	64740	Transection/Avulsion; Lingual Nerve	Yes	ANC.00008	MCG: GRG: W0176: Neurosurgery or Procedure GRG	TMMPH 9.4.2.1 Additional Payable Procedure Codes	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	64742	Transection/Avulsion; Facial Nerve, Differential/Complete	Yes	ANC.00008	MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	64864	Suture, Facial Nerve; Extracranial	Yes	ANC.00008	MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	64865	Suture, Facial Nerve; Infratemporal, W/Wo Grafting	Yes	ANC.00008	MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	64866	Anastomosis; Facial-Spinal Accessory	Yes	ANC.00008	MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	64868	Anastomosis; Facial-Hypoglossal	Yes	ANC.00008	MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Yes		MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif	Yes		MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif	Yes		MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	TMMPH 9.2.48.2 Eye Surgery by Laser	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	69300	Otoplasty, Protruding Ear, W/Wo Size Reduction	Yes	ANC.00008	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Yes	CG-SURG-117	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	None	None	11/1/2023	12/31/9999
Texas	Medicaid/CHIP	69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Yes	CG-SURG-117	MCG: GRG: SG-HNS: Head and Neck Surgery or Procedure GRG	None	None	11/1/2023	12/31/9999
Texas	Medicaid/CHIP	69955	Total Facial Nerve Decompression &/Or Repair, (May Include Graft)	Yes	ANC.00008	MCG: GRG: W0176: Neurosurgery or Procedure GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	70336	Mri, Temporomandibular Joints	Yes		Carelon Medical Benefits Management: Imaging of the Head and Neck , Site of Care for Advanced Imaging	TMMPH 9.4.2.2 Radiographs by a Doctor of Dentistry Practicing as a Limited Physician	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70450	Ct Scan, Head/Brain; W/O Contrast Matl	Yes		Carelon Medical Benefits Management: Imaging of the Brain , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70460	Ct Scan, Head/Brain; W/Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Brain , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Brain , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Brain , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70481	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Brain , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70482	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Brain , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl	Yes		Carelon Medical Benefits Management: Imaging of the Head and Neck , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Head and Neck , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections	Yes		Carelon Medical Benefits Management: Imaging of the Head and Neck , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl	Yes		Carelon Medical Benefits Management: Imaging of the Head and Neck , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Head and Neck , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections	Yes		Carelon Medical Benefits Management: Imaging of the Head and Neck , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Yes		Carelon Medical Benefits Management: Imaging of the Head and Neck , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Yes		Carelon Medical Benefits Management: Imaging of the Head and Neck , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma	Yes		Carelon Medical Benefits Management: Imaging of the Head and Neck , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70544	Mra, Head; W/O Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	70545	Mra, Head; W/Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70547	Mra, Neck; W/O Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70548	Mra, Neck; W/Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70551	Mri, Brain; W/O Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Brain , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70552	Mri, Brain; W/Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Brain , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences	Yes		Carelon Medical Benefits Management: Imaging of the Brain , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part m	Yes		Carelon Medical Benefits Management: Imaging of the Brain	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofun	Yes		Carelon Medical Benefits Management: Imaging of the Brain	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	71250	Ct Scan, Thorax; W/O Contrast Matl	Yes		Carelon Medical Benefits Management: Imaging of the Chest , Site of Care for Advanced Imaging	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	71260	Ct Scan, Thorax; W/Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Chest , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	71270	Ct Scan, Thorax; W/O Contrast, Then W/Contrast & Further Sections	Yes		Carelon Medical Benefits Management: Imaging of the Chest , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Yes		Carelon Medical Benefits Management: Oncologic Imaging, Site of Care for Advanced Imaging	TMPPM, Inpatient and Outpatient Hospital Services Handbook, Section 5 Lung Cancer	None	1/1/2021	12/31/9999

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Texas	Medicaid/CHIP	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	71550	Mri, Chest; W/O Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Chest , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	71551	Mri, Chest; W/Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Chest , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences	Yes		Carelon Medical Benefits Management: Imaging of the Chest , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72125	Computed tomography, cervical spine; without contrast material	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72126	Computed tomography, cervical spine; with contrast material	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72128	Computed tomography, thoracic spine; without contrast material	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72129	Computed tomography, thoracic spine; with contrast material	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72131	Computed tomography, lumbar spine; without contrast material	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72132	Computed tomography, lumbar spine; with contrast material	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999

Medical Policies and Clinical Utilization Management Guidelines : <https://www.provider.wellpoint.com/texas-provider/resources/manuals-and-guides/medical-policies-and-clinical-guidelines>

Texas Medicaid Provider Procedure Manual (TMPPM) : <https://www.tmhp.com/resources/provider-manuals/tmppm>

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Texas	Medicaid/CHIP	72141	Mri, Cervical Spine; W/O Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72142	Mri, Cervical Spine; W/Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72146	Mri, Thoracic Spine; W/O Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72147	Mri, Thoracic Spine; W/Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72148	Mri, Lumbar Spine; W/O Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72149	Mri, Lumbar Spine; W/Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar	Yes		Carelon Medical Benefits Management: Imaging of the Spine , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72159	Mra, Spine W/Wo Contrast	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72192	Ct Scan, Pelvis; W/O Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72193	Ct Scan, Pelvis; W/Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis , Site of Care for Advanced Imaging	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72195	Mri, Pelvis; W/O Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	72196	Mri, Pelvis; W/Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	72198	Mra, Pelvis, W/Wo Contrast	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73200	Ct Scan, Upper Extremity; W/O Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73201	Ct Scan, Upper Extremity; W/Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73225	Mra, Upper Extremity, W/Wo Contrast	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73700	Ct Scan, Lower Extremity; W/O Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	73701	Ct Scan, Lower Extremity; W/Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq	Yes		Carelon Medical Benefits Management: Imaging of the Extremities, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	73725	Mra, Lower Extremity, W/Wo Contrast	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	74150	Ct Scan, Abdomen; W/O Contrast	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	74160	Computed tomography, abdomen; with contrast material(s)	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis , Site of Care for Advanced Imaging	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2012	12/31/9999

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Texas	Medicaid/CHIP	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMPMH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	74176	Computed tomography, abdomen and pelvis; without contrast material	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis , Site of Care for Advanced Imaging	TMPMH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	74177	Computed tomography, abdomen and pelvis; with contrast material(s)	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis , Site of Care for Advanced Imaging	TMPMH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis , Site of Care for Advanced Imaging	TMPMH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	74181	Mri, Abdomen; W/O Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis , Site of Care for Advanced Imaging	TMPMH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	74182	Mri, Abdomen; W/Contrast Matl(S)	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis , Site of Care for Advanced Imaging	TMPMH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis , Site of Care for Advanced Imaging	TMPMH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	74185	Mra, Abdomen, W/Wo Contrast	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMPMH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Yes		Carelon Medical Benefits Management: Oncologic Imaging, Site of Care for Advanced Imaging	None	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including	Yes		Carelon Medical Benefits Management: Oncologic Imaging, Site of Care for Advanced Imaging	None	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Yes		Carelon Medical Benefits Management: Oncologic Imaging, Site of Care for Advanced Imaging	None	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Imaging of the Abdomen and Pelvis	None	None	1/1/2020	12/31/9999
Texas	Medicaid/CHIP	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMPMH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and	None	1/1/2008	12/31/9999

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Texas	Medicaid/CHIP	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and	None	1/1/2008	12/31/9999
Texas	Medicaid/CHIP	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2008	12/31/9999
Texas	Medicaid/CHIP	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2008	12/31/9999
Texas	Medicaid/CHIP	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D ima	Yes		Carelon Medical Benefits Management: Imaging of the Heart	None	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Imaging of the Heart	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2024	12/31/9999
Texas	Medicaid/CHIP	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi	Yes		Carelon Medical Benefits Management: Site of Care for Advanced Imaging, Vascular imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	76120	Cineradiography/Videoradiology, Except Where Specifically Included	Yes	RAD.00034	None	TMMPH 3.2.2 Computed Tomography, Magnetic	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	76125	Cineradiography/Videoradiography W/Routine Exam	Yes	RAD.00034	None	TMMPH 3.2.2 Computed Tomography, Magnetic	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	76390	Mr Spectroscopy	Yes		Carelon Medical Benefits Management: Imaging of the Brain	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	76499	Unlisted Dx Radiographic Procedure	Yes					2/1/2016	12/31/9999
Texas	Medicaid/CHIP	76965	Us Guided, Interstitial Radioelement Application	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	77014	Computed tomography guidance for placement of radiation therapy fields	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Yes		Carelon Medical Benefits Management: Imaging of the Chest , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Yes		Carelon Medical Benefits Management: Imaging of the Chest , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Yes		Carelon Medical Benefits Management: Imaging of the Chest , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2019	12/31/9999

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Texas	Medicaid/CHIP	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Yes		Carelon Medical Benefits Management: Imaging of the Chest , Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Yes		Carelon Medical Benefits Management: Imaging of the Spine	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Yes		Carelon Medical Benefits Management: Oncologic Imaging, Site of Care for Advanced Imaging	TMMPH 3.2.2 Computed Tomography, Magnetic Resonance Imaging, and Related Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms	Yes		Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton)	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT	Yes		Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton)	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	77370	Special Medical Radiation Physics Consultation	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	Texas Medicaid Provider Procedures Manual, Medical and Nursing	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: W0074: Medical Oncology GRG	TMMPH 9.2.63.2 Stereotactic Radiosurgery	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: W0074: Medical Oncology GRG	TMMPH 9.2.63.2 Stereotactic Radiosurgery	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: W0074: Medical Oncology GRG	TMMPH 9.2.63.2 Stereotactic Radiosurgery	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999

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Texas	Medicaid/CHIP	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Yes		Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton); MCG: GRG: W0074: Medical Oncology GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image g	Yes		Carelon Medical Benefits Management: Proton Beam Therapy, Radiation Therapy (excludes Proton); MCG: GRG: W0074: Medical Oncology GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: W0074: Medical Oncology GRG	TMMPH 9.2.63.1 Brachytherapy	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	77520	Proton Treatment Delivery; Simple W/O Compensation	Yes		Carelon Medical Benefits Management: Proton Beam Therapy	TMMPH 9.2.63.2 Stereotactic Radiosurgery	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	77522	Proton Treatment Delivery; Simple W/Compensation	Yes		Carelon Medical Benefits Management: Proton Beam Therapy	TMMPH 9.2.63.2 Stereotactic Radiosurgery	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	77523	Proton Treatment Delivery; Intermediate	Yes		Carelon Medical Benefits Management: Proton Beam Therapy	TMMPH 9.2.63.2 Stereotactic Radiosurgery	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	77525	Proton Treatment Delivery; Complex	Yes		Carelon Medical Benefits Management: Proton Beam Therapy	TMMPH 9.2.63.2 Stereotactic Radiosurgery	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	77605	Hyperthermia, Externally Generated; Deep	Yes					8/1/2013	12/31/9999
Texas	Medicaid/CHIP	77620	Hyperthermia Generated, Intracavitary Probe(S)	Yes					8/1/2013	12/31/9999
Texas	Medicaid/CHIP	77761	Intracavitary Radiation Source Application; Simple	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: W0074: Medical Oncology GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	77762	Intracavitary Radiation Source Application; Intermediate	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: W0074: Medical Oncology GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	77763	Intracavitary Radiation Source Application; Complex	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: W0074: Medical Oncology GRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	Yes	CG-THER-RAD-07	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	Yes	CG-THER-RAD-07	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	Yes	CG-THER-RAD-07	Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	77778	Interstitial Radioelement Application; Complex	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton); MCG: GRG: W0074: Medical Oncology GRG	None	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMMHP 3.2.1 Cardiac Nuclear Imaging	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMMHP 3.2.1 Cardiac Nuclear Imaging	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMMHP 3.2.1 Cardiac Nuclear Imaging	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMMHP 3.2.1 Cardiac Nuclear Imaging	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMMHP 3.2.1 Cardiac Nuclear Imaging	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique	Yes		Carelon Medical Benefits Management: Imaging of the Heart	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress	Yes		Carelon Medical Benefits Management: Imaging of the Heart	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress	Yes		Carelon Medical Benefits Management: Imaging of the Heart	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMMHP 3.2.1 Cardiac Nuclear Imaging	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMMHP 3.2.1 Cardiac Nuclear Imaging	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMMHP 3.2.1 Cardiac Nuclear Imaging	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation	Yes		Carelon Medical Benefits Management: Imaging of the Brain	TMMHP 3.2.3 Positron Emission Tomography (PET) Scan Imaging	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Yes		Carelon Medical Benefits Management: Imaging of the Chest, Imaging of the Brain, Imaging of the Extremities, Oncologic Imaging, Imaging of the Spine	TMMHP 3.2.3 Positron Emission Tomography (PET) Scan Imaging	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Yes		Carelon Medical Benefits Management: Imaging of the Chest	TMMHP 3.2.3 Positron Emission Tomography (PET) Scan Imaging	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	78813	Positron emission tomography (PET) imaging; whole body	Yes		Carelon Medical Benefits Management: Imaging of the Chest	TMMHP 3.2.3 Positron Emission Tomography (PET) Scan Imaging	None	1/1/2009	12/31/9999

Medical Policies and Clinical Utilization Management Guidelines : <https://www.provider.wellpoint.com/texas-provider/resources/manuals-and-guides/medical-policies-and-clinical-guidelines>

Texas Medicaid Provider Procedure Manual (TMPPM) : <https://www.tmhp.com/resources/provider-manuals/tmppm>

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Texas	Medicaid/CHIP	78814	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. These radionuclides must be produced in a cyclotron or generator that can bombard chemicals with neutrons to produce unstable, short-lived radioisotopes, such as carbon-11, nitrogen-13, and oxygen-15. These can be readily incorporated into common and important, biological body compounds for administration. Data from this kind of imaging yields metabolic or biochemical function information depending on the type of molecule tagged. In PET tumor imaging, information about the tumor's glucose and oxygen utilization is obtained, which reveals the tumor's behavior compared to normal tissue or benign tumors. Report 78811 for PET imaging of a limited area such as the chest alone; 78812 for imaging from the skull base to the mid-thigh; and 78813 for imaging of the whole body.	Yes		Carelon Medical Benefits Management: Imaging of the Chest, Imaging of the Brain, Imaging of the Extremities, Oncologic Imaging, Imaging of the Spine	TMMHP 3.2.3 Positron Emission Tomography (PET) Scan Imaging	None	1/1/2009	12/31/9999
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Medical Policies and Clinical Utilization Management Guidelines : <https://www.provider.wellpoint.com/texas-provider/resources/manuals-and-guides/medical-policies-and-clinical-guidelines>

Texas Medicaid Provider Procedure Manual (TMPPM) : <https://www.tmhp.com/resources/provider-manuals/tmppm>

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Texas	Medicaid/CHIP	78815	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning	Yes		Carelon Medical Benefits Management: Imaging of the Chest	TMMHP 3.2.3 Positron Emission Tomography (PET) Scan Imaging	None	1/1/2009	12/31/9999
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Texas	Medicaid/CHIP	78816	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning.	Yes		Carelon Medical Benefits Management: Imaging of the Chest	TMMHP 3.2.3 Positron Emission Tomography (PET) Scan Imaging	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	Texas Medicaid Provider Procedures Manual - Radiology and Laboratory Services Handbook: 2.2.6 Breast Cancer Gene 1 and 2 (BRCA) Testing	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	Texas Medicaid Provider Procedures Manual - Radiology and Laboratory Services Handbook: 2.2.6 Breast Cancer Gene 1	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	Texas Medicaid Provider Procedures Manual - Radiology and Laboratory Services Handbook: 2.2.6 Breast Cancer Gene 1 and 2 (BRCA) Testing	None	1/1/2019	12/31/9999

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Texas	Medicaid/CHIP	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Radiology and Laboratory Services Handbook: 2.2.6	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Radiology and Laboratory Services Handbook: 2.2.6 Breast Cancer Gene 1 and 2 (BRCA) Testing	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Radiology and Laboratory Services Handbook: 2.2.6 Breast Cancer Gene 1 and 2 (BRCA) Testing	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81200	Aspa (Aspartoacylase) (Eg, Canavan Disease) Gene Analysis, Common Variants (Eg, E285A, Y231X)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians,	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians,	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians,	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81205	Bckdhb (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide) (Eg, Maple Syrup Urine Disease) Gene Analysis, Common Variants (Eg, R183P, G278S, E422X)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	81209	Blm (Bloom Syndrome, Recq Helicase-Like) (Eg, Bloom Syndrome) Gene Analysis, 2281Del6Ins7 Variant	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81210	Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer), Gene Analysis, V600E Variant	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	Texas Medicaid Provider Procedures Manual Vol 2 August 2023, 9.2.15.3 Genetic Testing for	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Radiology and Laboratory Services Handbook: 2.2.6 Breast Cancer Gene 1 and 2 (BRCA) Testing	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Radiology and Laboratory Services Handbook: 2.2.6	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Radiology and Laboratory Services Handbook: 2.2.6	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Radiology and Laboratory Services Handbook: 2.2.6	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	81221	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Known Familial Variants	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81222	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Duplication/Deletion Variants	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81223	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Full Gene Sequence	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81224	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Intron 8 Poly-T Analysis (Eg, Male Infertility)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *8, *17)	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	TMPPM: 9.2.42 Pharmacogenetics, 9.2.42.1 Testing of Polymorphic 2C19, 9.2.42.4 Prior	None	3/1/2015	12/31/9999
Texas	Medicaid/CHIP	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	TMPPM: 9.2.42 Pharmacogenetics, 9.2.42.1 Testing of Polymorphic 2C19, 9.2.42.4 Prior Authorization	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	TMPPM: 9.2.42 Pharmacogenetics, 9.2.42.1 Testing of Polymorphic 2C19,	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	9/1/2021	12/31/9999
Texas	Medicaid/CHIP	81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	Texas Medicaid Provider Procedures Manual Vol 2 August 2023, 9.2.15.3 Genetic Testing for	None	4/1/2023	12/31/9999

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Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	5/1/2017	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Somatic Tumor Testing	Texas Medicaid Provider Procedures Manual Vol 2 August 2023, 9.2.15.3 Genetic Testing for Colorectal Cancer	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	81240	F2 (Prothrombin, Coagulation Factor II) (Eg, Hereditary Hypercoagulability) Gene Analysis, 20210G>A Variant	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	TMPPM: 2.3.11 HTW Plus Services, Benefits, and Limitations	None	5/1/2017	12/31/9999
Texas	Medicaid/CHIP	81241	F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene Analysis, Leiden Variant	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	TMPPM: 2.3.11 HTW Plus Services, Benefits, and Limitations	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81242	Fancc (Fanconi Anemia, Complementation Group C) (Eg, Fanconi Anemia, Type C) Gene Analysis, Common Variant (Eg, Ivs4+4A>T)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81243	Fmr1 (Fragile X Mental Retardation 1) (Eg, Fragile X Mental Retardation) Gene Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81245	Flt3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute Myeloid Leukemia), Gene Analysis, Internal Tandem Duplication (ItD) Variants (Ie, Exons 14, 15)	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	9/1/2020	12/31/9999
Texas	Medicaid/CHIP	81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81250	G6Pc (Glucose-6-Phosphatase, Catalytic Subunit) (Eg, Glycogen Storage Disease, Type 1A, Von Gierke Disease) Gene Analysis, Common Variants (Eg, R83C, Q347X)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	81251	Gba (Glucosidase, Beta, Acid) (Eg, Gaucher Disease) Gene Analysis, Common Variants (Eg, N370S, 84Gg, L444P, Ivs2+1G>A)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999

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Texas	Medicaid/CHIP	81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81255	Hexa (Hexosaminidase A [Alpha Polypeptide]) (Eg, Tay-Sachs Disease) Gene Analysis, Common Variants (Eg, 1278Instatc, 1421+1G>C, G269S)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81256	Hfe (Hemochromatosis) (Eg, Hereditary Hemochromatosis) Gene Analysis, Common Variants (Eg, C282Y, H63D)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	1/1/2018	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	1/1/2018	12/31/9999
Texas	Medicaid/CHIP	81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	1/1/2018	12/31/9999
Texas	Medicaid/CHIP	81270	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	9/1/2020	12/31/9999
Texas	Medicaid/CHIP	81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	4/1/2023	12/31/9999

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Texas	Medicaid/CHIP	81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) Gene Analysis, Variants In Codons 12 And 13	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	Texas Medicaid Provider Procedures Manual Vol 2 August 2023, 9.2.15.3 Genetic Testing for	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	Texas Medicaid Provider Procedures Manual Vol 2 August 2023, 9.2.15.3 Genetic Testing for Colorectal Cancer	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	81290	Mcoln1 (Mucolipin 1) (Eg, Mucopolipidosis, Type Iv) Gene Analysis, Common Variants (Eg, Ivs3-2A>G, Del6.4Kb)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81291	Mthfr (5,10-Methylenetetrahydrofolate Reductase) (Eg, Hereditary Hypercoagulability) Gene Analysis, Common Variants (Eg, 677T, 1298C)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	TMPPM: 2.3.11 HTW Plus Services, Benefits, and Limitations	None	5/1/2017	12/31/9999
Texas	Medicaid/CHIP	81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians,	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians,	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Yes		None	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3 Genetic Testing for	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81303	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Known Familial Variant	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81304	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Duplication/Deletion Variants	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	4/1/2020	12/31/9999
Texas	Medicaid/CHIP	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	9/1/2020	12/31/9999
Texas	Medicaid/CHIP	81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook: 9.2.15.3	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	Yes		None	Texas Medicaid Provider Procedures Manual Vol 2	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81330	Smpd1(Sphingomyelin Phosphodiesterase 1, Acid Lysosomal) (Eg, Niemann-Pick Disease, Type A) Gene Analysis, Common Variants (Eg, R496L, L302P, Fsp330)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	10/1/2019	12/31/9999
Texas	Medicaid/CHIP	81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	1/1/2019	12/31/9999

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Texas	Medicaid/CHIP	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	10/1/2023	12/31/9999
Texas	Medicaid/CHIP	81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) (Eg, Irinotecan Metabolism), Gene Analysis, Common Variants (Eg, *28, *36, *37)	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants (Eg, -1639/3673)	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	1/1/2018	12/31/9999
Texas	Medicaid/CHIP	81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	1/1/2018	12/31/9999
Texas	Medicaid/CHIP	81380	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Locus (Eg, Hla-A, -B, Or -C), Each	Yes		Carelon Benefits Medical Management: Pharmacogenomic Testing	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81381	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (Eg, B*57:01P), Each	Yes		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	3/1/2015	12/31/9999

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Texas	Medicaid/CHIP	81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Yes					5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81383	Hla Class Ii Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (Eg, Hla-Dqb1*06:02P), Each	Yes					5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions, Predictive and Prognostic Polygenic Testing, Carrier Testing in the Reproductive Setting, Hereditary Cancer Testing, Pharmacogenomic Testing, Somatic Tumor Testing	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions, Hereditary Cancer Testing, Carrier Screening in the Reproductive Setting, Predictive and Prognostic Polygenic Testing, Somatic Tumor Testing	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	5/1/2018	12/31/9999

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Texas	Medicaid/CHIP	81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFB1, TGFB2, MYH11, and COL3A1	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	Yes		Carelon Medical Benefits Management: Carrier Screening in the Reproductive Setting	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Pharmacogenomic Testing	None	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET),	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	5/1/2018	12/31/9999

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Texas	Medicaid/CHIP	81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1,	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	10/1/2024	12/31/9999
Texas	Medicaid/CHIP	81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	10/1/2024	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Somatic Tumor Testing	None	None	10/1/2024	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	None	None	10/1/2024	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	None	None	10/1/2024	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer	None	None	10/1/2024	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Predictive and Prognostic Polygenic Testing	None	None	1/1/2016	12/31/9999

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Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Somatic Tumor Testing	Texas Medicaid Provider Procedures Manual (Volume 2 August 2023)9.2.15.5 Prognostic Breast and Gynecological	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	Yes		Carelon Medical Benefits Management: Somatic Tumor Testing	Texas Medicaid Provider Procedures Manual (Volume 2 August 2023)9.2.15.5 Prognostic Breast and Gynecological Cancer Studies (p. 63)	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	Yes		Carelon Benefits Medical Management: Somatic Tumor Testing	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)	Yes	LAB.00003	None	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	81599	Unlisted Multianalyte Assay With Algorithmic Analysis	Yes	CG-LAB-22, LAB.00011, LAB.00016, LAB.00019, LAB.00024, LAB.00040	Carelon Medical Benefits Management: Somatic Tumor Testing, Chromosomal Microarray Analysis, Predictive and Prognostic Polygenic Testing	TMPPM: 5.5 Non-Covered Services	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	82107	Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)	Yes	CG-LAB-26	None	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	84999	Unlisted Chemistry Proc	Yes	CG-LAB-19, LAB.00019, LAB.00025, LAB.00028, LAB.00044, LAB.00046, LAB.00051	None	TMPPM: 2.2.16 Urinalysis and Chemistry	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	86304	Immunoassay, Tumor Antigen, Quantitative; Ca 125	Yes	CG-LAB-32	None	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	90283	Immune Globulin (Igiv), Human, Iv Use	Yes		CC-0003	None	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100mg, each	Yes		CC-0003	TMPPM: 9.4.2.1 Additional Payable Procedure Codes, 6.62	None	3/1/2013	12/31/9999
Texas	Medicaid/CHIP	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management	Yes		MCG: BHG: B-801-T: Transcranial Magnetic Stimulation	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	92526	Treatment, Swallowing Dysfunction &/Or Oral Function, Feeding	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	92630	Auditory rehabilitation; pre-lingual hearing loss	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	92633	Auditory rehabilitation; post-lingual hearing loss	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	Yes		Carelon Medical Benefits Management: Percutaneous Coronary Intervention; MCG: ISC: M-52: Percutaneous Coronary Intervention, ISC: M-52-RRG: Percutaneous Coronary Intervention RRG	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	Yes		Carelon Medical Benefits Management: Percutaneous Coronary Intervention; MCG: ISC: M-52: Percutaneous Coronary Intervention, ISC: M-52-RRG: Percutaneous Coronary Intervention RRG	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Yes		Carelon Medical Benefits Management: Percutaneous Coronary Intervention; MCG: ISC: M-52: Percutaneous Coronary Intervention, ISC: M-52-RRG: Percutaneous Coronary Intervention RRG	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Yes		Carelon Medical Benefits Management: Percutaneous Coronary Intervention; MCG: ISC: M-52: Percutaneous Coronary Intervention, ISC: M-52-RRG: Percutaneous Coronary Intervention RRG	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Yes		Carelon Medical Benefits Management: Percutaneous Coronary Intervention; MCG: ISC: M-52: Percutaneous Coronary Intervention, ISC: M-52-RRG: Percutaneous Coronary Intervention RRG	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	Yes		Carelon Medical Benefits Management: Percutaneous Coronary Intervention; MCG: ISC: M-52: Percutaneous Coronary Intervention, ISC: M-52-RRG: Percutaneous Coronary Intervention RRG	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	Yes		MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	4/1/2025	12/31/9999

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Texas	Medicaid/CHIP	92975	Thrombolysis, Coronary; Intracoronary Infusion, W/ Selective Coronary Angiography	Yes		Carelon Medical Benefits Management: Percutaneous Coronary Intervention; MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	93303	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Complete	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMPPM: 9.2.27.4 Peripheral Venous Doppler Studies	None	6/1/2016	12/31/9999
Texas	Medicaid/CHIP	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com	Yes	CG-MED-61	Carelon Medical Benefits Management: Imaging of the Heart	TMPPM: 2.3.11 HTW Plus Services, Benefits, and Limitations	None	6/1/2016	12/31/9999
Texas	Medicaid/CHIP	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, dur	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMPPM: 2.3.11 HTW Plus Services, Benefits, and Limitations, 9.2.27.4 Peripheral Venous	None	7/1/2014	12/31/9999
Texas	Medicaid/CHIP	93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	Yes		Carelon Medical Benefits Management: Imaging of the Heart	TMPPM: 2.3.11 HTW Plus Services, Benefits, and Limitations, 9.2.27.4 Peripheral Venous Doppler Studies	None	7/1/2014	12/31/9999
Texas	Medicaid/CHIP	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Yes		Carelon Medical Benefits Management: Diagnostic Coronary Angiography; MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	Yes		Carelon Medical Benefits Management: Diagnostic Coronary Angiography; MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Yes		Carelon Medical Benefits Management: Diagnostic Coronary Angiography; MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	Yes		Carelon Medical Benefits Management: Diagnostic Coronary Angiography; MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	9/1/2017	12/31/9999

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Texas	Medicaid/CHIP	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Yes		Carelon Medical Benefits Management: Diagnostic Coronary Angiography; MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Yes		Carelon Medical Benefits Management: Diagnostic Coronary Angiography; MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Yes		Carelon Medical Benefits Management: Diagnostic Coronary Angiography; MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Yes		Carelon Medical Benefits Management: Diagnostic Coronary Angiography; MCG: GRG: W0099: Cardiovascular Surgery or Procedure GRG	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	93580	Perc Transcatheter Closure, Congenital Interatrial Communication W/Implant	Yes	SURG.00032, SURG.00096	MCG: ISC: S-282-RRG: Cardiac Septal Defect: Atrial, Transcatheter Closure RRG, ISC: W0016: Cardiac Septal Defect: Atrial, Transcatheter Closure, ISC: W0016-RRG: Cardiac Septal Defect: Atrial, Transcatheter Closure RRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events	Yes		None	TMPPM: 9.2.80 Wearable Cardiac Defibrillator (WCD)	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	93880	Duplex Scan, Extracranial Arteries; Complete Bilat Study	Yes		Carelon Medical Benefits Management: Vascular Imaging	TMPPM: 9.2.27.1 Cerebrovascular Doppler	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	93882	Duplex Scan, Extracranial Arteries; Unilat/Limited Study	Yes		Carelon Medical Benefits Management: Vascular Imaging	TMPPM: 9.2.27.1 Cerebrovascular Doppler	None	9/1/2017	12/31/9999

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Texas	Medicaid/CHIP	93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	Yes		Carelon Medical Benefits Management: Vascular Imaging	TMPPM: 9.2.27.3 Peripheral Arterial Doppler Studies	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	Yes		Carelon Medical Benefits Management: Vascular Imaging	TMPPM: 2.3.11 HTW Plus Services, Benefits, and Limitations 9.2.27.3 Peripheral Arterial Doppler Studies	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study	Yes		Carelon Medical Benefits Management: Vascular Imaging	TMPPM: 9.2.27.3 Peripheral Arterial Doppler Studies	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	93925	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study	Yes		Carelon Medical Benefits Management: Vascular Imaging	TMPPM: 9.2.27.3 Peripheral Arterial Doppler Studies	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	93926	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study	Yes		Carelon Medical Benefits Management: Vascular Imaging	TMPPM: 9.2.27.3 Peripheral Arterial Doppler Studies	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	93930	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study	Yes		Carelon Medical Benefits Management: Vascular Imaging	TMPPM: 9.2.27.3 Peripheral Arterial Doppler Studies	None	1/1/2017	12/31/9999

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Texas	Medicaid/CHIP	93931	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study	Yes		Carelon Medical Benefits Management: Vascular Imaging	TMPPM: 9.2.27.3Peripheral Arterial Doppler Studies	None	1/1/2017	12/31/9999
Texas	Medicaid/CHIP	93978	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Complete Study	Yes		Carelon Medical Benefits Management: Vascular Imaging	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	93979	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Unilat/Limited	Yes		Carelon Medical Benefits Management: Vascular Imaging	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 9.2.71.3 Polysomnography	None	1/1/2013	12/31/9999
Texas	Medicaid/CHIP	95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 9.2.71.3 Polysomnography	None	1/1/2013	12/31/9999
Texas	Medicaid/CHIP	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	None	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recor	Yes					8/1/2013	12/31/9999
Texas	Medicaid/CHIP	95805	Multiple Sleep Latency Test, Multiple Trails	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 9.2.71.4 Multiple Sleep Latency Test (MSLT)	None	4/1/2010	12/31/9999
Texas	Medicaid/CHIP	95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 9.2.71 Sleep Studies	None	4/1/2010	12/31/9999
Texas	Medicaid/CHIP	95807	Sleep Study, Attended	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 9.2.71.2 Pneumocardiograms	None	4/1/2010	12/31/9999
Texas	Medicaid/CHIP	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 9.2.71.3Polysomnography	None	4/1/2010	12/31/9999
Texas	Medicaid/CHIP	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 9.2.71.3 Polysomnography	None	4/1/2010	12/31/9999
Texas	Medicaid/CHIP	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 9.2.71.3 Polysomnography	None	4/1/2010	12/31/9999

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Texas	Medicaid/CHIP	95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Yes		MCG: BHG: W0166: Vagus Nerve Stimulation, Implantable: Behavioral Health Care	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Yes		MCG: BHG: W0166: Vagus Nerve Stimulation, Implantable: Behavioral Health Care	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Yes		MCG: BHG: B-807-T: Psychological Testing	TMPPM: 4.2 Services, Benefits, Limitations, 2.3.11 HTW Plus Services, Benefits, and Limitations, 2.3.7 Psychological Testing and Counseling/Psychological Services, 4.1.2Services, Benefits, Limitations, and Prior Authorization	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Yes		MCG: BHG: B-807-T: Psychological Testing	TMPPM: 4.2 Services, Benefits, Limitations, 2.3.11 HTW Plus Services, Benefits, and Limitations, 2.3.7 Psychological Testing and Counseling/Psychological Services, 4.1.2 Services, Benefits, Limitations, and Prior Authorization	None	1/1/2019	12/31/9999

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Texas	Medicaid/CHIP	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Yes		MCG: BHG: B-805-T: Neuropsychological Testing	TMPPM: 4.2 Services, Benefits, Limitations, 2.3.11 HTW Plus Services, Benefits, and Limitations, 4.1.2 Services, Benefits, Limitations, and Prior Authorization	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Yes		MCG: BHG: B-805-T: Neuropsychological Testing	TMPPM: 4.2 Services, Benefits, Limitations, 2.3.11 HTW Plus Services, Benefits, and Limitations	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	Yes		MCG: BHG: B-805-T: Neuropsychological Testing, BHG: B-807-T: Psychological Testing	TMPPM: 4.2 Services, Benefits, Limitations, 2.3.11 HTW Plus Services, Benefits, and Limitations, 4.1.2	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	Yes		MCG: BHG: B-805-T: Neuropsychological Testing, BHG: B-807-T: Psychological Testing	TMPPM: 4.2 Services, Benefits, Limitations, 2.3.11 HTW Plus Services, Benefits, and Limitations	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	97010	Application of a modality to 1 or more areas; hot or cold packs	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97012	Application of a modality to 1 or more areas; traction, mechanical	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97016	Application of a modality to 1 or more areas; vasopneumatic devices	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97018	Application of a modality to 1 or more areas; paraffin bath	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97022	Application of a modality to 1 or more areas; whirlpool	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97026	Application of a modality to 1 or more areas; infrared	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	97028	Application of a modality to 1 or more areas; ultraviolet	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97032	Application, Modality 1+ Areas; Electrical Stimulation (Manual), Each 15 Min	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	Yes	CG-MED-28	Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97034	Application, Modality To 1+ Areas; Contrast Baths, Each 15 Min	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97035	Application, Modality To 1+ Areas; Ultrasound, Each 15 Min	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97036	Application, Modality To 1+ Areas; Hubbard Tank, Each 15 Min	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97039	Unlisted Modality (Specify Type & Time If Constant Attendance)	Yes	SURG.00008	None	Texas Medicaid Provider Procedures Manual -	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquatic Therapy W/Exercises	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait Training (W/Stair Climbing)	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97124	Therapeutic Proc, 1+ Areas, Each 15 Min; Massage	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97140	Manual Therapy Techniques, 1+ Regions, Each 15 Min	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97150	Therapeutic Proc(S), Group, (2+ Individuals)	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	Yes	CG-BEH-02	MCG: BHG: B-806-T: Applied Behavioral Analysis, BHG: B-809-T: Mental Health Support Services	Texas Medicaid Provider Procedures Manual - Children Services Handbook Criteria Guideline 2.3 to 2.3.12	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	Yes	CG-BEH-02	MCG: BHG: B-806-T: Applied Behavioral Analysis, BHG: B-809-T: Mental Health Support Services	None	None	1/1/2019	12/31/9999

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Texas	Medicaid/CHIP	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	Yes	CG-BEH-02	MCG: BHG: B-806-T: Applied Behavioral Analysis, BHG: B-809-T: Mental Health Support Services	Texas Medicaid Provider Procedures Manual - Children Services Handbook Criteria Guideline 2.3 to 2.3.12	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	Yes	CG-BEH-02	MCG: BHG: B-806-T: Applied Behavioral Analysis, BHG: B-809-T: Mental Health Support Services	Texas Medicaid Provider Procedures Manual - Children Services Handbook Criteria Guideline 2.3 to 2.3.12	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	Yes	CG-BEH-02	MCG: BHG: B-806-T: Applied Behavioral Analysis, BHG: B-809-T: Mental Health Support Services	Texas Medicaid Provider Procedures Manual - Children Services Handbook Criteria Guideline 2.3 to 2.3.12	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	Yes	CG-BEH-02	MCG: BHG: B-806-T: Applied Behavioral Analysis, BHG: B-809-T: Mental Health Support Services	Texas Medicaid Provider Procedures Manual - Children Services Handbook Criteria Guideline 2.3 to 2.3.12	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	Yes	CG-BEH-02	MCG: BHG: B-806-T: Applied Behavioral Analysis, BHG: B-809-T: Mental Health Support Services	None	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	Yes	CG-BEH-02	MCG: BHG: B-806-T: Applied Behavioral Analysis, BHG: B-809-T: Mental Health Support Services	Texas Medicaid Provider Procedures Manual - Children Services Handbook Criteria Guideline 2.3 to 2.3.12	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	97750	Physical Performance Test, W/Written Report, Each 15 Min	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	Yes	CG-DME-53	Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	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	CG-DME-53	Carelon Medical Benefits Management: Rehabilitative Site of Care	TMPPM: 2.9.2.2 Telehealth Synchronous Audiovisual Services, 2.9.2.2.1 Telehealth Exclusions, 4.8.1	None	1/1/2018	12/31/9999
Texas	Medicaid/CHIP	97799	Unlisted Physical Medicine/Rehabilitation Service/Proc	Yes	ANC.00006, CG-DME-53, MED.00011, MED.00089	None	Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy,	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Yes		None	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians,	None	10/1/2019	12/31/9999
Texas	Medicaid/CHIP	A0420	Ambulance Waiting 1/2 Hr	Yes		None	Texas Medicaid Provider Procedures Manual -	None	8/1/2014	12/31/9999
Texas	Medicaid/CHIP	A0422	Ambulance 02 Life Sustaining	Yes		None	Texas Medicaid Provider Procedures Manual -	None	8/1/2014	12/31/9999
Texas	Medicaid/CHIP	A0424	Extra Ambulance Attendant	Yes		None	Texas Medicaid Provider Procedures Manual -	None	8/1/2014	12/31/9999
Texas	Medicaid/CHIP	A0425	Ground mileage, per statute mile	Yes		None	Texas Medicaid Provider Procedures Manual -	None	8/1/2014	12/31/9999
Texas	Medicaid/CHIP	A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	Yes		None	Texas Medicaid Provider Procedures Manual - Ambulance Services	None	8/1/2014	12/31/9999
Texas	Medicaid/CHIP	A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	Yes		None	Texas Medicaid Provider Procedures Manual -	None	8/1/2014	12/31/9999
Texas	Medicaid/CHIP	A0430	Fixed Wing Air Transport	Yes		None	Texas Medicaid Provider Procedures Manual -	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	A0431	Rotary Wing Air Transport	Yes		None	Texas Medicaid Provider Procedures Manual -	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	A0433	Als 2	Yes		None	Texas Medicaid Provider Procedures Manual -	None	8/1/2014	12/31/9999
Texas	Medicaid/CHIP	A0434	Specialty Care Transport	Yes		None	Texas Medicaid Provider Procedures Manual -	None	8/1/2014	12/31/9999
Texas	Medicaid/CHIP	A0435	Fixed Wing Air Mileage	Yes		None	Texas Medicaid Provider Procedures Manual -	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	A0436	Rotary Wing Air Mileage	Yes		None	Texas Medicaid Provider Procedures Manual -	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	A0888	Noncovered Ambulance Mileage	Yes					9/1/2023	12/31/9999
Texas	Medicaid/CHIP	A2026	Restrata MiniMatrix, 5 mg	Yes	SURG.00011	None	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each	Yes	SURG.00158	None	TMPPM Texas Medicaid Provider Procedures Manual - Medical and	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	A7027	Combination oral/nasal mask, used with continuous positive airway pressure	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.9 Mechanical Ventilation	None	9/1/2017	12/31/9999

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Texas	Medicaid/CHIP	A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.9 Mechanical Ventilation	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.8Continuous Positive Airway Pressure	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.8Continuous Positive Airway Pressure	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	A7031	Face Mask Interface, Replacement For Full Face Mask, Each	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.8 Continuous Positive Airway Pressure (CPAP)	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	A7032	Cushion for use on nasal mask interface, replacement only, each	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.8 Continuous Positive Airway Pressure (CPAP)	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.8 Continuous Positive Airway Pressure (CPAP)	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Press	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.8 Continuous Positive Airway Pressure (CPAP)	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	A7035	Headgear Used With Positive Airway Pressure Device	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.8 Continuous Positive Airway Pressure (CPAP)	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	A7036	Chinstrap Used With Positive Airway Pressure Device	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.8 Continuous Positive Airway Pressure (CPAP)	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	A7037	Tubing Used With Positive Airway Pressure Device	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.8 Continuous Positive Airway Pressure (CPAP)	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.8 Continuous Positive Airway Pressure (CPAP)	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.8 Continuous Positive Airway Pressure (CPAP)	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.9 Mechanical Ventilation	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Yes		CC-0118	TMPPM: 9.2.77 Therapeutic	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Yes		CC-0118	TMPPM: 9.2.77 Therapeutic Radiopharmaceuticals,	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	A9590	Iodine I-131, iobenguane, 1 mCi	Yes		CC-0118	TMPPM: 9.2.77 Therapeutic	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Yes		CC-0118	None	None	2/1/2023	12/31/9999
Texas	Medicaid/CHIP	B4164	Parenteral 50% Dextrose Solu	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B4168	Parenteral Sol Amino Acid 3.	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B4172	Parenteral Sol Amino Acid 5.	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B4176	Parenteral Sol Amino Acid 7-	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B4178	Parenteral Sol Amino Acid >	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B4180	Parenteral Sol Carb > 50%	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999

Medical Policies and Clinical Utilization Management Guidelines : <https://www.provider.wellpoint.com/texas-provider/resources/manuals-and-guides/medical-policies-and-clinical-guidelines>

Texas Medicaid Provider Procedure Manual (TMPPM) : <https://www.tmhp.com/resources/provider-manuals/tmppm>

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Texas	Medicaid/CHIP	B4185	Parenteral nutrition solution, per 10 grams lipids	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B4189	Parenteral Sol Amino Acid &	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B4193	Parenteral Sol 52-73 Gm Prot	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B4197	Parenteral Sol 74-100 Gm Pro	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B4199	Parenteral Sol > 100gm Prote	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B4220	Parenteral Supply Kit Premix	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B4222	Parenteral Supply Kit Homemi	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B4224	Parenteral Administration Ki	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B5000	Parenteral Sol Renal-Amirosy	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B5100	Parenteral Sol Hepatic-Fream	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B5200	Parenteral Sol Stres-Brnch C	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B9006	Parenteral nutrition infusion pump, stationary	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	B9999	Parenteral Supp Not Othrws C	Yes		None	TMPPM: 2.2.26 Total Parenteral Nutrition (TPN)	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	Yes	SURG.00162	None	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	Yes		Carelon Medical Benefits Management: Implantable Cardioverter Defibrillators	None	None	12/1/2022	12/31/9999
Texas	Medicaid/CHIP	C1816	Receiver and/or transmitter, neurostimulator (implantable)	Yes	CG-MED-79	None	None	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	Yes		None	TMPPM: 9.2.45.16 Supplies for	None	4/1/2021	12/31/9999
Texas	Medicaid/CHIP	C2616	Brachytherapy source, nonstranded, yttrium-90, per source	Yes	CG-SURG-78	None	None	None	10/1/2024	12/31/9999
Texas	Medicaid/CHIP	C2622	Prosthesis, penile, noninflatable	Yes					4/1/2021	12/31/9999
Texas	Medicaid/CHIP	C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	Yes		Carelon Medical Benefits Management: Imaging of the Chest , Site of Care for Advanced Imaging	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	C9047	Injection, caplacizumab-yhdp, 1 mg	Yes		CC-0137	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	C9399	Unclassified Drugs Or Biologicals	Yes	MED.00135, MED.00147, MED.00148, SURG.00011	CC-0010, CC-0014, CC-0026, CC-0029, CC-0038, CC-0042, CC-0049, CC-0058, CC-0064, CC-0066, CC-0068, CC-0072, CC-0077, CC-0084, CC-0094, CC-0128, CC-0149, CC-0173, CC-0174, CC-0188, CC-0190, CC-0199, CC-0206, CC-0208, CC-0213, CC-0235, CC-0257, CC-0261, CC-0267, CC-0268, CC-0269, CC-0270, CC-0271, CC-0272, CC-0273, CC-0274, CC-0275, CC-0276	None	None	12/15/2018	12/31/9999

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Texas	Medicaid/CHIP	C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Yes		Carelon Medical Benefits Management: Percutaneous Coronary Intervention	None	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Percutaneous Coronary Intervention	None	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Yes		Carelon Medical Benefits Management: Percutaneous Coronary Intervention	None	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Percutaneous Coronary Intervention	None	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Yes		Carelon Medical Benefits Management: Percutaneous Coronary Intervention	None	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Percutaneous Coronary Intervention	None	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	Yes		Carelon Medical Benefits Management: Percutaneous Coronary Intervention	None	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	Yes		Carelon Medical Benefits Management: Percutaneous Coronary Intervention	None	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	C9727	Insertion of implants into the soft palate; minimum of 3 implants	Yes	SURG.00129	None	None	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance	Yes	CG-MED-81, MED.00057	None	None	None	4/1/2013	12/31/9999
Texas	Medicaid/CHIP	C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	Yes		Carelon Medical Benefits Management: Carelon Cardiovascular - Endovascular Revascularization	None	None	7/1/2020	12/31/9999
Texas	Medicaid/CHIP	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	Yes		Carelon Medical Benefits Management: Carelon Cardiovascular - Endovascular Revascularization	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	Yes		Carelon Medical Benefits Management: Carelon Cardiovascular - Endovascular Revascularization	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])	Yes	SURG.00011	None	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	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	CG-SURG-78, RAD.00059	None	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical dev	Yes					1/1/2025	12/31/9999
Texas	Medicaid/CHIP	D7940	Osteoplasty - For Orthognathic Deformities	Yes	SURG.00129	None	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	D7941	Osteotomy - Mandibular Rami	Yes	SURG.00129	None	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft	Yes	SURG.00129	None	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	Yes	SURG.00129	None	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	D7945	osteotomy - body of mandible	Yes	SURG.00129	None	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	D7946	LeFort I (maxilla - total)	Yes	SURG.00129	None	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	D7947	Lefort I (Maxilla - Segmented)	Yes	SURG.00129	None	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	Yes					8/1/2013	12/31/9999
Texas	Medicaid/CHIP	D7949	Lefort Ii Or Lefort Iii - With Bone Graft	Yes					8/1/2013	12/31/9999
Texas	Medicaid/CHIP	D7996	Implant-Mandible For Augmentation Purposes (Excluding Alveolar Ridge), By Report	Yes					8/1/2013	12/31/9999
Texas	Medicaid/CHIP	E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	Yes		None	TMPPM: 2.2.6.3 Bathroom Equipment	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	E0194	Air Fluidized Bed	Yes		None	TMPPM: 2.2.14.1 Hospital Beds, 2.2.14.3 Prior	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0217	Water Circ Heat Pad W Pump	Yes	DME.00037	None	None	None	12/1/2019	12/31/9999
Texas	Medicaid/CHIP	E0240	Bath/shower chair, with or without wheels, any size	Yes		None	TMPPM: 2.2.6.2 Bath Equipment	None	6/1/2017	12/31/9999

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Texas	Medicaid/CHIP	E0250	Hosp Bed Fixed Ht W/ Mattres	Yes		None	TMPPM: 2.2.14.1 Hospital Beds, 2.2.14.3 Prior	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0255	Hospital Bed Var Ht W/ Matr	Yes		None	TMPPM: 2.2.14.1 Hospital Beds, 2.2.14.3 Prior	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0256	Hospital Bed Var Ht W/O Matt	Yes					1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0260	Hosp Bed Semi-Electr W/ Matt	Yes		None	TMPPM: 2.2.14.1 Hospital Beds, 2.2.14.3 Prior	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0265	Hosp Bed Total Electr W/ Mat	Yes		None	TMPPM: 2.2.14.1 Hospital Beds, 2.2.14.3 Prior	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0266	Hosp Bed Total Elec W/O Matt	Yes					1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0277	Powered Pres-Redu Air Mattrs	Yes		None	TMPPM: 2.2.14.5 Mattresses and Support	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0280	Bed Cradle	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	E0290	Hosp Bed Fx Ht W/O Rails W/M	Yes		None	TMPPM: 2.2.14.2 Pediatric Hospital Bed,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0303	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress	Yes		None	TMPPM: 2.2.14.1 Hospital Beds, 2.2.14.3 Prior Authorization	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress	Yes		None	TMPPM: 2.2.14.1 Hospital Beds, 2.2.14.3 Prior Authorization	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard	Yes		None	TMPPM: 2.2.14.2 Pediatric Hospital Bed	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures,	Yes		None	TMPPM 2.2.14.2 Pediatric Hospital Bed	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	Yes					8/1/2013	12/31/9999
Texas	Medicaid/CHIP	E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Yes	CG-DME-26	None	TMPPM 2.2.23 Respiratory Equipment and Supplies	None	8/1/2023	12/31/9999
Texas	Medicaid/CHIP	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	Yes	CG-DME-26, CG-DME-47	None	TMPPM 2.2.23 Respiratory Equipment and Supplies	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	Yes	CG-DME-26, CG-DME-47	None	TMPPM: 2.2.23.9 Mechanical Ventilation	None	8/1/2023	12/31/9999
Texas	Medicaid/CHIP	E0470	Respiratory assist device, bi-level pressure capability, without backup rate	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	None	None	9/1/2014	12/31/9999
Texas	Medicaid/CHIP	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.8 Continuous Positive Airway Pressure (CPAP)	None	9/1/2014	12/31/9999
Texas	Medicaid/CHIP	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	Yes		None	TMPPM: 2.2.23.11 Secretion and Mucus Clearance Devices	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E0561	Humidifier, non-heated, used with positive airway pressure device	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.4 Humidification Therapy and Heating Elements	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	E0562	Humidifier, heated, used with positive airway pressure device	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.4 Humidification Therapy and Heating Elements	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	E0601	Continuous positive airway pressure (cpap) device	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM: 2.2.23.8 Continuous Positive Airway Pressure (CPAP)	None	9/1/2014	12/31/9999

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Texas	Medicaid/CHIP	E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	Yes					1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	Yes		None	TMPPM 2.2.17.27 Standers	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	Yes		None	TMPPM 2.2.17.27 Standers	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	Yes		None	TMPPM 2.2.19.4 Thoracic-Hip-Knee-Ankle Orthoses (THKAO) (Vertical or	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE	Yes	CG-DME-46, DME.00037	None	None	None	12/1/2019	12/31/9999
Texas	Medicaid/CHIP	E0735	Non-invasive vagus nerve stimulator	Yes	CG-SURG-120	None	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	E0747	Elec Osteogen Stim Not Spine	Yes		None	TMPPM: Durable Medical Equipment, Medical	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E0748	Elec Osteogen Stim Spinal	Yes		Carelon Medical Benefits Management: Spine Surgery	TMPPM 9.2.14 Bone Growth Stimulation	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E0760	Osteogen Ultrasound Stimltor	Yes		None	TMPPM 9.2.14 Bone Growth Stimulation	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E0782	Non-Programable Infusion Pump	Yes	CG-SURG-79	None	TMPPM 6.2.9 Implantable Infusion Pumps, 6.2.9.1	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E0784	Ext Amb Infusn Pump Insulin	Yes	CG-DME-50, CG-DME-51	None	TMPPM 2.2.12.5 External Insulin Pump and	None	12/1/2022	12/31/9999
Texas	Medicaid/CHIP	E0942	Cervical Head Harness/Halter	Yes		None	TMPPM 2.2.17.29 Accessories,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	Yes		None	TMPPM 2.2.17.29 Accessories, Modifications,	None	1/1/2018	12/31/9999
Texas	Medicaid/CHIP	E0955	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each	Yes		None	TMPPM 2.2.17.29 Accessories, Modifications,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0956	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each	Yes		None	TMPPM 2.2.17.29 Accessories, Modifications,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0957	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each	Yes		None	TMPPM 2.2.17.29 Accessories, Modifications,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0958	Whlchr Att- Conv 1 Arm Drive	Yes		None	TMPPM 2.2.17.29 Accessories,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Yes		None	TMPPM 2.2.17.29 Accessories, Modifications,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	Yes		None	TMPPM 2.2.17.29 Accessories, Modifications,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0969	Wheelchair Narrowing Device	Yes		None	TMPPM 2.2.17.29 Accessories,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0980	Wheelchair Safety Vest	Yes		None	TMPPM 2.2.17.29 Accessories,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0981	Wheelchair accessory, seat upholstery, replacement only, each	Yes		None	TMPPM 2.2.17.29 Accessories,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0982	Wheelchair accessory, back upholstery, replacement only, each	Yes		None	TMPPM 2.2.17.29 Accessories,	None	1/1/2015	12/31/9999

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Texas	Medicaid/CHIP	E0986	Manual wheelchair accessory, push-rim activated power assist, each	Yes		None	TMHP	None	6/1/2022	12/31/9999
Texas	Medicaid/CHIP	E0992	Wheelchair Solid Seat Insert	Yes		None	TMPPM 2.2.17.29 Accessories,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E0995	Wheelchair accessory, calf rest/pad, replacement only, each	Yes		None	TMPPM 2.2.17.29 Accessories,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1002	Wheelchair accessory, power seating system, tilt only	Yes	CG-DME-31	None	TMPPM 2.2.17.15 Power Seat Elevation System	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E1003	Wheelchair accessory, power seating system, recline only, without shear	Yes	CG-DME-31	None	TMPPM 2.2.17.15 Power Seat Elevation System	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear	Yes	CG-DME-31	None	TMPPM 2.2.17.15 Power Seat Elevation System	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E1005	Wheelchair accessory, power seatng system, recline only, with power shear	Yes	CG-DME-31	None	TMPPM 2.2.17.15 Power Seat Elevation System	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction	Yes	CG-DME-31	None	TMPPM 2.2.17.15 Power Seat Elevation System	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction	Yes	CG-DME-31	None	TMPPM 2.2.17.15 Power Seat Elevation System	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Yes	CG-DME-31	None	TMPPM 2.2.17.15 Power Seat Elevation System	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg	Yes	CG-DME-31	None	TMPPM 2.2.17.15 Power Seat Elevation System	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1010	Wheelchair accessory, addition to power seating system, power leg elevation	Yes	CG-DME-31	None	TMPPM 2.2.17.15 Power Seat Elevation System, 2.2.17.14 Power Elevating	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1011	Modification To Pediatric Wheelchair, Width Adjustment Package (Not To	Yes		None	TMPPM 2.2.17.29 Accessories,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Yes	CG-DME-31	None	TMPPM 2.2.17.29 Accessories, Modifications, Adjustments and Repairs	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	E1014	Reclining Back, Addition To Pediatric Wheelchair	Yes		None	TMPPM 2.2.17.29 Accessories,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1015	Shock Absorber For Manual Wheelchair, Each	Yes		None	TMPPM 2.2.17.29 Accessories,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1016	Shock Absorber For Power Wheelchair, Each	Yes		None	TMPPM 2.2.17.29 Accessories,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1017	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wh	Yes		None	TMPPM 2.2.17.29 Accessories, Modifications,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1018	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Whe	Yes		None	TMPPM 2.2.17.29 Accessories, Modifications,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware	Yes		None	TMPPM 2.2.17.29 Accessories, Modifications,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1029	Wheelchair accessory, ventilator tray, fixed	Yes		None	TMPPM 2.2.17.29 Accessories,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To An	Yes					12/1/2019	12/31/9999
Texas	Medicaid/CHIP	E1050	Whelchr Fxd Full Length Arms	Yes		None	TMPPM 2.2.17.29 Accessories,	None	1/1/2015	12/31/9999

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Texas	Medicaid/CHIP	E1083	Hemi-wheelchair, fixed full-length arms, swing-away, detachable elevating legrest	Yes					1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1084	Hemi-Wheelchair Detachable A	Yes					1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1085	Hemi-Wheelchair Fixed Arms	Yes					1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1086	Hemi-Wheelchair Detachable A	Yes					1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1087	Wheelchair Lightwt Fixed Arm	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1090	Wheelchair Lightweight Det A	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1110	Wheelchair Semi-Recl Detach	Yes		None	TMPPM, DURABLE MEDICAL EQUIPMENT,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space	Yes		None	TMPPM, DURABLE MEDICAL EQUIPMENT,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1170	Whlchr Ampu Fxd Arm Leg Rest	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1171	Wheelchair Amputee W/O Leg R	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1172	Wheelchair Amputee Detach Ar	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1180	Wheelchair Amputee W/ Foot R	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1190	Wheelchair Amputee W/ Leg Re	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1195	Wheelchair Amputee Heavy Dut	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1200	Wheelchair Amputee Fixed Arm	Yes					1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1220	Whlchr Special Size/Constrc	Yes		None	TMPPM, DURABLE MEDICAL EQUIPMENT,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	Yes		None	TMPPM, DURABLE MEDICAL EQUIPMENT, MEDICAL SUPPLIES, AND NUTRITIONAL	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1229	Pediatric wheelchair NOS	Yes		None	TMPPM, DURABLE MEDICAL EQUIPMENT,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	E1230	Power Operated Vehicle	Yes	CG-DME-31	None	TMPPM, DURABLE MEDICAL EQUIPMENT,	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, W Seating	Yes		None	TMPPM, DURABLE MEDICAL EQUIPMENT,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating	Yes		None	TMPPM, DURABLE MEDICAL EQUIPMENT,	None	12/1/2019	12/31/9999
Texas	Medicaid/CHIP	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating	Yes		None	TMPPM, DURABLE MEDICAL EQUIPMENT,	None	12/1/2019	12/31/9999
Texas	Medicaid/CHIP	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System	Yes		None	TMPPM, DURABLE MEDICAL EQUIPMENT,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System	Yes		None	TMPPM criteria 2.2.17.8 Manual Wheeled Mobility	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System	Yes		None	TMPPM criteria 2.2.17.8 Manual Wheeled Mobility	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating Syst	Yes		None	TMPPM criteria 2.2.17.8 Manual Wheeled Mobility	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1239	Ped power wheelchair NOS	Yes	CG-DME-31	None	TMPPM criteria 2.2.17.8 Manual Wheeled Mobility	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E1250	Wheelchair Lightwt Fixed Arm	Yes		None	TMPPM criteria 2.2.17.4 Manual Wheelchairs-	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1270	Wheelchair Lightweight Leg R	Yes		None	TMPPM criteria 2.2.17.4 Manual Wheelchairs-	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1285	Wheelchair Heavy Duty Fixed	Yes		None	TMPPM criteria 2.2.17.5 Manual Wheelchairs-	None	1/1/2015	12/31/9999

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Texas	Medicaid/CHIP	E1295	Wheelchair Heavy Duty Fixed	Yes		None	TMPPM criteria 2.2.17.5 Manual Wheelchairs-	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1296	Wheelchair Special Seat Heig	Yes		None	TMPPM criteria 2.2.17 Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1297	Wheelchair Special Seat Dept	Yes		None	TMPPM criteria 2.2.17 Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1298	Wheelchair Spec Seat Depth/W	Yes		None	TMPPM criteria 2.2.17 Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E1399	Durable medical equipment, miscellaneous	Yes	CG-ANC-08, CG-DME-06, CG-DME-39, CG-MED-28, CG-MED-96, CG-SURG-120, DME.00011, DME.00022, DME.00025, DME.00030, DME.00037, DME.00041, DME.00048, DME.00050, MED.00130, MED.00134, MED.00138	None	TMPPM criteria 2.2.22 Prothrombin Time/International Normalized Ratio (PT/INR) Home Testing Monitor, 2.2.23.11 Secretion and Mucus Clearance Devices, 2.2.23.17 Bag Valve Mask (BVM) Resuscitator, 2.2.23.20 Procedure Codes and Limitations for Respiratory Equipment and Supplies, 2.2.24.1 Special Needs Car Seats, 2.2.6.1 Hand-Held Shower Wand, 2.2.6.3.5	None	9/1/2014	12/31/9999
Texas	Medicaid/CHIP	E2201	Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only,	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2208	Wheelchair accessory, cylinder tank carrier, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2210	Wheelchair accessory, bearings, any type, replacement only, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999

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Texas	Medicaid/CHIP	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2219	Manual wheelchair accessory, foam caster tire, any size, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for Mobility Aids, 2.2.17.29	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2227	Manual wheelchair accessory, gear reduction drive wheel, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2291	Planar back for ped size wc	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2292	Planar seat for ped size wc	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2293	Contour back for ped size wc	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2294	Contour seat for ped size wc	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Yes	CG-DME-31	None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for	None	4/1/2024	12/31/9999
Texas	Medicaid/CHIP	E2310	Power wheelchair accessory, electronic connection between wheelchair controller	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2311	Power wheelchair accessory, electronic connection between wheelchair controller	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2313	Power wheelchair accessory, harness for upgrade to expandable controller,	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2321	Power wheelchair accessory, hand control interface, remote joystick,	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2323	Power wheelchair accessory, specialty joystick handle for hand control	Yes		None	TMPPM criteria 2.2.17.31* Procedure Codes and Limitations for	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2324	Power wheelchair accessory, chin cup for chin control interface	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2325	Power wheelchair accessory, sip and puff interface, nonproportional	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999

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Texas	Medicaid/CHIP	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	Yes		None	TMPPM criteria 2.2.17.31* Procedure	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2327	Power wheelchair accessory, head control interface, mechanical, proportional	Yes		None	TMPPM 2.2.17.8 Manual Wheeled Mobility System-Pediatric Size	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional	Yes		None	TMPPM 2.2.17.8 Manual Wheeled Mobility System-Pediatric Size	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional	Yes		None	TMPPM 2.2.17.8 Manual Wheeled Mobility System-Pediatric Size	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional	Yes		None	TMPPM 2.2.17.8 Manual Wheeled Mobility System-Pediatric Size	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	Yes		None	TMPPM 2.2.17.8 Manual Wheeled Mobility System-Pediatric Size	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	Yes		None	TMPPM 2.2.17.8 Manual Wheeled Mobility System-Pediatric Size	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	Yes		None	TMPPM 2.2.17.8 Manual Wheeled Mobility System-Pediatric Size	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	Yes		None	TMPPM 2.2.17.8 Manual Wheeled Mobility System-Pediatric Size	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2351	Power wheelchair accessory, electronic interface to operate speech generating device	Yes		None	TMPPM 2.2.17.8 Manual Wheeled Mobility System-Pediatric Size	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	Yes		None	TMPPM 2.2.17.8 Manual Wheeled Mobility System-Pediatric Size	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2368	Power wheelchair component, drive wheel motor, replacement only	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2369	Power wheelchair component, drive wheel gear box, replacement only	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mount	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility Aids	None	1/1/2015	12/31/9999

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Texas	Medicaid/CHIP	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE,	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT	Yes		None	TMPPM 2.2.17.29 Accessories, Modifications, Adjustments and Repair	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT	Yes		None	TMPPM 2.2.17.29 Accessories, Modifications, Adjustments and Repair	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY,	Yes		None	TMPPM 2.2.17.29 Accessories, Modifications, Adjustments and Repair	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes		None	TMPPM 2.2.17.29 Accessories, Modifications, Adjustments and Repair	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE,	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility Aids	None	1/1/2015	12/31/9999

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Texas	Medicaid/CHIP	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT	Yes		None	TMPPM 2.2.17.29 Accessories, Modifications, Adjustments and Repair	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT	Yes		None	TMPPM 2.2.17.29 Accessories, Modifications, Adjustments and Repair	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	Yes		None	TMPPM 2.2.17.29 Accessories, Modifications,	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2398	Wheelchair accessory, dynamic positioning hardware for back	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2020	12/31/9999
Texas	Medicaid/CHIP	E2402	Negative pressure wound therapy electrical pump, stationary or portable	Yes	CG-DME-48	None	TMPPM 2.2.28.2 Negative Pressure Wound Therapy	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less	Yes		None	TMPPM 2.2.5 Augmentative Communication Device	None	8/1/2023	12/31/9999
Texas	Medicaid/CHIP	E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.	Yes		None	TMPPM 2.2.5 Augmentative Communication Device	None	8/1/2023	12/31/9999
Texas	Medicaid/CHIP	E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.	Yes		None	TMPPM 2.2.5 Augmentative Communication Device	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.	Yes		None	TMPPM 2.2.5 Augmentative Communication Device	None	8/1/2023	12/31/9999
Texas	Medicaid/CHIP	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling	Yes		None	TMPPM 2.2.5 Augmentative Communication Device	None	8/1/2023	12/31/9999
Texas	Medicaid/CHIP	E2510	Speech generating device, synthesized speech, permitting multiple methods	Yes		None	TMPPM section 2.2.5 Augmentative Communication Device	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	E2511	Speech generating software program, for personal computer or personal digital assistant	Yes		None	TMPPM 2.2.5.1.7 Software	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	E2512	Accessory for speech generating device, mounting system	Yes		None	TMPPM 2.2.5 Augmentative	None	8/1/2023	12/31/9999
Texas	Medicaid/CHIP	E2605	Position wc cush wdth <22 in	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2606	Position wc cush wdth>=22 in	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2608	Skin pro/pos wc cus wd>=22in	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2609	Custom fabricate w/c cushion	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2612	Gen use back cush wdth>=22in	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2613	Position back cush wd <22in	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2614	Position back cush wd>=22in	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2615	Pos back post/lat wdth <22in	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2616	Pos back post/lat wdth>=22in	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2617	Custom fab w/c back cushion	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2619	Replace cover w/c seat cush	Yes		None	TMPPM 2.2.17.29 Accessories,	None	1/1/2015	12/31/9999

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Texas	Medicaid/CHIP	E2621	WC planar back cush wd>=22in	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes		None	TMPPM 2.2.17.31* Procedure Codes and Limitations for Mobility	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	Yes		None	TMPPM 2.2.17 Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	Yes		None	TMPPM 2.2.17 Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	Yes		None	TMPPM 2.2.17 Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	Yes		None	TMPPM 2.2.17 Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	Yes		None	TMPPM 2.2.17 Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	Yes		None	TMPPM 2.2.17 Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	Yes		None	TMPPM 2.2.17 Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	E2633	Wheelchair accessory, addition to mobile arm support, supinator	Yes		None	TMPPM 2.2.17 Mobility Aids	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Yes		None	Texas Medicaid Provider Procedures Manual - Physical Therapy, Occupational Therapy,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	Yes		None	TMPPM 2.12 Personal Care Services (PCS)	None	3/1/2019	12/31/9999
Texas	Medicaid/CHIP	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Yes		None	Texas Medicaid Provider Procedures Manual -	None	1/1/2022	12/31/9999
Texas	Medicaid/CHIP	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	Yes		None	TMPPM Home Health Nursing and Private Duty Nursing Services Handbook - Section 3:	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	Yes		None	TMPPM Home Health Nursing and Private Duty Nursing Services Handbook - Section 3:	None	1/1/2016	12/31/9999

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Texas	Medicaid/CHIP	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	CG-MED-41	None	Texas Medicaid Provider Procedures Manual Handbooks:Children's Services Handbook, Inpatient and Outpatient	None	9/1/2024	12/31/9999
Texas	Medicaid/CHIP	G0339	Robot lin-radsurg com, first	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	TMPPM 9.2.63.2 Stereotactic Radiosurgery	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	G0340	Robt lin-radsurg fractx 2-5	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	TMPPM 9.2.63.2 Stereotactic Radiosurgery	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart r	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM 9.2.71.5 Home Sleep Study test	None	9/1/2014	12/31/9999
Texas	Medicaid/CHIP	G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow,	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM 9.2.63.2 Stereotactic Radiosurgery	None	9/1/2014	12/31/9999
Texas	Medicaid/CHIP	G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	Yes		Carelon Medical Benefits Management: Sleep Disorder Management	TMPPM 9.2.71.5 Home Sleep Study test	None	9/1/2014	12/31/9999
Texas	Medicaid/CHIP	G6001	Ultrasonic guidance for placement of radiation therapy fields	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	TMPPM 9.2.63.2 Stereotactic Radiosurgery	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	G6003	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	G6004	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	G6005	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	G6006	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	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		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999

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Texas	Medicaid/CHIP	G6011	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	G6012	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	G6013	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	G6015	Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	Yes		Carelon Medical Benefits Management: Radiation Therapy (excludes Proton)	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	Yes					2/15/2017	12/31/9999
Texas	Medicaid/CHIP	H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	Yes					2/15/2017	12/31/9999
Texas	Medicaid/CHIP	H0047	Alcohol and/or other drug abuse services, not otherwise specified	Yes					2/15/2017	12/31/9999
Texas	Medicaid/CHIP	H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	Yes					2/15/2017	12/31/9999
Texas	Medicaid/CHIP	H2023	Supported employment, per 15 minutes	Yes					10/1/2019	12/31/9999
Texas	Medicaid/CHIP	H2035	Alcohol and/or other drug treatment program, per hour	Yes					10/1/2015	12/31/9999
Texas	Medicaid/CHIP	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		None	Texas Medicaid Provider Procedures Manual: Outpatient Drug Services Handbook	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J0139	Injection, adalimumab, 1 mg	Yes		CC-0062	None	None	1/1/2025	12/31/9999
Texas	Medicaid/CHIP	J0174	Injection, lecanemab-irmb, 1 mg	Yes		CC-0228	TMPPM	None	7/1/2023	12/31/9999
Texas	Medicaid/CHIP	J0175	Injection, donanemab-azbt, 2 mg	Yes		CC-0265	TMPPM	None	3/1/2025	12/31/9999
Texas	Medicaid/CHIP	J0177	Injection, aflibercept HD, 1 mg	Yes		CC-0072	None	None	6/1/2024	12/31/9999
Texas	Medicaid/CHIP	J0178	Injection, aflibercept, 1 mg	Yes		CC-0072	None	None	1/1/2013	12/31/9999
Texas	Medicaid/CHIP	J0179	Injection, brolucizumab-dblI, 1 mg	Yes		CC-0072	None	None	1/1/2020	12/31/9999
Texas	Medicaid/CHIP	J0180	Agalsidase beta injection	Yes		CC-0021	None	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	J0185	Injection, aprepitant, 1 mg	Yes		CC-0059	None	None	5/1/2019	12/31/9999
Texas	Medicaid/CHIP	J0202	Injection, alemtuzumab, 1 mg	Yes		CC-0009	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	J0207	Amifostine	Yes		CC-0155	None	None	11/1/2020	12/31/9999
Texas	Medicaid/CHIP	J0208	Injection, sodium thiosulfate, 100 mg	Yes		CC-0224	None	None	7/1/2023	12/31/9999
Texas	Medicaid/CHIP	J0217	Injection, velmanase alfa-tycv, 1 mg	Yes		CC-0231	TMPPM	None	1/1/2024	12/31/9999
Texas	Medicaid/CHIP	J0218	Injection, olipudase alfa-rpcp, 1 mg	Yes		CC-0220	TMPPM	None	7/1/2023	12/31/9999
Texas	Medicaid/CHIP	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	Yes		None	TMPPM	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	Yes					1/1/2012	12/31/9999
Texas	Medicaid/CHIP	J0224	Injection, lumasiran, 0.5 m	Yes		CC-0185	None	None	7/1/2021	12/31/9999
Texas	Medicaid/CHIP	J0225	Injection, vutrisiran, 1 mg	Yes		CC-0217	TMPPM	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	Yes		CC-0073	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	Yes		CC-0073	None	None	1/1/2012	12/31/9999
Texas	Medicaid/CHIP	J0485	Injection, belatacept, 1 mg	Yes		CC-0076	None	None	9/1/2016	12/31/9999
Texas	Medicaid/CHIP	J0490	Injection, belimumab, 10 mg	Yes		CC-0028	None	None	1/1/2012	12/31/9999
Texas	Medicaid/CHIP	J0491	Injection, anifrolumab-fnia, 1 mg	Yes		None	Texas Medicaid Provider Procedures Manual:	None	12/1/2022	12/31/9999
Texas	Medicaid/CHIP	J0517	Injection, benralizumab, 1 mg	Yes		None	TMPPM	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	J0565	Injection, bezlotoxumab, 10 mg	Yes		CC-0046	None	None	6/1/2018	12/31/9999
Texas	Medicaid/CHIP	J0567	Injection, cerliponase alfa, 1 mg	Yes		CC-0012	None	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	J0584	Injection, burosumab-twza 1 mg	Yes		None	TMPPM guidelines	None	5/1/2019	12/31/9999
Texas	Medicaid/CHIP	J0585	Injection, Onabotulinumtoxina, 1 Unit	Yes		CC-0032	None	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	J0586	Injection, Abobotulinumtoxina, 5 Units	Yes		CC-0032	None	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	J0587	Injection, Rimabotulinumtoxina, 100 Units	Yes		CC-0032	None	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	J0588	Injection, incobotulinumtoxina, 1 unit	Yes		CC-0032	None	None	1/1/2012	12/31/9999
Texas	Medicaid/CHIP	J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	Yes		CC-0032	None	None	8/1/2024	12/31/9999
Texas	Medicaid/CHIP	J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Yes		CC-0034	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	Yes		CC-0034	None	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units	Yes		CC-0034	None	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	J0638	Injection, canakinumab, 1 mg	Yes		CC-0064	None	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	J0641	Injection, levoleucovorin, 0.5 mg	Yes		CC-0104	None	None	4/1/2018	12/31/9999
Texas	Medicaid/CHIP	J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Yes		CC-0062	None	None	1/1/2014	12/31/9999
Texas	Medicaid/CHIP	J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	Yes		CC-0194	None	None	10/1/2021	12/31/9999
Texas	Medicaid/CHIP	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Yes		CC-0017	None	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	J0791	Injection, crizanlizumab-tmca, 5 mg	Yes		None	Texas Medicaid Provider Procedures Manual:	None	7/1/2020	12/31/9999
Texas	Medicaid/CHIP	J0801	Injection, corticotropin (Acthar Gel), up to 40 units	Yes		CC-0004	None	None	10/1/2023	12/31/9999
Texas	Medicaid/CHIP	J0802	Injection, corticotropin (ANI), up to 40 units	Yes		CC-0004	None	None	10/1/2023	12/31/9999
Texas	Medicaid/CHIP	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	Yes		CC-0001	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	Yes		CC-0001	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Yes		CC-0001	None	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	Yes		CC-0001	None	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)	Yes		CC-0001	None	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	J0896	Injection, luspatercept-aamt, 0.25 mg	Yes		None	Texas Medicaid Provider Procedures Manual:	None	11/1/2020	12/31/9999
Texas	Medicaid/CHIP	J0897	Injection, denosumab, 1 mg	Yes		CC-0027	None	None	1/1/2012	12/31/9999
Texas	Medicaid/CHIP	J1071	Injection, testosterone cypionate, 1mg	Yes		CC-0026	None	None	9/1/2019	12/31/9999
Texas	Medicaid/CHIP	J1110	Inj Dihydroergotamine Mesylt	Yes					5/1/2019	12/31/9999
Texas	Medicaid/CHIP	J1203	Injection, cipaglucosidase alfa-atga, 5 mg	Yes		None	TMPPM	None	7/1/2024	12/31/9999
Texas	Medicaid/CHIP	J1301	Injection, edaravone, 1 mg	Yes		CC-0049	None	None	5/1/2019	12/31/9999
Texas	Medicaid/CHIP	J1302	Injection, sutimlimab-jome, 10 mg	Yes		CC-0210	None	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	J1303	Injection, ravulizumab-cwvz, 10 mg	Yes		CC-0041	TMPPM guidelines	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	J1304	Injection, tofersen, 1 mg	Yes					5/1/2024	12/31/9999
Texas	Medicaid/CHIP	J1305	Injection, evinacumab-dgnb, 5 mg	Yes		CC-0193	None	None	10/1/2021	12/31/9999
Texas	Medicaid/CHIP	J1306	Injection, inclisiran, 1 mg	Yes		CC-0209	None	None	11/1/2022	12/31/9999
Texas	Medicaid/CHIP	J1307	Injection, crovalimab-akkz, 10 mg	Yes		CC-0041	None	None	3/1/2025	12/31/9999
Texas	Medicaid/CHIP	J1322	Injection, elosulfase alfa, 1mg	Yes		CC-0022	None	None	4/1/2018	12/31/9999
Texas	Medicaid/CHIP	J1324	INJECTION, ENFUVIRTIDE, 1 MG	Yes		CC-0055	None	None	5/1/2019	12/31/9999
Texas	Medicaid/CHIP	J1325	Epoprostenol Injection	Yes		CC-0067	None	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Yes	MED.00135	None	TMPPM	None	12/1/2023	12/31/9999
Texas	Medicaid/CHIP	J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes	Yes	MED.00135	None	TMPPM	None	1/1/2024	12/31/9999
Texas	Medicaid/CHIP	J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Yes	MED.00144	None	TMPPM	None	1/1/2024	12/31/9999
Texas	Medicaid/CHIP	J1426	Injection, casimersen, 10 mg	Yes		None	Texas Medicaid Provider Procedures Manual:	None	10/1/2021	12/31/9999
Texas	Medicaid/CHIP	J1427	Injection, viltolarsen, 10 mg	Yes		None	Texas Medicaid Provider Procedures Manual:	None	4/1/2021	12/31/9999
Texas	Medicaid/CHIP	J1428	Injection, eteplirsen, 10 mg	Yes		None	Texas Medicaid Provider Procedures Manual:	None	6/1/2018	12/31/9999
Texas	Medicaid/CHIP	J1429	Injection, golodirsen, 10 mg	Yes		None	Texas Medicaid Provider Procedures Manual:	None	7/1/2020	12/31/9999
Texas	Medicaid/CHIP	J1434	Injection, fosaprepitant (Focinvez), 1 mg	Yes		CC-0059	None	None	4/1/2024	12/31/9999
Texas	Medicaid/CHIP	J1438	Etanercept Injection	Yes		CC-0062	None	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	J1440	Fecal microbiota, live - jsln, 1 ml	Yes		CC-0233	None	None	12/1/2023	12/31/9999
Texas	Medicaid/CHIP	J1442	5G-CSFexcludes biosimilars, 1 microgram	Yes		CC-0002	None	None	1/1/2014	12/31/9999
Texas	Medicaid/CHIP	J1447	Injection, tbo-filgrastim, 1 microgram	Yes		CC-0002	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	J1453	Injection, fosaprepitant, 1 mg	Yes		CC-0059	None	None	5/1/2019	12/31/9999
Texas	Medicaid/CHIP	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Yes		CC-0074	None	None	5/1/2019	12/31/9999
Texas	Medicaid/CHIP	J1456	Injection, fosaprepitant (teva), not therapeutically equivalent to j1453, 1 mg	Yes		CC-0059	None	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	J1458	INJECTION, GALSULFASE, 1 MG	Yes		CC-0023	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Yes		CC-0003	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J1460	Gamma Globulin 1 Cc Inj	Yes		CC-0039	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	J1552	Injection, immune globulin (alyglo), 500 mg	Yes		CC-0003	None	None	1/1/2025	12/31/9999
Texas	Medicaid/CHIP	J1554	Injection, immune globulin (asceniv), 500 mg	Yes		CC-0003	None	None	4/1/2021	12/31/9999
Texas	Medicaid/CHIP	J1555	Injection, immune globulin (Cuvitru), 100 mg	Yes		CC-0003	None	None	1/1/2018	12/31/9999

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Texas	Medicaid/CHIP	J1556	Injection, immune globulin (bivigam), 500 mg	Yes		CC-0003	None	None	1/1/2014	12/31/9999
Texas	Medicaid/CHIP	J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Yes		CC-0003	None	None	1/1/2012	12/31/9999
Texas	Medicaid/CHIP	J1558	Injection, immune globulin (xembify), 100 mg	Yes		CC-0003	None	None	7/1/2020	12/31/9999
Texas	Medicaid/CHIP	J1559	Injection, immune globulin (hizentra), 100 mg	Yes					1/1/2011	12/31/9999
Texas	Medicaid/CHIP	J1560	Injection, gamma globulin, intramuscular, over 10 cc	Yes		CC-0039	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Yes		CC-0003	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Yes		CC-0003	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	Yes		CC-0003	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	Yes		CC-0003	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Yes		CC-0003	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Yes		CC-0003	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Yes		CC-0003	None	None	7/1/2023	12/31/9999
Texas	Medicaid/CHIP	J1595	Injection, glatiramer acetate, 20 mg	Yes		CC-0014	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg	Yes		CC-0003	None	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	J1602	Injection, golimumab, 1 mg, for intravenous use	Yes		CC-0062	None	None	1/1/2014	12/31/9999
Texas	Medicaid/CHIP	J1628	Injection, guselkumab, 1 mg	Yes		CC-0050	None	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	J1632	Injection, brexanolone, 1 mg	Yes		CC-0140; MCG: BHG: B-008-Rx: Brexanolone	Texas Medicaid Provider Procedures Manual:	None	10/1/2020	12/31/9999
Texas	Medicaid/CHIP	J1743	Injection, idursulfase, 1 mg	Yes		CC-0024	None	None	4/1/2018	12/31/9999
Texas	Medicaid/CHIP	J1744	Injection, icatibant, 1 mg	Yes		CC-0034	None	None	1/1/2013	12/31/9999
Texas	Medicaid/CHIP	J1745	Injection, infliximab, excludes biosimilar, 10 mg	Yes		CC-0062	None	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	J1746	Injection, ibalizumab-uiyk, 10 mg	Yes		CC-0047	TMPPM guidelines	None	3/1/2019	12/31/9999
Texas	Medicaid/CHIP	J1747	Injection, spesolimab-sbzo, 1 mg	Yes		CC-0221	None	None	7/1/2023	12/31/9999
Texas	Medicaid/CHIP	J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg	Yes		CC-0062	None	None	7/1/2024	12/31/9999
Texas	Medicaid/CHIP	J1786	Injection, imiglucerase, 10 units	Yes		CC-0051	None	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	J1823	Injection, inebilizumab-cdon, 1 mg	Yes		None	Texas Medicaid Provider Procedures Manual:	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	J1826	Injection, interferon beta-1a, 30 mcg	Yes		CC-0014	None	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	J1830	Interferon Beta-1b / .25 Mg	Yes		CC-0014	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J1930	Injection, lanreotide, 1 mg	Yes		CC-0142	None	None	2/1/2020	12/31/9999
Texas	Medicaid/CHIP	J1931	Laronidase injection	Yes		CC-0025	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J1932	Injection, lanreotide, (cipl), 1 mg	Yes		CC-0142	None	None	10/1/2022	12/31/9999
Texas	Medicaid/CHIP	J1950	Leuprolide Acetate /3.75 Mg	Yes		CC-0015, CC-0061, CC-0102	None	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	J1954	Injection, leuprolide acetate for depot suspension (Lutrate), 7.5 mg	Yes		CC-0061	None	None	1/1/2023	12/31/9999

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Texas	Medicaid/CHIP	J1961	Injection, lenacapavir, 1 mg	Yes		CC-0229	None	None	7/1/2023	12/31/9999
Texas	Medicaid/CHIP	J2182	Injection, mepolizumab, 1 mg	Yes		None	Texas Medicaid Provider Procedures Manual:	None	9/1/2018	12/31/9999
Texas	Medicaid/CHIP	J2267	Injection, mirikizumab-mrkz, 1 mg	Yes		CC-0050	None	None	8/1/2024	12/31/9999
Texas	Medicaid/CHIP	J2277	Injection, motixafortide, 0.25 mg	Yes		CC-0253	None	None	8/1/2024	12/31/9999
Texas	Medicaid/CHIP	J2278	Injection, ziconotide, 1 mcg	Yes		CC-0040	None	None	10/1/2015	12/31/9999
Texas	Medicaid/CHIP	J2323	Injection, natalizumab, 1 mg	Yes		CC-0020	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J2326	Injection, nusinersen, 0.1 mg	Yes		None	Texas Medicaid Provider Procedures Manual:	None	6/1/2018	12/31/9999
Texas	Medicaid/CHIP	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	Yes		CC-0050	None	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	J2329	Injection, ublituximab-xiiy, 1mg	Yes		CC-0227	None	None	7/1/2023	12/31/9999
Texas	Medicaid/CHIP	J2350	Injection, ocrelizumab, 1 mg	Yes		CC-0011	None	None	6/1/2018	12/31/9999
Texas	Medicaid/CHIP	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Yes		CC-0058	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous	Yes		CC-0058	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J2356	Injection, tezepelumab-ekko, 1 mg	Yes		CC-0212	TMPPM guidelines	None	12/1/2022	12/31/9999
Texas	Medicaid/CHIP	J2357	Injection, omalizumab, 5 mg	Yes		CC-0033	Texas Medicaid Provider Procedures Manual:	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J2502	Injection, pasireotide long acting, 1 mg	Yes		CC-0236	None	None	12/1/2023	12/31/9999
Texas	Medicaid/CHIP	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Yes		CC-0002	None	None	1/1/2022	12/31/9999
Texas	Medicaid/CHIP	J2507	Injection, pegloticase, 1 mg	Yes		CC-0057	None	None	1/1/2012	12/31/9999
Texas	Medicaid/CHIP	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	Yes					5/1/2024	12/31/9999
Texas	Medicaid/CHIP	J2562	Injection, Plerixafor, 1 Mg	Yes		CC-0089	None	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	J2778	Injection, ranibizumab, 0.1 mg	Yes		CC-0072	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J2781	Injection, pegcetacoplan, intravitreal, 1 mg	Yes		CC-0234	None	None	12/1/2023	12/31/9999
Texas	Medicaid/CHIP	J2782	Injection, avacincaptad pegol, 0.1 mg	Yes		CC-0245	None	None	6/1/2024	12/31/9999
Texas	Medicaid/CHIP	J2786	Injection, reslizumab, 1 mg	Yes		None	TMPPM	None	9/1/2018	12/31/9999
Texas	Medicaid/CHIP	J2793	Injection, Rilonacept, 1 Mg	Yes		CC-0064	None	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	J2797	Injection, rolapitant, 0.5 mg	Yes					5/1/2019	12/31/9999
Texas	Medicaid/CHIP	J2802	Injection, romiplostim, 1 microgram	Yes		CC-0111	None	None	1/1/2025	12/31/9999
Texas	Medicaid/CHIP	J2820	Sargramostim Injection	Yes		CC-0002	None	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	J2840	Injection, sebelipase alfa, 1 mg	Yes		None	TMPPM	None	12/3/2018	12/31/9999
Texas	Medicaid/CHIP	J2860	Injection, siltuximab, 10 mg	Yes		CC-0113	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	J2998	Injection, plasminogen, human-tvmh, 1 mg	Yes		CC-0203	None	None	12/1/2022	12/31/9999
Texas	Medicaid/CHIP	J3032	Injection, eptinezumab-jjmr, 1 mg	Yes		CC-0160	None	None	10/1/2020	12/31/9999
Texas	Medicaid/CHIP	J3060	Injection, taliglucerase alfa, 10 units	Yes		CC-0051	None	None	1/1/2014	12/31/9999
Texas	Medicaid/CHIP	J3110	Teriparatide injection	Yes		CC-0038	None	None	11/1/2020	12/31/9999
Texas	Medicaid/CHIP	J3111	Injection, romosozumab-aqqg, 1 mg	Yes		CC-0139	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	J3121	Injection, testosterone enanthate, 1mg	Yes		CC-0026	None	None	9/1/2019	12/31/9999
Texas	Medicaid/CHIP	J3145	Injection, testosterone undecanoate, 1 mg	Yes		CC-0026	None	None	9/1/2019	12/31/9999
Texas	Medicaid/CHIP	J3241	Injection, teprotumumab-trbw, 10 mg	Yes					10/1/2020	12/31/9999
Texas	Medicaid/CHIP	J3245	Injection, tildrakizumab, 1 mg	Yes		CC-0050	None	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	J3247	Injection, secukinumab, IV, 1 mg	Yes		CC-0042	None	None	7/1/2024	12/31/9999
Texas	Medicaid/CHIP	J3262	Injection, tocilizumab, 1 mg	Yes		CC-0066	None	None	3/1/2013	12/31/9999
Texas	Medicaid/CHIP	J3263	Injection, toripalimab-tpzi, 1 mg	Yes		CC-0255	None	None	8/1/2024	12/31/9999
Texas	Medicaid/CHIP	J3285	Injection, trestatinil, 1 mg	Yes		CC-0067	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J3299	Injection, triamcinolone acetonide (xipere), 1 mg	Yes		CC-0218	None	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	J3315	Injection, Triptorelin Pamoate, 3.75 Mg	Yes		CC-0102	None	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	J3316	Injection, triptorelin, extended-release, 3.75 mg	Yes		CC-0061	None	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	J3357	Ustekinumab, for subcutaneous injection, 1 mg	Yes		CC-0063	None	None	1/1/2011	12/31/9999

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Texas	Medicaid/CHIP	J3358	Ustekinumab, for intravenous injection, 1 mg	Yes		CC-0063	None	None	3/1/2018	12/31/9999
Texas	Medicaid/CHIP	J3380	Injection, vedolizumab, 1 mg	Yes		CC-0071	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	J3385	Injection, velaglucerase alfa, 100 units	Yes		CC-0051	None	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	J3392	Injection, exagamglogene autotemcel, per treatment	Yes		None	TMPPM	None	1/1/2025	12/31/9999
Texas	Medicaid/CHIP	J3393	Injection, betibeglogene autotemcel, per treatment	Yes					7/1/2024	12/31/9999
Texas	Medicaid/CHIP	J3394	Injection, lovetibeglogene autotemcel, per treatment	Yes		None	TMPPM	None	7/1/2024	12/31/9999
Texas	Medicaid/CHIP	J3397	Injection, vestronidase alfa-vjbjk, 1 mg	Yes		CC-0013	None	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Yes	MED.00120	None	None	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	Yes		None	TMHP Guidelines	None	7/1/2020	12/31/9999
Texas	Medicaid/CHIP	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml	Yes		CC-0243	TMPPM	None	2/1/2024	12/31/9999
Texas	Medicaid/CHIP	J3489	Injection, zoledronic acid, 1 mg	Yes		CC-0019	None	None	1/1/2014	12/31/9999
Texas	Medicaid/CHIP	J3490	Unclassified drugs	Yes	MED.00120, MED.00135, MED.00147, MED.00148	CC-0008, CC-0010, CC-0014, CC-0015, CC-0026, CC-0036, CC-0038, CC-0042, CC-0058, CC-0062, CC-0066, CC-0068, CC-0069, CC-0079, CC-0084, CC-0107, CC-0173, CC-0174, CC-0190, CC-0199, CC-0206, CC-0208, CC-0213, CC-0215, CC-0254, CC-0256, CC-0257, CC-0259, CC-0276	Spravato	None	10/1/2018	12/31/9999
Texas	Medicaid/CHIP	J3590	Unclassified Biologics	Yes	MED.00135, MED.00147, MED.00148	CC-0002, CC-0003, CC-0010, CC-0011, CC-0027, CC-0029, CC-0041, CC-0042, CC-0062, CC-0063, CC-0064, CC-0066, CC-0068, CC-0069, CC-0071, CC-0072, CC-0077, CC-0107, CC-0135, CC-0137, CC-0149, CC-0173, CC-0174, CC-0188, CC-0190, CC-0206, CC-0208, CC-0235, CC-0259, CC-0261, CC-0267, CC-0269, CC-0270	TMPPM	None	10/1/2018	12/31/9999
Texas	Medicaid/CHIP	J7170	Injection, emicizumab-kxwh, 0.5 mg	Yes		CC-0065	None	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU	Yes		CC-0252	TMPPM	None	7/1/2024	12/31/9999
Texas	Medicaid/CHIP	J7175	Injection, factor x, (human), 1 i.u.	Yes		CC-0149	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg	Yes		CC-0149	None	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Yes		CC-0149	None	None	1/1/2013	12/31/9999
Texas	Medicaid/CHIP	J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc	Yes		CC-0065	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU	Yes		CC-0149	None	None	12/1/2015	12/31/9999
Texas	Medicaid/CHIP	J7181	Injection, factor xiii a-subunit, (recombinant), per iu	Yes		CC-0149	None	None	12/1/2015	12/31/9999
Texas	Medicaid/CHIP	J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	Yes		CC-0065	None	None	12/1/2015	12/31/9999
Texas	Medicaid/CHIP	J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo	Yes		CC-0065	None	None	12/1/2015	12/31/9999

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Texas	Medicaid/CHIP	J7185	Injection, Factor VIII (Antihemophilic Factor, Recombinant) (Xyntha), Per I.U.	Yes		CC-0065	None	None	12/1/2015	12/31/9999
Texas	Medicaid/CHIP	J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.	Yes		CC-0065	None	None	12/1/2015	12/31/9999
Texas	Medicaid/CHIP	J7187	Injection, von Willebrand factor complex (Humate-P), per IU vWF-RC0	Yes		CC-0065	None	None	12/1/2015	12/31/9999
Texas	Medicaid/CHIP	J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Yes		CC-0065	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	J7189	Factor VIIa (antihemophilic Factor, recombinant), per 1 mcg	Yes		CC-0149	None	None	12/1/2015	12/31/9999
Texas	Medicaid/CHIP	J7190	Factor VIII	Yes		CC-0065	None	None	12/1/2015	12/31/9999
Texas	Medicaid/CHIP	J7192	Factor VIII (Antihemophilic Factor, Recombinant) Per I.U., Not Otherwise Specified	Yes		CC-0065	None	None	12/1/2015	12/31/9999
Texas	Medicaid/CHIP	J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	Yes		CC-0148	None	None	12/1/2015	12/31/9999
Texas	Medicaid/CHIP	J7194	Factor Ix Complex	Yes		CC-0148	None	None	12/1/2015	12/31/9999
Texas	Medicaid/CHIP	J7195	Factor IX (antihemophilic factor, recombinant) per IU	Yes		CC-0148	None	None	12/1/2015	12/31/9999
Texas	Medicaid/CHIP	J7198	Anti-Inhibitor	Yes		CC-0149	None	None	12/1/2015	12/31/9999
Texas	Medicaid/CHIP	J7199	Hemophilia Clot Factor Noc	Yes					10/1/2018	12/31/9999
Texas	Medicaid/CHIP	J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Yes		CC-0148	None	None	12/1/2015	12/31/9999
Texas	Medicaid/CHIP	J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU	Yes		CC-0148	None	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebiny), 1 IU	Yes		CC-0148	None	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	J7205	Injection, factor viii fc fusion (recombinant), per iu	Yes		CC-0065	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Yes		CC-0065	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	Yes		CC-0065	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Yes		CC-0065	None	None	9/1/2017	12/31/9999
Texas	Medicaid/CHIP	J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyl), 1 IU	Yes		CC-0065	None	None	4/1/2018	12/31/9999
Texas	Medicaid/CHIP	J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU	Yes		CC-0065	None	None	4/1/2018	12/31/9999
Texas	Medicaid/CHIP	J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	Yes		CC-0149	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	Yes		CC-0148	None	None	7/1/2023	12/31/9999
Texas	Medicaid/CHIP	J7214	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviio), per Factor VIII IU	Yes		CC-0065	None	None	10/1/2023	12/31/9999
Texas	Medicaid/CHIP	J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	Yes		CC-0031	None	None	10/1/2015	12/31/9999
Texas	Medicaid/CHIP	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	Yes		CC-0031	None	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	Yes		CC-0031	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	Yes		CC-0031	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Yes		CC-0035	None	None	3/1/2021	12/31/9999

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Texas	Medicaid/CHIP	J7351	Injection, bimatoprost, intracameral implant, 1 microgram	Yes		CC-0163	None	None	10/1/2020	12/31/9999
Texas	Medicaid/CHIP	J7353	Anacaulase-bcdb, 8.8% gel, 1 gm	Yes		CC-0260	None	None	11/1/2024	12/31/9999
Texas	Medicaid/CHIP	J7355	Injection, travoprost, intracameral implant, 1 mcg	Yes		CC-0258	None	None	7/1/2024	12/31/9999
Texas	Medicaid/CHIP	J7999	Compounded drug, not otherwise classified	Yes		CC-0036	None	None	10/1/2018	12/31/9999
Texas	Medicaid/CHIP	J9019	Injection, asparaginase (erwinaze), 1,000 iu	Yes		CC-0096	None	None	1/1/2013	12/31/9999
Texas	Medicaid/CHIP	J9022	Injection, atezolizumab, 10 mg	Yes		CC-0128	None	None	6/1/2018	12/31/9999
Texas	Medicaid/CHIP	J9023	Injection, avelumab, 10 mg	Yes		CC-0129	None	None	6/1/2018	12/31/9999
Texas	Medicaid/CHIP	J9025	Injection, azacitidine, 1 mg	Yes		CC-0097	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Yes		CC-0264	None	None	4/1/2025	12/31/9999
Texas	Medicaid/CHIP	J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	Yes		CC-0230	TMPPM	None	12/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9033	Injection, bendamustine HCl (Treanda), 1 mg	Yes		CC-0116	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J9034	Injection, bendamustine hcl (bendeka), 1 mg	Yes		CC-0116	None	None	1/1/2017	12/31/9999
Texas	Medicaid/CHIP	J9035	Bevacizumab injection	Yes		CC-0072, CC-0107	None	None	8/1/2020	12/31/9999
Texas	Medicaid/CHIP	J9039	Injection, blinatumomab, 1 microgram	Yes		CC-0126	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	J9041	Injection, bortezomib (Velcade), 0.1 mg	Yes		CC-0095	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J9042	Injection, brentuximab vedotin, 1 mg	Yes		CC-0092	None	None	1/1/2013	12/31/9999
Texas	Medicaid/CHIP	J9043	Injection, cabazitaxel, 1 mg	Yes		CC-0114	None	None	8/1/2018	12/31/9999
Texas	Medicaid/CHIP	J9047	Injection, carfilzomib, 1 mg	Yes		CC-0120	None	None	1/1/2014	12/31/9999
Texas	Medicaid/CHIP	J9051	Injection, bortezomib (MAIA), not therapeutically equivalent to J9041, 0.1 mg	Yes		CC-0095	None	None	10/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9055	Cetuximab injection	Yes		CC-0106	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Yes		CC-0116	None	None	12/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9057	Injection, copanlisib, 1 mg	Yes		CC-0133	None	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	Yes		CC-0226	None	None	7/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9064	Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg	Yes		CC-0114	None	None	10/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9118	Injection, calaspargase pegol-mknl, 10 units	Yes		CC-0096	None	None	11/1/2020	12/31/9999
Texas	Medicaid/CHIP	J9119	Injection, cemiplimab-rwlc, 1 mg	Yes		CC-0145	None	None	2/1/2020	12/31/9999
Texas	Medicaid/CHIP	J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Yes		CC-0127	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	J9145	Injection, daratumumab, 10 mg	Yes		CC-0127	None	None	8/1/2018	12/31/9999
Texas	Medicaid/CHIP	J9155	Injection, Degarelix, 1 Mg	Yes		CC-0102	None	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	J9172	Injection, docetaxel (ingenus) not therapeutically equivalent to j9171, 1 mg	Yes		CC-0093	None	None	1/1/2024	12/31/9999
Texas	Medicaid/CHIP	J9173	Injection, durvalumab, 10 mg	Yes		CC-0130	None	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	J9176	Injection, elotuzumab, 1 mg	Yes		CC-0117	None	None	9/15/2018	12/31/9999
Texas	Medicaid/CHIP	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Yes		CC-0157	None	None	7/1/2020	12/31/9999
Texas	Medicaid/CHIP	J9179	Injection, eribulin mesylate, 0.1 mg	Yes		CC-0108	None	None	1/1/2012	12/31/9999
Texas	Medicaid/CHIP	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Yes		CC-0132	None	None	7/1/2018	12/31/9999
Texas	Medicaid/CHIP	J9207	Injection, ixabepilone, 1 mg	Yes		CC-0090	None	None	3/1/2017	12/31/9999
Texas	Medicaid/CHIP	J9210	Injection, emapalumab-lzsg, 1 mg	Yes		None	TMPPM guidelines	None	12/1/2019	12/31/9999
Texas	Medicaid/CHIP	J9216	Injection, interferon, gamma-1B, 3 million units	Yes		CC-0085	None	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	J9217	Leuprolide Acetate Suspnsion	Yes		CC-0015, CC-0061, CC-0102	None	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	J9225	Histrelin implant (Vantas), 50 mg	Yes		CC-0102	None	None	3/1/2013	12/31/9999

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Texas	Medicaid/CHIP	J9226	Histrelin implant (supprelin LA), 50 mg	Yes		CC-0061	None	None	1/1/2008	12/31/9999
Texas	Medicaid/CHIP	J9228	Injection, ipilimumab, 1 mg	Yes		CC-0119	None	None	1/1/2012	12/31/9999
Texas	Medicaid/CHIP	J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Yes		CC-0131	Texas Medicaid Provider Procedures Manual:	None	3/1/2019	12/31/9999
Texas	Medicaid/CHIP	J9264	Injection, paclitaxel protein-bound particles, 1 mg	Yes		CC-0099	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	J9266	Injection, pegaspargase, per single dose vial	Yes		CC-0096	None	None	11/1/2015	12/31/9999
Texas	Medicaid/CHIP	J9269	Injection, tagraxofusp-erzs, 10 micrograms	Yes		CC-0088	Texas Medicaid Provider Procedures Manual:	None	12/1/2019	12/31/9999
Texas	Medicaid/CHIP	J9271	Injection, pembrolizumab, 1 mg	Yes		CC-0124	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	J9273	Injection, tisotumab vedotin-tftv, 1 mg	Yes		CC-0204	None	None	12/1/2022	12/31/9999
Texas	Medicaid/CHIP	J9274	Injection, tebentafusp-tebn, 1 microgram	Yes		CC-0211	None	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9285	Injection, olaratumab, 10 mg	Yes					6/1/2018	12/31/9999
Texas	Medicaid/CHIP	J9286	Injection, glofitamab-gxbm, 2.5 mg	Yes		CC-0244	None	None	6/1/2024	12/31/9999
Texas	Medicaid/CHIP	J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	Yes		CC-0094	None	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg	Yes		CC-0094	None	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	Yes		CC-0094	None	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Yes		CC-0216	None	None	2/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9299	Injection, nivolumab, 1 mg	Yes		CC-0125	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	J9301	Injection, obinutuzumab, 10 mg	Yes		CC-0121	None	None	1/1/2015	12/31/9999
Texas	Medicaid/CHIP	J9302	Injection, ofatumumab, 10 mg	Yes		CC-0122	None	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	J9303	Injection, panitumumab, 10 mg	Yes		CC-0105	None	None	1/1/2008	12/31/9999
Texas	Medicaid/CHIP	J9304	Injection, pemetrexed (pemfexy), 10 mg	Yes		CC-0094	None	None	10/1/2020	12/31/9999
Texas	Medicaid/CHIP	J9305	Pemetrexed injection	Yes		CC-0094	None	None	11/1/2015	12/31/9999
Texas	Medicaid/CHIP	J9306	Injection, pertuzumab, 1 mg	Yes		CC-0110	None	None	1/1/2014	12/31/9999
Texas	Medicaid/CHIP	J9308	Injection, ramucirumab, 5 mg	Yes		CC-0123	None	None	1/1/2016	12/31/9999
Texas	Medicaid/CHIP	J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Yes		CC-0143	None	None	1/1/2020	12/31/9999
Texas	Medicaid/CHIP	J9312	Injection, rituximab, 10 mg	Yes		CC-0075, CC-0167	None	None	3/1/2019	12/31/9999
Texas	Medicaid/CHIP	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Yes		CC-0144	None	None	2/1/2020	12/31/9999
Texas	Medicaid/CHIP	J9314	Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg	Yes		CC-0094	None	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Yes		CC-0169	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Yes		CC-0165	None	None	1/1/2021	12/31/9999
Texas	Medicaid/CHIP	J9319	Injection, romidepsin, lyophilized, 0.1 mg	Yes		CC-0100	None	None	10/1/2021	12/31/9999
Texas	Medicaid/CHIP	J9321	Injection, epcoritamab-bysp, 0.16 mg	Yes		CC-0242	None	None	5/1/2024	12/31/9999
Texas	Medicaid/CHIP	J9323	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	Yes		CC-0094	None	None	7/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	Yes		CC-0094	None	None	1/1/2024	12/31/9999
Texas	Medicaid/CHIP	J9330	Injection, temsirolimus, 1 mg	Yes		CC-0101	None	None	3/1/2017	12/31/9999
Texas	Medicaid/CHIP	J9331	Injection, sirolimus protein-bound particles, 1 mg	Yes		CC-0205	None	None	11/1/2022	12/31/9999
Texas	Medicaid/CHIP	J9332	Injection, efgartigimod alfa-fcab, 2mg	Yes		CC-0207	None	None	11/1/2022	12/31/9999
Texas	Medicaid/CHIP	J9333	Injection, rozanolixizumab-noli, 1 mg	Yes		CC-0246	None	None	6/1/2024	12/31/9999

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Texas	Medicaid/CHIP	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Yes		CC-0207	None	None	6/1/2024	12/31/9999
Texas	Medicaid/CHIP	J9345	Injection, retifanlimab-dlwr, 1 mg	Yes		CC-0240	None	None	5/1/2024	12/31/9999
Texas	Medicaid/CHIP	J9347	Injection, tremelimumab-actl, 1 mg	Yes		CC-0223	None	None	7/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9348	Injection, naxitamab-ggqk, 1 m	Yes		CC-0184	None	None	7/1/2021	12/31/9999
Texas	Medicaid/CHIP	J9350	Injection, mosunetuzumab-axgb, 1 mg	Yes		CC-0232	None	None	12/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9353	Injection, margetuximab-cmkb, 5 m	Yes		CC-0186	None	None	7/1/2021	12/31/9999
Texas	Medicaid/CHIP	J9354	Injection, ado-trastuzumab emtansine, 1 mg	Yes		CC-0115	Texas Medicaid Provider Procedures Manual:	None	1/1/2014	12/31/9999
Texas	Medicaid/CHIP	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Yes		CC-0158	None	None	7/1/2020	12/31/9999
Texas	Medicaid/CHIP	J9380	Injection, teclistamab-cqyv, 0.5 mg	Yes		CC-0222	None	None	7/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9381	Injection, teplizumab-mzwv, 5 mcg	Yes		None	TMPPM	None	7/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg	Yes		CC-0103	None	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	Yes		CC-0103	None	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	J9395	Injection, fulvestrant, 25 mg	Yes		CC-0103	None	None	4/1/2018	12/31/9999
Texas	Medicaid/CHIP	J9400	Injection, ziv-aflibercept, 1 mg	Yes		CC-0109	None	None	1/1/2014	12/31/9999
Texas	Medicaid/CHIP	J9999	NOC, antineoplastic drug	Yes		CC-0094, CC-0095, CC-0128, CC-0206, CC-0268, CC-0271, CC-0272, CC-0273, CC-0274, CC-0275	None	None	11/1/2019	12/31/9999
Texas	Medicaid/CHIP	K0005	Ultralightweight Wheelchair	Yes		None	TMPPM 2.2.17.9 Manual Wheeled Mobility System-	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	K0008	Custom manual wheelchair/base	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	7/1/2013	12/31/9999
Texas	Medicaid/CHIP	K0010	Stnd Wt Frame Power Whlchr	Yes	CG-DME-31	None	TMPPM 2.2.17.2Wheeled Mobility Systems	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	K0011	Stnd Wt Pwr Whlchr W Control	Yes	CG-DME-31	None	TMPPM 2.2.17.6 Wheeled Mobility	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	K0012	Ltwl Portbl Power Whlchr	Yes	CG-DME-31	None	TMPPM 2.2.17.6 Wheeled Mobility	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	K0013	Custom motorized/power wheelchair base	Yes	CG-DME-31	None	TMPPM 2.2.17.6 Wheeled Mobility	None	7/1/2013	12/31/9999
Texas	Medicaid/CHIP	K0108	W/C Component-Accessory Nos	Yes	CG-DME-31	None	TMPPM 2.2.17.31 Procedure Codes and	None	8/1/2017	12/31/9999
Texas	Medicaid/CHIP	K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Yes		None	TMPPM 9.2.80 Wearable Cardiac Defibrillator (WCD)	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.18 Power Wheeled Mobility Systems- Scooter	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.18 Power Wheeled Mobility Systems- Scooter	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.18 Power Wheeled Mobility Systems- Scooter	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Yes	CG-DME-31	None	TMPPM 2.2.17.12 Power Wheeled Mobility Systems- Group 1 through Group 5 2.2.17.12.2 Group 1	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12 Power Wheeled Mobility Systems- Group 1 through Group 5 2.2.17.12.2 Group 1	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12 Power Wheeled Mobility Systems- Group 1 through Group 5 2.2.17.12.2 Group 1	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACTIY UP TO AND INCLUDING 300 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12 Power Wheeled Mobility Systems- Group 1 through Group 5	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU	Yes	CG-DME-31	None	TMPPM 2.2.17.12 Power Wheeled Mobility Systems- Group 1 through Group 5 2.2.17.12.3 Group 2	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12 Power Wheeled Mobility Systems- Group 1 through Group 5 2.2.17.12.3 Group 2	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12 Power Wheeled Mobility Systems- Group 1 through Group 5 2.2.17.12.3 Group 2	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12 Power Wheeled Mobility Systems- Group 1 through Group 5	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12 Power Wheeled Mobility Systems- Group 1 through Group 5	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12 Power Wheeled Mobility Systems- Group 1 through Group 5	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12 Power Wheeled Mobility Systems- Group 1 through Group 5	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12 Power Wheeled Mobility Systems- Group 1 through Group 5	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes	CG-DME-31	None	TMPPM 2.2.17.12.3 Group 2 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes	CG-DME-31	None	TMPPM 2.2.17.12.3 Group 2 PMDs	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	Yes	CG-DME-31	None	TMPPM 2.2.17.12.3 Group 2 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Yes	CG-DME-31	None	TMPPM 2.2.17.12.3 Group 2 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	Yes	CG-DME-31	None	TMPPM 2.2.17.12.3 Group 2 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12.3 Group 2 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60	Yes	CG-DME-31	None	TMPPM 2.2.17.12.3 Group 2 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN	Yes	CG-DME-31	None	TMPPM 2.2.17.12.3 Group 2 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	Yes	CG-DME-31	None	TMPPM 2.2.17.12.3 Group 2 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3	Yes	CG-DME-31	None	TMPPM 2.2.17.12.3 Group 2 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	Yes	CG-DME-31	None	TMPPM 2.2.17.12.3 Group 2 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO	Yes	CG-DME-31	None	TMPPM 2.2.17.12.4 Group 3 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12.5 Group 4 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12.5 Group 4 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12.5 Group 4 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12.5 Group 4 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	Yes	CG-DME-31	None	TMPPM 2.2.17.12.5 Group 4 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Yes	CG-DME-31	None	TMPPM 2.2.17.12.5 Group 4 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	Yes	CG-DME-31	None	TMPPM 2.2.17.12.5 Group 4 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	Yes	CG-DME-31	None	TMPPM 2.2.17.12.5 Group 4 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	Yes	CG-DME-31	None	TMPPM 2.2.17.12.5 Group 4 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	Yes	CG-DME-31	None	TMPPM 2.2.17.12.5 Group 4 PMDs	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	Yes	CG-DME-31	None	TMPPM 2.2.17.12.5 Group 4 PMDs	None	1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU	Yes	CG-DME-31	None	TMPPM 2.2.17.12 Power Wheeled Mobility Systems- Group 1 through Group 5 2.2.17.12.9 Group 5	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC	Yes	CG-DME-31	None	TMPPM 2.2.17.12 Power Wheeled Mobility Systems- Group 1 through Group 5 2.2.17.12.9 Group 5	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	Yes	CG-DME-31	None	TMPPM 2.2.17.12 Power Wheeled Mobility	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	Yes	CG-DME-31	None	TMPPM 2.2.17.12 Power Wheeled Mobility	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	K0900	Customized durable medical equipment, other than wheelchair	Yes		None	TMPPM 2.2.17.31* Procedure Codes and	None	7/1/2013	12/31/9999
Texas	Medicaid/CHIP	L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes		None	TMPPM 2.2.19.2.1 Spinal Orthoses	None	7/1/2016	12/31/9999
Texas	Medicaid/CHIP	L0632	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 v	Yes		None	TMPPM 2.2.19.2.1 Spinal Orthoses	None	7/1/2016	12/31/9999
Texas	Medicaid/CHIP	L1832	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes		None	TMPPM 2.2.19.2.2 Lower-Limb Orthoses	None	7/1/2016	12/31/9999
Texas	Medicaid/CHIP	L1843	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes		None	TMPPM 2.2.19.2.2 Lower-Limb Orthoses	None	7/1/2016	12/31/9999
Texas	Medicaid/CHIP	L3000	Ft Insert Ucb Berkeley Shell	Yes		None	TMPPM 2.2.19.2.3 Foot Orthoses	None	3/1/2016	12/31/9999
Texas	Medicaid/CHIP	L3001	Foot Insert Remov Molded Spe	Yes		None	TMPPM 2.2.19.2.3 Foot Orthoses	None	3/1/2016	12/31/9999
Texas	Medicaid/CHIP	L3002	Foot Insert Plastazote Or Eq	Yes		None	TMPPM 2.2.19.2.3 Foot Orthoses	None	3/1/2016	12/31/9999
Texas	Medicaid/CHIP	L3003	Foot Insert Silicone Gel Eac	Yes		None	TMPPM 2.2.19.2.3 Foot Orthoses	None	3/1/2016	12/31/9999
Texas	Medicaid/CHIP	L3010	Foot Longitudinal Arch Suppo	Yes		None	TMPPM 2.2.19.2.3 Foot Orthoses	None	3/1/2016	12/31/9999
Texas	Medicaid/CHIP	L3020	Foot Longitud/Metatarsal Sup	Yes		None	TMPPM 2.2.19.2.3 Foot Orthoses	None	3/1/2016	12/31/9999

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Texas	Medicaid/CHIP	L3030	Foot Arch Support Remov Prem	Yes		None	TMPPM 2.2.19.2.3 Foot Orthoses	None	3/1/2016	12/31/9999
Texas	Medicaid/CHIP	L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Yes	CG-OR-PR-08	None	TMPPM 2.2.19.2.2 Prosthetic Services	None	9/1/2024	12/31/9999
Texas	Medicaid/CHIP	L5856	Elec knee-shin swing/stance	Yes	CG-OR-PR-08	None	TMPPM 2.2.19.2.2 Prosthetic Services	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	L5857	Elec knee-shin swing only	Yes	CG-OR-PR-08	None	TMPPM 2.2.19.2.2 Prosthetic Services	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	Yes	CG-OR-PR-08	None	TMPPM 2.2.19.2.2 Prosthetic Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Yes	CG-OR-PR-08	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2013	12/31/9999
Texas	Medicaid/CHIP	L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	Yes		None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2024	12/31/9999
Texas	Medicaid/CHIP	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	Yes		None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2011	12/31/9999
Texas	Medicaid/CHIP	L5973	Endoskeletal Ankle Foot System, Microprocessor Controlled Feature, Dorsiflexion And/Or Plantar Flexion Control, Includes	Yes	CG-OR-PR-08	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2010	12/31/9999
Texas	Medicaid/CHIP	L5987	Shank Ft W Vert Load Pylon	Yes		None	TMPPM 2.2.20 Prosthetic Services	None	12/1/2019	12/31/9999
Texas	Medicaid/CHIP	L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	9/1/2023	12/31/9999
Texas	Medicaid/CHIP	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services, 2.2.20.2.2 Upper-Limb Prostheses	None	1/1/2012	12/31/9999
Texas	Medicaid/CHIP	L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	L6925	Wrist Disart Myoelectronic C	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	L6935	Below Elbow Myoelectronic Ct	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	L6945	Elbow Disart Myoelectronic C	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	L6955	Above Elbow Myoelectronic Ct	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	L6965	Shldr Disartic Myoelectronic	Yes	CG-OR-PR-05	None	None	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	L6975	Interscap-Thor Myoelectronic	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2003	12/31/9999

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Texas	Medicaid/CHIP	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	L7180	Electronic Elbow Utah Myoele	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	L7181	Electronic elbow simultaneous	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	L7190	Elbow Adolescent Myoelectron	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	L7191	Elbow Child Myoelectronic Ct	Yes	CG-OR-PR-05	None	TMPPM 2.2.20 Prosthetic Services	None	1/1/2003	12/31/9999
Texas	Medicaid/CHIP	L7510	Prosthetic Device Repair Rep	Yes	CG-OR-PR-05, CG-OR-PR-08	None	TMPPM 2.2.20 Prosthetic Services, 2.2.17.29	None	9/1/2024	12/31/9999
Texas	Medicaid/CHIP	L7520	Repair Prosthesis Per 15 Min	Yes	CG-OR-PR-05, CG-OR-PR-08	None	TMPPM 2.2.20 Prosthetic Services, 2.2.17.29	None	9/1/2024	12/31/9999
Texas	Medicaid/CHIP	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Yes		None	TMPPM 3.2.1 Cochlear Implants	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement	Yes		None	TMPPM 3.2.1 Cochlear Implants	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	L8680	Implantable neurostimulator electrode, each	Yes	CG-MED-79, CG-SURG-08, CG-SURG-120, CG-SURG-95, SURG.00026, SURG.00129, SURG.00158	MCG: BHG: W0166: Vagus Nerve Stimulation, Implantable: Behavioral Health Care	TMPPM Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Yes	SURG.00129, SURG.00158	None	TMPPM 9.2.45.15 Prior Authorization of Neurostimulator Devices Procedure Code	None	4/1/2021	12/31/9999
Texas	Medicaid/CHIP	L8682	Implantable neurostimulator radiofrequency receiver	Yes	CG-MED-79, CG-SURG-08, SURG.00026	None	TMPPM 9.2.45.15 Prior Authorization of Neurostimulator Devices	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Yes	CG-MED-79, SURG.00026, SURG.00158	None	TMPPM 9.2.45.15 Prior Authorization of Neurostimulator Devices Procedure Code	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladde	Yes	CG-SURG-08	None	TMPPM 9.2.45.15 Prior Authorization of Neurostimulator Devices Procedure Code	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Yes	CG-SURG-120, CG-SURG-95, SURG.00026	MCG: BHG: W0166: Vagus Nerve Stimulation, Implantable: Behavioral Health Care	TMPPM 9.2.45.15 Prior Authorization of Neurostimulator Devices	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	Yes	CG-SURG-120, CG-SURG-95, SURG.00026	MCG: BHG: W0166: Vagus Nerve Stimulation, Implantable: Behavioral Health Care	Texas Medicaid Provider Procedures Manual - Medical and Nursing	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Yes	SURG.00026	MCG: BHG: W0166: Vagus Nerve Stimulation, Implantable: Behavioral Health Care	TMPPM 9.2.45.15 Prior Authorization of Neurostimulator Devices	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	Yes	SURG.00026, SURG.00129	MCG: BHG: W0166: Vagus Nerve Stimulation, Implantable: Behavioral Health Care	TMPPM 9.2.45.15 Prior Authorization of Neurostimulator Devices	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Yes		None	TMPPM 3.2 Services, Benefits, Limitations and Prior Authorization	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O	Yes		None	TMPPM 3.2 Services, Benefits, Limitations and Prior Authorization	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	L8699	Prosthetic Implant Nos	Yes	ANC.00008, MED.00132, OR-PR.00008	None	Texas Administrative Code (TAC), Title 25, Part 1, Chapter 33,	None	4/1/2021	12/31/9999
Texas	Medicaid/CHIP	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes		None	Texas Medicaid Provider Procedures Manual Outpatient Drug Services Handbook	None	4/1/2018	12/31/9999
Texas	Medicaid/CHIP	Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes		None	Texas Medicaid Provider Procedures Manual Outpatient Drug Services Handbook	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	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		None	Texas Medicaid Provider Procedures Manual Outpatient Drug Services Handbook	None	4/1/2021	12/31/9999
Texas	Medicaid/CHIP	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		None	TMHP	None	4/1/2023	12/31/9999
Texas	Medicaid/CHIP	Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes		None	TMHP Guidelines; Clinician-Administered Drug - Chimeric Antigen Receptor (CAR) T-Cell Therapy	None	1/1/2022	12/31/9999
Texas	Medicaid/CHIP	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		None	TMPPM	None	5/1/2023	12/31/9999
Texas	Medicaid/CHIP	Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	Yes		CC-0001	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	Q4305	American Amnion AC Tri-Layer, per sq cm	Yes	SURG.00011	None	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	Q4306	American Amnion AC, per sq cm	Yes	SURG.00011	None	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	Q4307	American Amnion, per sq cm	Yes	SURG.00011	None	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	Q4308	Sanopellis, per sq cm	Yes	SURG.00011	None	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	Q4309	VIA Matrix, per sq cm	Yes	SURG.00011	None	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	Q4310	Procenta, per 100 mg	Yes	SURG.00011	None	None	None	2/1/2025	12/31/9999
Texas	Medicaid/CHIP	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Yes		CC-0002	None	None	3/6/2015	12/31/9999
Texas	Medicaid/CHIP	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Yes		CC-0062	None	None	4/1/2018	12/31/9999
Texas	Medicaid/CHIP	Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Yes		CC-0062	None	None	4/1/2018	12/31/9999
Texas	Medicaid/CHIP	Q5105	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Yes		CC-0001	None	None	7/1/2018	12/31/9999

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Texas	Medicaid/CHIP	Q5106	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units	Yes		CC-0001	None	None	7/1/2018	12/31/9999
Texas	Medicaid/CHIP	Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	Yes		CC-0072, CC-0107	None	None	1/1/2019	12/31/9999
Texas	Medicaid/CHIP	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Yes		CC-0002	None	None	10/1/2018	12/31/9999
Texas	Medicaid/CHIP	Q5110	Injection, filgrastim-aafi, biosimilar, (nivistym), 1 microgram	Yes		CC-0002	None	None	10/1/2018	12/31/9999
Texas	Medicaid/CHIP	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg	Yes		CC-0002	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg	Yes		CC-0075, CC-0167	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Yes		CC-0072, CC-0107	None	None	3/1/2021	12/31/9999
Texas	Medicaid/CHIP	Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg	Yes		CC-0075, CC-0167	None	None	11/1/2020	12/31/9999
Texas	Medicaid/CHIP	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIENTENZO), 0.5 mg	Yes		CC-0002	None	None	11/1/2020	12/31/9999
Texas	Medicaid/CHIP	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	Yes		CC-0062	None	None	7/1/2020	12/31/9999
Texas	Medicaid/CHIP	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 m	Yes		CC-0075, CC-0167	None	None	7/1/2021	12/31/9999
Texas	Medicaid/CHIP	Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	Yes		CC-0072, CC-0107	None	None	1/1/2023	12/31/9999
Texas	Medicaid/CHIP	Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	Yes		CC-0066	None	None	8/1/2024	12/31/9999
Texas	Medicaid/CHIP	Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	Yes		CC-0066	None	None	4/1/2025	12/31/9999
Texas	Medicaid/CHIP	Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	Yes		CC-0062	None	None	1/1/2025	12/31/9999
Texas	Medicaid/CHIP	Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Yes		CC-0062	None	None	1/1/2025	12/31/9999
Texas	Medicaid/CHIP	Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	Yes		CC-0062	None	None	1/1/2025	12/31/9999
Texas	Medicaid/CHIP	Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Yes		CC-0062	None	None	1/1/2025	12/31/9999
Texas	Medicaid/CHIP	Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Yes		CC-0062	None	None	1/1/2025	12/31/9999
Texas	Medicaid/CHIP	Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	Yes		CC-0062	None	None	1/1/2025	12/31/9999
Texas	Medicaid/CHIP	Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Yes		CC-0166	None	None	4/1/2025	12/31/9999
Texas	Medicaid/CHIP	S0013	Esketamine, nasal spray, 1 mg	Yes		CC-0086; MCG: BHG: B-007-Rx: Esketamine	Texas Medicaid Provider Procedures Manual:	None	9/1/2024	12/31/9999
Texas	Medicaid/CHIP	S0189	Testosterone pellet. 75 mg	Yes		CC-0008	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,	Yes			TMPPM 2.2.19.3 Cranial Molding Orthosis		1/1/2003	12/31/9999
Texas	Medicaid/CHIP	S2053	Transplantation Of Small Int	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S2054	Transplantation Of Multivisc	Yes					8/1/2013	12/31/9999
Texas	Medicaid/CHIP	S2060	Lobar Lung Transplantation	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S2065	Simultaneous pancreas kidney transplantation	Yes	TRANS.00011	None	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S2067	Breast reconstruction of a single breast with "stacked" deep inferior	Yes					8/1/2013	12/31/9999
Texas	Medicaid/CHIP	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SI	Yes		None	Texas Medicaid Provider Procedures Manual - Medical and Nursing Specialists, Physicians,	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S2080	Laser-assisted uvulopalatoplasty (LAUP)	Yes	SURG.00129	None	None	None	8/1/2013	12/31/9999

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Texas	Medicaid/CHIP	S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method	Yes	CG-SURG-78	None	None	None	10/1/2024	12/31/9999
Texas	Medicaid/CHIP	S2118	Metal-on-metal total hip resurfacing including acetabular and femoral components	Yes		Carelon Medical Benefits Management: Joint Surgery; MCG: ISC: S-565: Hip Resurfacing, ISC: S-565-RRG: Hip Resurfacing RRG	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	S2142	Cord Blood-Derived Stem-Cell	Yes	TRANS.00028	None	None	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S2235	Implantation of auditory brain stem implant	Yes					8/1/2013	12/31/9999
Texas	Medicaid/CHIP	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	Yes	CG-SURG-121	None	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	Yes	CG-SURG-121	None	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	Yes	CG-SURG-121	None	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	S2405	Repair Of Sacrococcygeal Teratoma In The Fetus, Procedure Performed In	Yes	CG-SURG-121	None	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	Yes	CG-SURG-121	None	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	5/1/2018	12/31/9999
Texas	Medicaid/CHIP	S3840	DNA analysis for germline mutations of the ret proto-oncogene	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	S3841	Genetic testing for retinoblastoma	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing, Genetic Testing for Inherited Conditions	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	S3842	Genetic testing for von hippel-lindau disease	Yes		Carelon Medical Benefits Management: Hereditary Cancer Testing	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	S3846	Genetic testing for hemoglobin e beta-thalassemia	Yes		Carelon Medical Benefits Management: Genetic Testing for Inherited Conditions	None	None	12/15/2017	12/31/9999
Texas	Medicaid/CHIP	S5100	Day Care Services, Adult, Per 15 Minutes	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5101	Day Care Services, Adult, Per Half Day	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5102	Day Care Services, Adult, Per Diem	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5105	Day Care Services, Center Based, Not Incl In Program Fee, Per Diem	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5108	Home care training to home care client, per 15 minutes	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5109	Home care training to home care client, per 15 minutes per session	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5110	Home Care Training, Family, Per 15 Minutes	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5111	Home Care Training, Family, Per Session	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5116	Home Care Training, Non-Family, Per Session	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5120	Chore Services, Per 15 Minutes	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5121	Home Care Training, Family, Per Diem/TX LTC Pest Control	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5125	Attendant Care Services, Per 15 Minutes	Yes					1/1/2009	12/31/9999

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Texas	Medicaid/CHIP	S5126	Attendant Care Services, Per Diem	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5130	Homemaker Service, NOS, Per 15 Minutes	Yes					1/1/2008	12/31/9999
Texas	Medicaid/CHIP	S5135	Companion Care, Adult, Per 15 Minutes	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5136	Companion Care, Adult, Per Diem	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5140	Foster Care, Adult, Per Diem	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5151	Unskilled Respite Care, Not Hospice, Per Diem	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5160	Emergency Response System, Installation And Testing	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5161	Emergency Response System, Service Fee Per Month	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5165	Home Modifications, Per Service	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S5170	Home Delivered Meals, Including Preparation, Per Meal	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Yes		Carelon Medical Benefits Management: Proton Beam Therapy	None	None	8/1/2013	12/31/9999
Texas	Medicaid/CHIP	S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S9124	Nursing care, in the home; by licensed practical nurse, per hour	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S9128	Speech Therapy, In The Home	Yes		None	Texas Medicaid Provider Procedures Manual -	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S9129	Occupational Therapy, In The	Yes		None	Texas Medicaid Provider Procedures Manual -	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S9131	Physical therapy, in the home, per diem	Yes		None	Texas Medicaid Provider Procedures Manual -	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S9562	Home Injectable Therapy, Palivizumab, Including Administrative Service	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	Yes					1/1/2014	12/31/9999
Texas	Medicaid/CHIP	S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	Yes					1/1/2014	12/31/9999
Texas	Medicaid/CHIP	T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes	Yes		None	TMPPM: Home Health Nursing and Private Duty	None	1/1/2009	12/31/9999
Texas	Medicaid/CHIP	T1002	RN services, up to 15 minutes	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	T1003	LPN/LVN services, up to 15 minutes	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	T1005	Respite care services, up to 15 minutes	Yes					10/1/2019	12/31/9999
Texas	Medicaid/CHIP	T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Yes					2/15/2017	12/31/9999
Texas	Medicaid/CHIP	T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Reside	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	T1025	Intensive, Extended Multidisciplinary Services Provided In A Clinic Se	Yes		None	Texas Medicaid Provider Procedures Manual 2.15	None	10/1/2019	12/31/9999
Texas	Medicaid/CHIP	T1026	Intensive, Extended Multidisciplinary Services Provided In A Clinic Se	Yes		None	Texas Medicaid Provider Procedures Manual 2.15	None	10/1/2019	12/31/9999
Texas	Medicaid/CHIP	T1031	Nursing Care, In The Home, By Licensed Practical Nurse, Per Diem	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	T2002	Non-Emergency Transportation; Per Diem	Yes		None	TMPPM 2.15 Prescribed Pediatric Extended Care	None	10/1/2019	12/31/9999
Texas	Medicaid/CHIP	T2003	Non-Emergency Transportation; Encounter/Trip	Yes					10/1/2019	12/31/9999

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Texas	Medicaid/CHIP	T2017	Habilitation, residential, waiver; 15 minutes	Yes					10/1/2019	12/31/9999
Texas	Medicaid/CHIP	T2021	Day habilitation, waiver; per 15 minutes	Yes					10/1/2019	12/31/9999
Texas	Medicaid/CHIP	T2027	Specialized childcare, waiver; per 15 minutes	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	T2028	Specialized supply, not otherwise specified, waiver	Yes					10/1/2019	12/31/9999
Texas	Medicaid/CHIP	T2029	Specialized medical equipment, not otherwise specified, waiver	Yes					1/1/2022	12/31/9999
Texas	Medicaid/CHIP	T2030	Assisted living, waiver; per month	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	T2031	Assisted living; waiver, per diem	Yes					1/1/2009	12/31/9999
Texas	Medicaid/CHIP	T2038	Community transition, waiver; per service	Yes					10/1/2019	12/31/9999
Texas	Medicaid/CHIP	T2039	Vehicle modifications, waiver; per service	Yes					10/1/2019	12/31/9999
Texas	Medicaid/CHIP	V5362	Speech Screening	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	TMPPM (Texas Medicaid Provider Procedures Manual)	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	V5363	Language Screening	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	TMPPM (Texas Medicaid Provider Procedures Manual)	None	4/6/2015	12/31/9999
Texas	Medicaid/CHIP	V5364	Dysphagia Screening	Yes		Carelon Medical Benefits Management: Rehabilitative Site of Care	TMPPM (Texas Medicaid Provider Procedures Manual)	None	4/6/2015	12/31/9999

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

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