

Effective April 1, 2015 - Prior Authorization is Always Required For: Out of network services (except STAR family planning & THSteps); Inpatient admissions (all DRGs not related to STAR Member routine delivery or normal newborn DRGs); Home Health Care; Hospice; Non-Emergency Transport; Therapy (Outpatient/Home-not ECI); Plastic/Reconstruction/Cosmetic Procedures; Radiation Therapy; Transplants; Emergency Dental Treatment for Dental Trauma

Integumentary <i>(17110 and 17111 when billed with ICD-10--B07:Viral warts do not require authorization when billed for place of service 11 (clinic) or place of service 22 (for TEFRA providers))</i>	11300	11402	11444	11952	15783	15826	15877	19316	19367
	11301	11403	11446	11954	15786	15828	15878	19318	19368
	11302	11404	11450	11960	15787	15829	15879	19324	19369
	11303	11406	11451	11976	15788	15830	15999	19325	19370
	11305	11420	11462	11980	15789	15832	17106	19328	19371
	11306	11421	11463	11981	15792	15833	17107	19330	19380
	11307	11422	11470	11982	15793	15834	17108	19340	19396
	11308	11423	11471	11983	15819	15835	17110	19342	19499
	11310	11424	11719	15775	15820	15836	17111	19350	
	11311	11426	11920	15776	15821	15837	17340	19355	
	11312	11440	11921	15777	15822	15838	17360	19357	
	11313	11441	11922	15780	15823	15839	17380	19361	
	11400	11442	11950	15781	15824	15847	17999	19364	
	11401	11443	11951	15782	15825	15876	19300	19366	
Musculoskeletal									
	20979	21147	21208	21275	27599	28107	28202	28289	28340
	20999	21150	21209	21280	27899	28108	28208	28290	28341
	21010	21151	21210	21282	28008	28110	28210	28292	28344
	21050	21154	21215	21295	28010	28111	28220	28293	28345
	21073	21155	21230	21296	28011	28112	28222	28294	28360
	21085	21159	21235	21299	28035	28113	28225	28296	28705
	21089	21160	21240	21499	28039	28114	28226	28297	28715
	21110	21172	21242	21899	28041	28116	28230	28298	28725
	21116	21175	21243	22510	28043	28118	28232	28299	28730
	21120	21179	21244	22511	28045	28119	28234	28300	28735
	21121	21180	21245	22512	28046	28120	28238	28302	28737
	21122	21181	21246	22513	28060	28122	28240	28304	28740
	21123	21182	21247	22514	28062	28124	28250	28305	28750
	21125	21183	21248	22515	28070	28126	28260	28306	28755
	21127	21184	21249	22526	28072	28130	28261	28307	28760

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Musculoskeletal	21137	21188	21255	22527	28080	28140	28262	28308	28890
	21138	21193	21256	22899	28086	28150	28264	28309	28899
	21139	21194	21260	22999	28088	28153	28270	28310	29799
	21141	21195	21261	23929	28100	28160	28272	28312	29999
	21142	21196	21263	24999	28102	28171	28280	28313	
	21143	21198	21267	25999	28103	28173	28285	28315	
	21145	21199	21268	26989	28104	28175	28286	28320	
	21146	21206	21270	27299	28106	28200	28288	28322	
Respiratory	30400	30430	30462	31299	32850	32853	32856		
	30410	30435	30465	31599	32851	32854	32999		
	30420	30450	30999	31899	32852	32855			
Cardiovascular	33930	33944	33980	33993	36469	36476	37765	37799	
	33933	33945	33990	33999	36470	36478	37766		
	33935	33975	33991	36299	36471	36479	37780		
	33940	33979	33992	36468	36475	37501	37785		
Hemic & Lymphatic	38129	38206	38209	38212	38215	38240	38243		
	38204	38207	38210	38213	38230	38241	38589		
	38205	38208	38211	38214	38232	38242	38999		
Mediastinum	39499	39599							
Digestive <i>(No authorization required for 41899 when billed by in-network facility for dental restoration facility fees & anesthesia)</i>	40500	43499	43771	43847	44133	44899	47135	47147	48556
	40799	43631	43772	43848	44135	44979	47136	47379	48999
	40899	43633	43773	43881	44136	45399	47140	47399	49329
	41599	43644	43774	43882	44137	45499	47141	47579	49580
	41899	43645	43775	43886	44238	45999	47142	47999	49659
	42299	43647	43842	43887	44715	46505	47143	48550	49999

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Digestive	42699	43648	43843	43888	44720	46930	47144	48551	
	42999	43659	43845	43999	44721	46999	47145	48552	
	43289	43770	43846	44132	44799	47133	47146	48554	
Urinary									
Urinary	50300	50323	50327	50329	50360	50370	50547	50949	53899
	50320	50325	50328	50340	50365	50380	50549	51999	
Male Genital									
Male Genital * ≥ age 1 year	54001	54163	54405	54410	54416	55200	55400	55899	
	*54150	54400	54406	54411	54417	55250	55559	55970	
	*54161	54401	54408	54415	54699	55300	55870	55980	
Female Genital									
Female Genital	56805	58180	58275	58300	58353	58554	58600	58679	58976
	57288	58200	58280	58301	58541	58565	58605	58740	58999
	57426	58210	58285	58321	58542	58570	58611	58750	
	58140	58260	58290	58322	58543	58571	58615	58752	
	58145	58262	58291	58323	58544	58572	58670	58760	
	58146	58263	58292	58340	58550	58573	58671	58770	
	58150	58267	58293	58345	58552	58578	58672	58970	
	58152	58270	58294	58350	58553	58579	58673	58974	
Maternity									
Maternity	59840	59850	59852	59856	59866	59898			
	59841	59851	59855	59857	59897	59899			
Endocrine									
Endocrine	60659	60699							
Nervous									
Nervous	62360	62367	62370	63685	64479	64484	64590	64653	
	62361	62368	63650	63688	64480	64493	64595	64999	
	62362	62369	63655	64455	64483	64494	64650		
Eye									
Eye	65771	66986	67599	67903	67909	67961	67974	68899	

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Eye	65772	66999	67900	67904	67911	67966	67975		
	65775	67299	67901	67906	67912	67971	67999		
	66985	67399	67902	67908	67950	67973	68399		
Audiometry	69090	69399	69711	69715	69718	69930	69979		
	69300	69710	69714	69717	69799	69949			
Radiology	76496	77299	78205	78451	78494	78647	78804	78815	
	76497	77399	78206	78452	78499	78699	78807	78816	
	76498	77799	78299	78469	78599	78710	78812	78999	
	76499	78099	78320	78491	78608	78799	78813	79999	
	76999	78199	78399	78492	78609	78803	78814		
Pathology & Lab	81099	81417	81430	81445	81470	84999	87999	89240	
	81410	81420	81431	81450	81471	85999	88099	89377	
	81411	81425	81435	81455	81479	86486	88199	89398	
	81415	81426	81436	81460	81599	86849	88299		
	81416	81427	81440	81465	83006	86999	88399		
Medicine <i>(Chiropractic based services: Members < 21 years of age prior authorization is required upon medical necessity for more than 12 visits. No authorization needed for < 12 visits per year billed with proper diagnosis. Adult members benefit limited to 12 visits per year.)</i> * >12 visits per year	90378	92326	92526	92929	95974	96549	97113	97810	99507
	90399	92340	92601	92933	95975	96900	97116	97811	99509
	90749	92341	92602	92934	95978	96910	97124	97813	99510
	90899	92342	92603	92937	95979	96912	97139	97814	99511
	90901	92352	92604	92938	95990	96913	97140	*98940	99512
	90911	92353	92605	92941	95991	96920	97150	*98941	99600
	91299	92354	92606	92943	95999	96921	97530	*98942	99601
	92071	92355	92607	92944	96101	96922	97532	*98943	99602
	92072	92358	92608	93799	96102	96999	97533	99090	
	92310	92370	92609	93998	96103	97001	97535	99183	
92311	92371	92610	94799	96105	97002	97537	99199		

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Medicine	92312	92499	92618	95076	96110	97003	97545	99500	
	92313	92507	92700	95079	96111	97004	97546	99501	
	92314	92508	92920	95199	96116	97005	97605	99502	
	92315	92521	92921	95970	96118	97006	97606	99503	
	92316	92522	92924	95971	96119	97039	97607	99504	
	92317	92523	92925	95972	96120	97110	97608	99505	
	92325	92524	92928	95973	96125	97112	97799	99506	
Category III Codes									
Category III Codes	0019T	0106T	0184T	0213T	0236T	0272T	0297T	0340T	0363T
	0042T	0107T	0188T	0214T	0237T	0273T	0298T	0341T	0364T
	0051T	0108T	0189T	0215T	0238T	0274T	0299T	0342T	0365T
	0052T	0109T	0190T	0216T	0240T	0275T	0300T	0345T	0366T
	0053T	0110T	0191T	0217T	0241T	0278T	0301T	0346T	0367T
	0058T	0111T	0192T	0218T	0243T	0281T	0302T	0347T	0368T
	0071T	0123T	0195T	0219T	0244T	0282T	0303T	0348T	0369T
	0072T	0126T	0196T	0220T	0249T	0283T	0304T	0349T	0370T
	0075T	0159T	0197T	0221T	0253T	0284T	0305T	0350T	0371T
	0076T	0163T	0198T	0222T	0254T	0285T	0306T	0351T	0372T
	0079T	0164T	0200T	0223T	0255T	0286T	0307T	0352T	0373T
	0080T	0165T	0201T	0224T	0262T	0287T	0308T	0353T	0374T
	0081T	0169T	0202T	0225T	0263T	0288T	0309T	0354T	0375T
	0085T	0171T	0205T	0228T	0264T	0289T	0310T	0355T	0376T
	0095T	0172T	0206T	0229T	0265T	0290T	0311T	0356T	0377T
	0098T	0174T	0207T	0230T	0266T	0291T	0312T	0357T	0378T
	0099T	0175T	0208T	0231T	0267T	0292T	0313T	0358T	0379T
	0100T	0178T	0209T	0232T	0268T	0293T	0314T	0359T	0380T
	0101T	0179T	0210T	0233T	0269T	0294T	0315T	0360T	
0102T	0180T	0211T	0234T	0270T	0295T	0316T	0361T		
0103T	0182T	0212T	0235T	0271T	0296T	0317T	0362T		

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Transportation Services Including Ambulance and Medical and Surgical Supplies	A0080	A0160	A0426	A0435	A4267	A7026	A9272	A9281	
	A0090	A0170	A0428	A0436	A4268	A8000	A9274	A9282	
	A0100	A0180	A0430	A0888	A4269	A8001	A9276	A9283	
	A0110	A0190	A0431	A0999	A4595	A8002	A9277	A9300	
	A0120	A0200	A0432	A4261	A4640	A8003	A9278	A9900	
	A0130	A0210	A0433	A4264	A6550	A8004	A9279	A9999	
	A0140	A0425	A0434	A4266	A7025	A9270	A9280		
Enteral And Parenteral Therapy	B4102	B4152	B4158	B4164	B4180	B4199	B5000	B9004	
	B4103	B4153	B4159	B4168	B4185	B4216	B5100	B9006	
	B4104	B4154	B4160	B4172	B4189	B4220	B5200	B9998	
	B4149	B4155	B4161	B4176	B4193	B4222	B9000	B9999	
	B4150	B4157	B4162	B4178	B4197	B4224	B9002		
Outpatient PPS	C1732	C9136	C9349	C9443	C9444	C9446	C9447		
Dental Procedures Only covered by CCHP per TMHP rules related to emergent dental trauma	D0191	D0240	D0272	D0290	D0365	D0369	D0381	D0385	D2929
	D0210	D0250	D0273	D0321	D0366	D0370	D0382	D0386	D2940
	D0220	D0260	D0274	D0340	D0367	D0371	D0383	D2710	D2990
	D0230	D0270	D0277	D0364	D0368	D0380	D0384	D2799	
Durable Medical Equipment <i>(CCHP follows Texas Medicaid rules related to rental and rent to purchase. Please refer to the Texas Medicaid Provider Procedures Manual and the Texas Medicaid Fee Schedule for further information)</i>	E0147	E0304	E0585	E0762	E0959	E1089	E1406	E2292	E2392
	E0170	E0305	E0600	E0764	E0960	E1090	E1699	E2293	E2394
	E0171	E0310	E0601	E0765	E0961	E1092	E1700	E2294	E2395
	E0172	E0315	E0605	E0766	E0966	E1093	E1701	E2295	E2396
	E0175	E0316	E0606	E0769	E0967	E1100	E1702	E2300	E2397
	E0181	E0328	E0616	E0776	E0968	E1110	E1800	E2301	E2402
	E0182	E0329	E0618	E0779	E0969	E1170	E1801	E2310	E2500
	E0184	E0350	E0619	E0780	E0970	E1171	E1802	E2311	E2502
	E0185	E0352	E0620	E0781	E0971	E1172	E1805	E2312	E2504

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	E0187	E0371	E0625	E0783	E0974	E1190	E1810	E2321	E2508
	E0193	E0372	E0627	E0784	E0978	E1195	E1811	E2322	E2510
	E0194	E0373	E0628	E0785	E0980	E1200	E1812	E2323	E2511
	E0196	E0424	E0629	E0786	E0981	E1220	E1815	E2324	E2512
	E0197	E0425	E0630	E0791	E0982	E1221	E1816	E2325	E2599
	E0198	E0430	E0635	E0830	E0983	E1222	E1818	E2326	E2601
	E0199	E0431	E0636	E0840	E0984	E1223	E1820	E2327	E2602
	E0200	E0433	E0637	E0849	E0985	E1224	E1821	E2328	E2603
	E0203	E0434	E0638	E0850	E0986	E1225	E1825	E2329	E2604
	E0205	E0435	E0639	E0855	E0988	E1226	E1830	E2330	E2605
	E0210	E0439	E0640	E0856	E0990	E1227	E1831	E2331	E2606
	E0215	E0440	E0641	E0860	E0992	E1228	E1840	E2340	E2607
	E0217	E0441	E0642	E0870	E0994	E1229	E1841	E2341	E2608
	E0218	E0442	E0650	E0880	E0995	E1230	E1902	E2342	E2609
	E0221	E0443	E0651	E0890	E1002	E1231	E2000	E2343	E2610
	E0231	E0444	E0652	E0900	E1003	E1232	E2100	E2351	E2611
	E0232	E0445	E0655	E0910	E1004	E1233	E2101	E2358	E2612
	E0235	E0446	E0660	E0911	E1005	E1234	E2120	E2359	E2613
	E0239	E0450	E0665	E0912	E1006	E1235	E2201	E2360	E2614
	E0244	E0455	E0666	E0920	E1007	E1236	E2202	E2361	E2615
	E0245	E0457	E0667	E0930	E1008	E1237	E2203	E2362	E2616
	E0250	E0459	E0668	E0935	E1009	E1238	E2204	E2363	E2617
	E0251	E0460	E0669	E0936	E1010	E1239	E2205	E2364	E2619
	E0255	E0461	E0670	E0940	E1011	E1240	E2206	E2365	E2620
	E0256	E0462	E0671	E0941	E1014	E1250	E2207	E2366	E2621
	E0260	E0463	E0672	E0942	E1015	E1260	E2208	E2367	E2622
	E0261	E0464	E0673	E0944	E1016	E1270	E2209	E2368	E2623
E0265	E0470	E0675	E0945	E1017	E1280	E2210	E2369	E2624	
E0266	E0471	E0676	E0946	E1018	E1285	E2211	E2370	E2625	

Shaded procedure codes when used for other medical services require prior authorization for CHIP Members. No authorization is required for STAR Members when appropriately billed as family planning services provided by a Texas Medicaid contracted family planning provider. *Emergent inpatient admission requires notification within one business day. Authorization not required is not a guarantee of payment. Payment is subject to the Member's eligibility and benefits on the date of service. Please verify benefit limitations per the TMHP Provider's Procedures Manual.

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Durable Medical Equipment <i>(CCHP follows Texas Medicaid rules related to rental and rent to purchase. Please refer to the Texas Medicaid Provider Procedures Manual and the Texas Medicaid Fee Schedule for further information)</i> *E1050, E1060, E1070 Authorization not required if rental ≤6 months	E0270	E0472	E0691	E0947	E1020	E1290	E2212	E2371	E2626
	E0271	E0480	E0692	E0948	E1028	E1295	E2213	E2372	E2627
	E0272	E0481	E0693	E0950	E1029	E1296	E2214	E2373	E2628
	E0273	E0482	E0694	E0951	E1030	E1297	E2215	E2374	E2629
	E0274	E0483	E0700	E0952	E1031	E1298	E2216	E2375	E2630
	E0277	E0484	E0710	E0955	E1035	E1300	E2217	E2376	E2631
	E0280	E0485	E0720	E0956	E1036	E1310	E2218	E2377	E2632
	E0290	E0486	E0730	E0957	E1037	E1353	E2219	E2378	E2633
	E0291	E0500	E0731	E0958	E1038	E1354	E2220	E2381	E8000
	E0292	E0550	E0740	E0959	E1039	E1355	E2221	E2382	E8001
	E0293	E0555	E0744	E0960	*E1050	E1356	E2222	E2383	E8002
	E0294	E0560	E0745	E0961	*E1060	E1357	E2224	E2384	
	E0295	E0561	E0746	E0966	*E1070	E1358	E2225	E2385	
	E0296	E0562	E0747	E0967	E1083	E1372	E2226	E2386	
	E0297	E0565	E0748	E0968	E1084	E1390	E2227	E2387	
	E0300	E0572	E0749	E0955	E1085	E1391	E2228	E2388	
	E0301	E0574	E0755	E0956	E1086	E1392	E2230	E2389	
	E0302	E0575	E0760	E0957	E1087	E1399	E2231	E2390	
	E0303	E0580	E0761	E0958	E1088	E1405	E2291	E2391	
Procedures/Professional Services (Temporary) Early Childhood Intervention Therapies Do Not Require Authorization	G0027	G0151	G0155	G0159	G0163	G0237	G0249	G0283	G0341
	G0127	G0152	G0156	G0160	G0164	G0238	G0276	G0337	G0342
	G0128	G0153	G0157	G0161	G0166	G0239	G0281	G0339	G0343
	G0129	G0154	G0158	G0162	G0186	G0248	G0282	G0340	
Drugs Administered Other Than Oral Method - High dollar infusions/injections <i>(does not include immunizations, antibiotics,</i>	J0256	J1050	J1725	J3590	J7110	J7187	J7200	J7307	J9215
	J0257	J1322	J1745	J7030	J7120	J7189	J7201	J7327	J9216
	J0585	J1557	J1786	J7040	J7180	J7190	J7300	J7330	J9217
	J0597	J1561	J1826	J7042	J7181	J7191	J7301	J8999	J9218
	J0598	J1566	J1830	J7050	J7182	J7192	J7302	J9055	

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<i>chemotherapy, or allergy serum)</i>	J0885	J1568	J1950	J7060	J7183	J7193	J7303	J9212	
	J0887	J1569	J2357	J7070	J7185	J7194	J7304	J9213	
	J0888	J1572	J2941	J7100	J7186	J7195	J7306	J9214	
Temporary Codes Durable Medical Equipment *K0001 precert is not required if rental ≤6 months	*K0001	K0018	K0052	K0552	K0740	K0820	K0839	K0859	K0886
	K0002	K0019	K0053	K0601	K0743	K0821	K0840	K0860	K0890
	K0003	K0020	K0056	K0602	K0744	K0822	K0841	K0861	K0891
	K0004	K0037	K0065	K0603	K0745	K0823	K0842	K0862	K0898
	K0005	K0038	K0069	K0604	K0746	K0824	K0843	K0863	K0899
	K0006	K0039	K0070	K0605	K0800	K0825	K0848	K0864	K0900
	K0007	K0040	K0071	K0606	K0801	K0826	K0849	K0868	K0901
	K0008	K0041	K0072	K0607	K0802	K0827	K0850	K0869	K0902
	K0009	K0042	K0073	K0608	K0806	K0828	K0851	K0870	
	K0010	K0043	K0077	K0609	K0807	K0829	K0852	K0871	
	K0011	K0044	K0098	K0669	K0808	K0830	K0853	K0877	
	K0012	K0045	K0105	K0672	K0812	K0831	K0854	K0878	
	K0013	K0046	K0108	K0730	K0813	K0835	K0855	K0879	
	K0014	K0047	K0195	K0733	K0814	K0836	K0856	K0880	
	K0015	K0050	K0455	K0738	K0815	K0837	K0857	K0884	
	K0017	K0051	K0462	K0739	K0816	K0838	K0858	K0885	
Orthotic Procedures and Devices	L0112	L3080	L3224	L3350	L3500	L3999	L8042	L8509	L8681
	L0113	L3090	L3225	L3360	L3510	L5999	L8043	L8510	L8682
	L0180	L3201	L3230	L3370	L3520	L7900	L8044	L8511	L8683
	L0190	L3202	L3250	L3380	L3530	L7902	L8045	L8512	L8684
	L0200	L3203	L3251	L3390	L3540	L8000	L8046	L8513	L8685
	L3000	L3204	L3252	L3400	L3550	L8001	L8047	L8514	L8686
	L3001	L3206	L3253	L3410	L3560	L8002	L8048	L8515	L8687
	L3002	L3207	L3254	L3420	L3570	L8010	L8049	L8600	L8688
	L3003	L3212	L3255	L3430	L3580	L8015	L8300	L8610	L8689

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Orthotic Procedures and Devices	L3010	L3213	L3257	L3440	L3590	L8020	L8310	L8613	L8690
	L3020	L3214	L3300	L3450	L3595	L8030	L8320	L8614	L8691
	L3030	L3215	L3310	L3455	L3600	L8031	L8330	L8615	L8692
	L3031	L3216	L3320	L3460	L3610	L8032	L8499	L8616	L8693
	L3040	L3217	L3330	L3465	L3620	L8035	L8500	L8617	L8695
	L3050	L3219	L3332	L3470	L3630	L8039	L8501	L8618	L8699
	L3060	L3221	L3334	L3480	L3640	L8040	L8505	L8619	L9900
	L3070	L3222	L3340	L3485	L3649	L8041	L8507	L8680	
Medical Services	M0075	M0076	M0100	M0300	M0301				
Temporary Codes	Authorization required for all Q codes.								
Temporary Codes for Drugs, Services and Supplies	S0122	S2061	S2351	S4037	S5145	S8262	S9209	S9357	S9502
	S0126	S2065	S2360	S4040	S5146	S8270	S9211	S9359	S9503
	S0128	S2066	S2361	S4042	S5150	S8301	S9212	S9361	S9504
	S0132	S2067	S2400	S4981	S5151	S8415	S9213	S9363	S9529
	S0145	S2068	S2401	S4989	S5161	S8930	S9214	S9364	S9537
	S0148	S2080	S2402	S4993	S5162	S8940	S9325	S9365	S9538
	S0199	S2083	S2403	S5035	S5165	S8948	S9326	S9366	S9542
	S0209	S2102	S2404	S5036	S5170	S8950	S9327	S9367	S9558
	S0215	S2103	S2405	S5100	S5175	S9001	S9328	S9368	S9559
	S0255	S2107	S2409	S5101	S5180	S9055	S9329	S9370	S9560
	S0515	S2140	S2411	S5102	S5181	S9056	S9330	S9372	S9562
	S0596	S2142	S2900	S5105	S5185	S9061	S9331	S9373	S9590
	S0800	S2150	S4013	S5108	S5190	S9090	S9335	S9374	S9810
	S0810	S2152	S4014	S5109	S5199	S9097	S9336	S9375	S9960
	S0812	S2202	S4015	S5110	S5497	S9098	S9338	S9376	S9961
	S1001	S2205	S4016	S5111	S5498	S9110	S9339	S9377	S9988

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Temporary Codes for Drugs, Services and Supplies	S1002	S2206	S4017	S5115	S5501	S9122	S9340	S9379	S9989
	S1030	S2207	S4018	S5116	S5502	S9123	S9341	S9381	S9990
	S1031	S2208	S4020	S5120	S5517	S9124	S9342	S9434	S9991
	S1034	S2209	S4021	S5121	S5518	S9125	S9343	S9435	S9992
	S1035	S2230	S4022	S5125	S5520	S9126	S9345	S9472	S9994
	S1036	S2235	S4023	S5126	S5521	S9127	S9346	S9473	S9996
	S1037	S2260	S4025	S5130	S5522	S9128	S9347	S9476	S9999
	S1040	S2265	S4026	S5131	S5523	S9129	S9348	S9490	
	S2053	S2266	S4027	S5135	S8055	S9131	S9349	S9494	
	S2054	S2267	S4028	S5136	S8120	S9145	S9351	S9497	
	S2055	S2348	S4030	S5140	S8121	S9152	S9353	S9500	
	S2060	S2350	S4031	S5141	S8189	S9208	S9355	S9501	
Authorization required for all T codes.									
Temporary Codes Used by Medicaid Program	Except T1015 for in-network Federally Qualified Health Clinics/Rural Health Clinics								
Authorization required for all T codes.									
Vision Services	V2627	V5120	V5200	V5244	V5252	V5260	V5269	V5283	V5298
	V2799	V5130	V5210	V5245	V5253	V5261	V5270	V5284	V5299
	V5070	V5140	V5220	V5246	V5254	V5262	V5271	V5285	V5336
	V5080	V5150	V5230	V5247	V5255	V5263	V5272	V5286	
	V5090	V5160	V5240	V5248	V5256	V5264	V5273	V5287	
	V5095	V5170	V5241	V5249	V5257	V5265	V5274	V5288	
	V5100	V5180	V5242	V5250	V5258	V5267	V5281	V5289	
	V5110	V5190	V5243	V5251	V5259	V5268	V5282	V5290	