

**Services not requiring Authorization, Prior Authorization, or Precertification**

Services provided before the reimbursement rates are adopted through the rate hearing process will be denied as part of another service until the applicable reimbursement rate is adopted. The client cannot be billed for these services. Providers must submit the procedure codes as the services are performed to meet all filing deadlines. No further action from the providers is necessary. TMHP will reprocess claims as the appropriate reimbursement rates are established.

**Services requiring Prior Authorization or Precertification**

For those procedure codes requiring authorization (A), prior authorization (PA), or precertification but awaiting rate hearing (refer to the charts below), providers must submit the claims for reimbursement as the services are provided (without the A, PA, or precertification number) in order to meet the filing deadlines. However, the request for prior A, PA, or precertification cannot be submitted until the reimbursement rate for the service has been approved. Once the appropriate reimbursement rate has been approved, retroactive A, PA, or precertification may be granted. Providers are encouraged to refer to the 2007 HCPCS website accessible through the TMHP website at [www.tmhp.com](http://www.tmhp.com) regularly for updates and submit the request for A, PA, or precertification with documentation of medical necessity as soon as a reimbursement rate has been approved. TMHP will automatically reprocess claims as reimbursement rates are approved. Claims requiring A, PA, or precertification will be denied if no A, PA, or precertification number is found. Providers may also pursue an A, PA, or precertification at that time and appeal the claim with the approved A, PA, or precertification number.

**Note:** Retroactive A, PA, or precertification may *only* be granted for those procedure codes scheduled to go through the rate hearing process but do *not* have pricing at the time the service is provided. If pricing is in place at the time the service is provided, providers must have obtained A, PA, or precertification through the established process for the service to be considered for reimbursement; retroactive A, PA, or precertification will not be considered in that instance.

As a reminder, providers must submit the procedure codes that are most appropriate for the services provided even if the procedure codes are not a benefit of the Texas Medicaid Program at this time.

All HCPCS additions, changes and deletions are effective for dates of service on or after January 1, 2007. Texas Medicaid HCPCS Special Bulletin # 200 includes the Medicaid and Children with Special Health Care Needs (CSHCN) Services Programs' HCPCS updates and is intended to notify providers of program and coding changes related to the 2007 HCPCS, *Current Dental Terminology* (CDT), and *Current Procedural Terminology* (CPT) updates.

For additional questions, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Contact Center at 1-800-568-2413.

Procedure Code	Prior Authorization / Precertification Requirements
2-15731	MC
F-15731	CSHCN, MC
2-22526	MC
F-22526	CSHCN, MC
2-22527	MC
F-22527	CSHCN, MC
2-25109	MC
F-25109	CSHCN, MC
2-33203	MC

<b>Procedure Code</b>	<b>Prior Authorization / Precertification Requirements</b>
F-33203	CSHCN, MC
8-33203	MC
2-33675	MC
8-33675	MC
2-33676	MC
8-33676	MC
2-33677	MC
8-33677	MC
2-33724	MC
8-33724	MC
2-33726	MC
8-33726	MC
2-35883	MC
F-35883	CSHCN, MC
2-35884	MC
F-35884	CSHCN, MC
4-37210	MC
I-37210	MC
T-37210	MC
2-49324	MC
F-49324	CSHCN, MC
2-49325	MC
F-49325	CSHCN, MC
2-49326	MC
F-49326	CSHCN, MC
2-49435	MC
F-49435	CSHCN, MC
F-49436	CSHCN
2-57296	MC
F-57296	CSHCN
8-57296	MC
2-58541	MC
8-58541	MC
F-58541	CSHCN, MC
2-58542	MC
F-58542	MC
8-58542	CSHCN, MC
2-58543	MC
8-58543	MC
F-58543	CSHCN, MC
2-58544	MC
8-58544	MC
F-58544	CSHCN, MC
2-58548	MC

<b>Procedure Code</b>	<b>Prior Authorization / Precertification Requirements</b>
8-58548	MC
F-58548	CSHCN, MC
2-58957	MC
8-58957	MC
2-58958	MC
8-58958	MC
2-64910	MC
F-64910	CSHCN, MC
2-64911	MC
F-64911	CSHCN, MC
T-70554	CSHCN, M, MC
I-70555	CSHCN, M, MC
4-77021	M, MC
I-77021	M, MC
T-77021	M, MC
I-77022	M, MC
4-91111	MC
9-A4600	M, MC
9-A4461	M, MC
9-A4601	M, MC
9-A8000	M, MC
9-A8001	M, MC
9-A8002	M, MC
9-A8003	M, MC
9-A8004	M, MC
W-D8693	M, MC
W-D9120	CSHCN, M, MC
J-E0676	CSHCN, M, MC
L-E0676	CSHCN, M, MC
L-E0936	CSHCN, M, MC
J-E2373	CSHCN, M, MC
J-E2375	CSHCN, M, MC
J-E2376	CSHCN, M, MC
L-E2377	CSHCN, M, MC
J-E2381	CSHCN, M, MC
J-E2382	CSHCN, M, MC
J-E2383	CSHCN, M, MC
J-E2384	CSHCN, M, MC
J-E2385	CSHCN, M, MC
J-E2386	CSHCN, M, MC
J-E2387	CSHCN, M, MC
J-E2388	CSHCN, M, MC
J-E2389	CSHCN, M, MC
J-E2390	CSHCN, M, MC

<b>Procedure Code</b>	<b>Prior Authorization / Precertification Requirements</b>
J-E2391	CSHCN, M, MC
J-E2392	CSHCN, M, MC
J-E2393	CSHCN, M, MC
J-E2394	CSHCN, M, MC
J-E2395	CSHCN, M, MC
9-L1001	CSHCN, M, MC
9-L3806	CSHCN, M, MC
9-L3808	CSHCN, M, MC
9-L3915	CSHCN, M, MC
9-L5993	CSHCN, M, MC
9-L5994	CSHCN, M, MC
9-L6611	CSHCN, M, MC
9-L6624	CSHCN, M, MC
9-L6639	CSHCN, M, MC
9-L6703	CSHCN, M, MC
9-L6704	CSHCN, M, MC
9-L6706	CSHCN, M, MC
9-L6707	CSHCN, M, MC
9-L6708	CSHCN, M, MC
9-L6709	CSHCN, M, MC
9-L7007	CSHCN, M, MC
9-T4543	CSHCN, M, MC
(CSHCN) = CSHCN Authorization Required, (M) = Medicaid Prior Authorization Required, (MC) = Medicaid Managed Care Precertification Required	