



HCPCS Special Bulletin

2020 Healthcare Common Procedure Coding System (HCPCS) Special Bulletin, No. 17

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GENERAL INFORMATION

2020 HCPCS Implementation

On January 1, 2020, the Texas Medicaid & Healthcare Partnership (TMHP) applied the 2020 annual Healthcare Common Procedure Coding System (HCPCS) updates that are effective for dates of service on or after January 1, 2020.

This combined Special Bulletin includes the HCPCS updates for Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program. This bulletin is intended to notify providers of program and coding changes related to the 2020 updates for HCPCS and Current Procedural Terminology (CPT®).

Policy updates for a specific program or provider type are discussed in designated sections of the bulletin. ■

Rate Hearings and Expenditure Review

New and increased benefits that are adopted by Texas Medicaid must complete the rate hearing process to receive comments on new and increased Texas Medicaid reimbursement rates. The CSHCN Services Program reviews the adopted Texas Medicaid rates to determine whether the rates are fiscally feasible for the CSHCN Services Program.

All new, revised, and discontinued 2020 HCPCS procedure codes are effective for dates of service on or after January 1, 2020. The new procedure codes that are designated with “Requires rate hearing” or “Requires rate review” in the “Medicaid Allowable” and the “CSHCN Allowable” columns of the table located on “All Code Changes: Added, Discontinued, Replacement, and Revised” on page 28 of this bulletin must complete the rate hearing process, and expenditures must be approved before the rates are adopted by Texas Medicaid and the CSHCN Services Program. Providers will be notified in a future banner message or web article if a new procedure code will not be reimbursed because the expenditures were not approved.

Providers may refer to the following resources for more information about the public rate hearings and approval of expenditures:

- <https://rad.hhs.texas.gov/rate-packets>
- <http://www.sos.state.tx.us/texreg/index.shtml>



Claims Filing

The new 2020 HCPCS procedure codes may be billed beginning January 1, 2020, and must be submitted within the initial 95-day filing deadline. Services provided before the rate hearing is completed and expenditures are approved will be denied with an explanation of benefits (EOB) 02008,

“This procedure code has been approved as a benefit pending the approval of expenditures. Providers will be notified of the effective dates of service in a future notification if expenditures are approved.”

Note: *In the rare instance that expenditures are not approved for a particular procedure code, that procedure code will not be made a benefit effective January 1, 2020.*

Once expenditures are approved, TMHP will automatically reprocess the affected claims. Providers are not required to appeal the claims unless they are denied for other reasons after the claims reprocessing is complete. When the affected claims are reprocessed, providers may receive additional payment, which will be reflected on Remittance and Status (R&S) Reports.

If the effective date of service changes for one or more of the new procedure codes, providers will be notified in a future article. The client cannot be billed for these services.

Important: To avoid fraudulent billing, providers must submit the procedure codes that are most appropriate for the services provided. ■

Code Updates Web Page

Providers are encouraged to refer to the TMHP Code Updates – HCPCS web page at www.tmhp.com/Pages/CodeUpdates/HCPCS_2020.aspx for reimbursement rates, quarterly HCPCS updates, and all other notifications about HCPCS procedure codes. ■

PRIOR AUTHORIZATION CHANGES

Authorization or Prior Authorization

For procedure codes that require authorization or prior authorization but are awaiting a rate hearing and approval of expenditures, providers must follow the established authorization or prior authorization processes as defined in the following:

- Current *Texas Medicaid Provider Procedures Manual*
- Current *Children with Special Health Care Needs (CSHCN) Services Program Provider Manual*
- Articles published on the Texas Medicaid & Healthcare Partnership (TMHP) website at www.tmhp.com

Important: For managed care clients, providers must contact the client’s Texas Medicaid managed care organization (MCO) for direction concerning prior authorization requests.

For services that require prior authorization or authorization, providers must obtain a timely authorization or prior authorization for the services they provide. Services that are submitted without the proper authorization will be denied.

Important: Authorization or prior authorization is a condition for reimbursement; it is not a guarantee of payment.

Prior Authorization for Discontinued Procedure Codes that Require the Provider to Update the Request

Providers who have received prior authorization for any of the following 2020 HCPCS discontinued procedure codes for dates of service that occur on, after, or encompass January 1, 2020, must contact the TMHP Prior Authorization Department to update the procedure codes that are prior authorized for those services:

| Type of Service | Discontinued Procedure Code | Prior Authorization Requirements |
|-----------------|-----------------------------|----------------------------------|
| 2 | 19304 | CSHCN |
| 1 | 90911 | Medicaid and CSHCN |
| W | D8693 | CSHCN |

For procedure codes that require prior authorization or authorization but are awaiting a rate hearing, providers must follow the established prior authorization process as defined in the applicable provider manual. Providers must obtain a timely prior authorization for services provided. Providers must not wait until the rate hearing process is complete to request authorization or prior authorization. In this situation, retroactive prior authorization requests are not granted; the requests are denied as late submissions. Providers are also responsible for meeting the initial 95-day claims filing deadline and for ensuring that the authorization or prior authorization number is on the claim the first time it is submitted to TMHP for consideration of reimbursement.

Refer to: The *Texas Medicaid Provider Procedures Manual*, subsection 5.11, “Guidelines for Procedures Awaiting Rate Hearing,” for information about HCPCS prior authorizations.

The “TMHP Telephone and Fax Communication” section in the current *Texas Medicaid Provider Procedures Manual*, Appendix A: State, Federal, and TMHP Contact Information, and section 1.1 “TMHP-CSHCN Services Program Contact Information” in the current *CSHCN Services Program Provider Manual*, for a list of Prior Authorization Department telephone numbers. ■

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MEDICAID FEE-FOR-SERVICE AND MANAGED CARE PROVIDERS

Texas Medicaid HCPCS Updates

The 2020 Healthcare Common Procedure Coding System (HCPCS) updates including authorization or prior authorization updates for Texas Medicaid are included in the HCPCS tables in the “All Code Changes: Added, Discontinued, Replacement, and Revised” section of this bulletin beginning on page 28. The 2020 HCPCS deletions and replacements are effective January 1, 2020, for dates of service on or after January 1, 2020, for Texas Medicaid.

Refer to: The “General Information” section starting on page 2 of this bulletin for more information.

Authorization and Prior Authorization Update Reminder

Effective January 1, 2020, the 2020 HCPCS discontinued procedure codes are no longer reimbursed by Texas Medicaid. Providers who have received authorization or prior authorization for dates of service that occur on, after, or encompass January 1, 2020, must submit a written request on the appropriate, completed Texas Medicaid prior authorization request form to update the HCPCS procedure codes authorized for those services.

Refer to: The “Prior Authorization Changes” section in this bulletin for information about obtaining authorization or prior authorization.

Texas Medicaid Benefit Changes

The following Texas Medicaid benefit changes have been made to support the 2020 HCPCS and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2020. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at 1-800-925-9126.

Note: *These changes apply to Texas Medicaid fee-for-service and Medicaid managed care claims and authorization requests that are submitted to TMHP for processing.*

The policy articles in this bulletin contain the following information:

- **Discontinued:** Discontinued procedure codes are no longer reimbursed after December 31, 2019.
- **Added:** Added procedure codes are new procedure codes added by the Centers for Medicare & Medicaid Services (CMS).
- **Limitations:** Additional benefit and limitation information for the added procedure codes.

Ambulatory Electroencephalogram

| Added Procedure Codes | | | | | | | | | |
|-----------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 95700 | 95705 | 95706 | 95707 | 95708 | 95709 | 95710 | 95711 | 95712 | 95713 |
| 95714 | 95715 | 95716 | 95717 | 95718 | 95719 | 95720 | 95721 | 95722 | 95723 |
| 95724 | 95725 | 95726 | | | | | | | |

| Discontinued Procedure Codes | | | | | | | | | |
|------------------------------|-------|-------|-------|--|--|--|--|--|--|
| 95950 | 95951 | 95953 | 95956 | | | | | | |

Limitations for added procedure codes: Procedure codes 95700, 95706, 95707, 95709, 95710, 95712, 95713, 95715, and 95716 may be reimbursed as follows:

- To physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), physician, radiation therapy center, portable X-ray supplier, radiological lab, and physiological lab providers for services rendered in the office setting.
- To radiation therapy center providers for services rendered in the outpatient hospital setting.

Procedure codes 95705, 95708, 95711, and 95714 may be reimbursed as follows:

- To PA, NP, CNS, physician, portable X-ray supplier, radiological lab, and physiological lab providers for services rendered in the office setting.

Procedure codes 95717 and 95719 may be reimbursed as follows:

- To PA, NP, CNS, and physician providers for services rendered in the office setting.
- To physician providers for services rendered in the inpatient hospital and outpatient hospital settings.

Procedure codes 95718, 95720, 95721, 95722, 95723, 95724, 95725, and 95726 may be reimbursed as follows:

- To PA, NP, CNS, and physician providers for services rendered in the office, inpatient hospital, and outpatient hospital settings.

The following procedure codes are limited to the diagnosis codes listed in Appendix A on page 58 of this document.

| Procedure Codes | | | | | | | | | |
|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 95700 | 95705 | 95706 | 95707 | 95708 | 95709 | 95710 | 95711 | 95712 | 95713 |
| 95714 | 95715 | 95716 | 95717 | 95718 | 95719 | 95720 | 95721 | 95722 | 95723 |
| 95724 | 95725 | 95726 | | | | | | | |

Other diagnosis codes may be considered on appeal with supporting medical documentation to the TMHP Medical Director.

Benefits are limited to 3 units (each unit is 24 hours) for each physician for the same client per 6 months when medically necessary.

Refer to: The *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 9.2.26.2, “Ambulatory Electroencephalogram (Ambulatory EEG),” for additional information.

Biofeedback Services

| Added Procedure Codes | | | | | | | | | |
|-----------------------|-------|--|--|--|--|--|--|--|--|
| 90912 | 90913 | | | | | | | | |

| Discontinued Procedure Code | | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|--|--|
| 90911 | | | | | | | | | |

Limitations for added procedure codes: Procedure codes 90912 and 90913 may be reimbursed as follows:

- To PA, NP, CNS, and physician providers for services rendered in the office and outpatient hospital settings.

Procedure code 90912 requires prior authorization.

Procedure codes 90912 and 90913 are limited to one per day by any provider, and include all modalities of the services performed during a specific session, regardless of the number of modalities performed.

Biofeedback services are limited to a maximum of 18 sessions for urinary or fecal incontinence conditions, using any combination of procedure codes 90901, 90912, and 90913.

Refer to: The *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 9.2.12, “Biofeedback Services,” for additional information.

Blood Pressure Monitoring

| Added Procedure Codes | | | | | | | | | |
|-----------------------|-------|--|--|--|--|--|--|--|--|
| 99473 | 99474 | | | | | | | | |

Limitations for added procedure codes: Procedure codes 99473 and 99474 may be reimbursed as follows:

- To PA, NP, CNS, and physician providers for services rendered in the office setting.
- To PA, NP, CNS, physician, and hospital providers for services rendered in the outpatient hospital setting.

Self-measured blood pressure monitoring is a benefit of Texas Medicaid when used as a diagnostic tool to assist a physician in diagnosing hypertension in individuals whose blood pressure is either elevated, or inconclusive when evaluated in the office alone.

Self-measured blood pressure monitoring may also be used for the following:

- Evaluating refractory or treatment-resistant blood pressure
- Evaluating symptoms such as light-headedness corresponding with blood pressure changes
- Evaluating nighttime blood pressure
- Examining diurnal patterns of blood pressure
- Other potential uses in clients under treatment for established hypertension

Self-measured blood pressure monitoring is indicated for the evaluation of one of the following conditions:

- White coat hypertension, which is defined as the following:
 - Blood pressure measurements taken in the clinic or office are greater than 140/90 mm Hg on at least three separate visits, with two separate measurements made at each visit.
 - At least two separately documented blood pressure measurements taken outside of the clinic or office that are less than 140/90 mm Hg.
 - There is no evidence of end-organ damage.
- Resistant hypertension
- Hypotensive symptoms as a response to hypertension medications
- Nocturnal angina
- Episodic hypertension
- Syncope

Self-measured blood pressure monitoring may also be indicated for re-evaluation of clients previously diagnosed with hypertension.

Providers must document that the self-measured blood pressure monitoring was performed for at least 24 hours.

Procedure code 99473 is limited to one service per year, any provider. Procedure code 99473 may be considered for reimbursement more than once per year when the following documentation of medical necessity is submitted with the claim:

- Documentation of erroneous blood pressure readings—excessively high or low blood pressure, blood pressure readings excessively inconsistent with those measured professionally
- Documentation of erroneous blood pressure logs—day of the week, time of day, setting or location, or timing of medication administration inconsistent with prior professional instruction

- Documentation of poor health literacy, developmental, or intellectual challenges that may require repeated client education
- Client purchase or receipt of new blood pressure device

Procedure code 99474 is limited to four services per year, any provider, and may be reimbursed only if a claim for procedure code 99473 has been submitted within 12 rolling months.

Only one method of blood pressure monitoring (self-measured or ambulatory) may be reimbursed within a rolling 12-month period. Self-measured blood pressure monitoring submitted within the same rolling 12-month period as ambulatory blood pressure monitoring will be denied.

Refer to: The *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 9.2.26.1, “Ambulatory Blood Pressure Monitoring,” for additional information.

Diagnostic and Therapeutic Breast Procedures

| Added Procedure Codes | | | | | | | | | |
|-----------------------|-------|-------|-------|--|--|--|--|--|--|
| 21601 | 21602 | 21603 | L8033 | | | | | | |

| Discontinued Procedure Codes | | | | | | | | | |
|------------------------------|-------|-------|-------|--|--|--|--|--|--|
| 19260 | 19271 | 19272 | 19304 | | | | | | |

Limitations for added procedure codes: Procedure codes 21601, 21602, and 21603 may be reimbursed as follows:

- The surgical component to physician providers for services rendered in the inpatient hospital setting.
- The assistant surgical component to PA, NP, CNS, and physician providers for services rendered in the inpatient hospital setting.

Procedure code 21603 is limited to once per lifetime.

Procedure code L8033 is limited to eight per rolling year, and may be reimbursed for female clients as follows:

- To home health durable medical equipment (DME), prosthetist, and medical supplier (DME) providers for services rendered in the home setting.

Refer to: The *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 9.2.43.3.3, “External Breast Prostheses,” for additional information.

Doctor of Dentistry Services as a Limited Physician

| Added Procedure Code | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|
| 15769 | | | | | | | | | |

| Discontinued Procedure Codes | | | | | | | | | |
|------------------------------|-------|--|--|--|--|--|--|--|--|
| 20926 | 64402 | | | | | | | | |

Limitations for added procedure code: Procedure code 15769 may be reimbursed as follows:

- To PA, NP, CNS, physician, and dentist providers for services rendered in the office, inpatient hospital, and outpatient hospital settings.
- To ambulatory surgical center providers for services rendered in the outpatient hospital setting.

Refer to: The *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 9.3, “Doctor of Dentistry Practicing as a Limited Physician,” for additional information.

Pathology and Laboratory Services – Microbiology

| Added Procedure Code | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|
| 87563 | | | | | | | | | |

Limitations for added procedure code: Procedure code 87563 may be reimbursed as follows:

- To PA, NP, CNS, certified nurse midwife (CNM), physician, family planning clinic, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers for services rendered in the office setting.
- To hospital providers for services rendered in the outpatient hospital setting.
- To independent laboratory providers for services rendered in the laboratory setting.

Refer to: The *Texas Medicaid Provider Procedures Manual, Radiology and Laboratory Services Handbook*, subsection 2.2.13, “Microbiology,” for additional information.

Telemonitoring Services

| Added Procedure Codes | | | | | | | | | |
|-----------------------|-------|-------|--|--|--|--|--|--|--|
| 99421 | 99422 | 99423 | | | | | | | |

| Discontinued Procedure Code | | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|--|--|
| 99444 | | | | | | | | | |

Limitations for added procedure codes: Procedure codes 99421, 99422, and 99423 may be reimbursed as follows:

- To PA, NP, CNS, and physician providers for services rendered in the office and outpatient hospital settings.

Only one online evaluation and management service (procedure code 99421, 99422, or 99423) may be reimbursed in a seven-day period.

Procedure codes 99421, 99422, and 99423 are denied if submitted within the postoperative period of a previously completed procedure or within seven days of a related evaluation and management service by the same provider.

Refer to: The *Texas Medicaid Provider Procedures Manual, Telecommunication Services Handbook*, subsection 3.4, “Telemonitoring Services,” for additional information.

Therapeutic Radiopharmaceuticals

| Added Procedure Code | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|
| A9590 | | | | | | | | | |

Limitations for added procedure code: Procedure code A9590 is a benefit for clients who are 12 years of age and older, and may be reimbursed as follows:

- To physician and radiation therapy center providers for services rendered in the office setting.
- To hospital and rural health clinic (RHC) providers for services rendered in the outpatient hospital setting.

Iodine 1-131 iobenguane is a radiopharmaceutical indicated for the treatment of adult and pediatric clients who are 12 years of age and older with iobenguane scan positive, unresectable, locally advanced or metastatic pheochromocytoma or paraganglioma who require systemic anticancer therapy. Iodine 1-131 iobenguane should be handled with appropriate safety measures to minimize radiation exposure and should be administered by or under the control of physicians who are licensed and authorized to administer radiopharmaceuticals.

Procedure code A9590 is limited to the following diagnosis codes:

| Diagnosis Codes | | | | | | | | | |
|-----------------|-------|-------|------|------|------|------|--|--|--|
| C7410 | C7411 | C7412 | C755 | C7A1 | C7A8 | D447 | | | |

Refer to: The *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 9.2.74, “Therapeutic Radiopharmaceuticals,” for additional information.

Vision Services - Nonsurgical

| Added Procedure Codes | | | | | | | | | |
|-----------------------|-------|--|--|--|--|--|--|--|--|
| 99201 | 99202 | | | | | | | | |

| Discontinued Procedure Codes | | | | | | | | | |
|------------------------------|-------|--|--|--|--|--|--|--|--|
| 92225 | 92226 | | | | | | | | |

Limitations for added procedure codes: Procedure codes 92201 and 92202 may be reimbursed as follows:

- To PA, NP, CNS, physician, optometrist, and federally qualified health center (FQHC) providers for services rendered in the office and outpatient hospital settings.
- To PA, NP, CNS, physician, and optometrist providers for services rendered in the inpatient hospital setting.

Procedure codes 92201 and 92202 are each limited to one service per day and two services per calendar year by any provider.

Refer to: The *Texas Medicaid Provider Procedures Manual, Vision and Hearing Services Handbook*, subsection 4.3.5.10, “Ophthalmoscopy and Extended Ophthalmoscopy,” for additional information. ■

Ambulatory Surgical Center/Hospital Ambulatory Surgical Center (ASC/HASC) Code Additions

Additions for ambulatory surgical center/hospital ambulatory surgical center (ASC/HASC) facilities are listed in the “All Code Changes: Added, Discontinued, Replacement, and Revised” table located on page 28 of this bulletin.

For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at 1-800-925-9126. ■

HOME HEALTH AND COMPREHENSIVE CARE PROGRAM (CCP) PROVIDERS

Home Health and CCP Services Benefit Changes

The following Texas Medicaid Home Health and CCP services benefit changes have been made to support the 2020 Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2020. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at 1-800-925-9126.

Health and Behavior Assessment and Intervention (HBAI) - CCP

| Added Procedure Codes | | | | | | | | | |
|------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|--|
| 96156 | 96158 | 96159 | 96164 | 96165 | 96167 | 96168 | 96170 | 96171 | |
| Discontinued Procedure Codes | | | | | | | | | |
| 96150 | 96151 | 96152 | 96153 | 96154 | 96155 | | | | |

Limitations for added procedure codes: Procedure codes 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, and 96171 are a benefit for clients who are birth through 20 years of age, and may be reimbursed as follows:

- To physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), physician, licensed professional counselor, licensed clinical social worker, federally qualified health center (FQHC), and psychologist providers for services rendered in the office and outpatient hospital settings.

Assessments and re-assessments (procedure code 96156) are limited to a maximum of two units per rolling 180 days, any provider.

Documentation must be maintained in the client's medical record that details the change in the mental or medical status warranting re-assessment of the client's capacity to understand and cooperate with the medical interventions that are necessary to the client's health and well-being.

HBAI services are limited to a total of three units per day, any provider, as follows:

- The initial 30 minutes of health behavior intervention (procedure codes 96158, 96164, 96167, and 96170) is limited to one unit per day.
- Each additional 15 minutes of health behavior intervention (procedure codes 96159, 96165, 96168, and 96171) is limited to two units per day.

Procedure codes 96158, 96164, 96167, and 96170 are limited to a maximum of eight units per rolling 180 days, by any provider.

Procedure codes 96159, 96165, 96168, and 96171 are limited to a maximum of 14 units per rolling 180 days, by any provider.

Procedure codes 96167, 96168, 96170, and 96171, which include the client’s family, are a benefit when the family member directly participates in the overall care of the client.

Refer to: The *Texas Medicaid Provider Procedures Manual, Children’s Services Handbook*, subsection 2.9, “Health and Behavior Assessment and Intervention” for additional information.

Mobility Aids – Home Health and CCP

| Added Procedure Code | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|
| E2398 | | | | | | | | | |

Limitations for added procedure code: Procedure code E2398 requires prior authorization and may be reimbursed as follows:

- To home health durable medical equipment (DME) and medical supplier (DME) providers for services rendered in the office, home, and “other location” settings.

Procedure code E2398 is limited to one purchase every five years.

Refer to: The *Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook* subsection 2.2.16.29, “Accessories, Modifications, Adjustments and Repairs,” and subsection 2.2.16.31, “Procedure Codes and Limitations for Mobility Aids,” for additional information.

Orthoses - CCP

| Added Procedure Code | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|
| L2006 | | | | | | | | | |

Limitations for added procedure code: Procedure code L2006 is a benefit for clients who are birth through 20 years of age, and may be reimbursed as follows:

- To medical supplier (DME) and orthotist providers for services rendered in the home setting.

Procedure code L2006 requires prior authorization.

Refer to: The *Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook*, subsection 2.2.18, “Orthotic Services (CCP),” for additional information.

Total Parenteral Nutrition (TPN) Services – Home Health and CCP

| Added Procedure Code | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|
| B4187 | | | | | | | | | |

Limitations for added procedure code: Procedure code B4187 is a benefit for clients who are birth through 18 years of age, and may be reimbursed as follows:

- To home health DME, medical supplier (DME), and medical supply company providers for services rendered in the home setting.

Prior authorization is required for procedure code B4187.

Refer to: *The Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook*, subsection 2.2.25, “Total Parenteral Nutrition (TPN) Solutions,” for additional information. ■

STATE FUNDED FAMILY PLANNING PROGRAM (FPP) PROVIDERS

Family Planning Program Services Benefit Changes

The 2020 Healthcare Common Procedure Coding System (HCPCS) updates including added procedure codes for the Family Planning Program are included in the HCPCS tables in the “All Code Changes: Added, Discontinued, Replacement, and Revised” section of this bulletin beginning on page 28. ■

TEXAS HEALTH STEPS DENTAL PROVIDERS

Texas Health Steps Dental Services Benefit Changes

The following Texas Health Steps dental services benefit changes have been made to support the 2020 Healthcare Common Procedure Coding System (HCPCS) and Current Dental Terminology (CDT) updates and are effective for dates of service on or after January 1, 2020. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at 1-800-925-9126.

Texas Health Steps Dental Preventive Services

| Added Procedure Codes | | | | | | | | | |
|-----------------------|-------|-------|-------|-------|-------|--|--|--|--|
| D1551 | D1552 | D1553 | D1556 | D1557 | D1558 | | | | |

| Discontinued Procedure Codes | | | | | | | | | |
|------------------------------|-------|--|--|--|--|--|--|--|--|
| D1550 | D1555 | | | | | | | | |

Limitations for added procedure codes: Procedure codes D1551, D1552, and D1553 are a benefit for clients who are 1 through 20 years of age and may be reimbursed as follows:

- To federally qualified health center (FQHC), Texas Health Steps dental, orthodontist, and oral maxillofacial surgeon providers for services rendered in the office and outpatient hospital settings.
- To Texas Health Steps dental, orthodontist, and oral maxillofacial surgeon providers for services rendered in the inpatient hospital setting.

Procedure codes D1556, D1557, and D1558 are a benefit for clients who are birth through 20 years of age and may be reimbursed as follows:

- To Texas Health Steps dental, orthodontist, and oral maxillofacial surgeon providers for services rendered in the office, inpatient hospital, and outpatient hospital settings.

Procedure codes D1551 and D1557 are restricted to Tooth Identifications (TIDs) 3, 14, A, B, I, and J.

Procedure codes D1552 and D1558 are restricted to TIDs 19, 30, K, L, S, and T.

Procedure codes D1553 and D1556 are restricted to TIDs 3, 14, 19, 30, A, B, I, J, K, L, S, and T.

The recementation of space maintainers (procedure code D1551, D1552, or D1553) may be considered for reimbursement to either the same or different Texas Health Steps dental provider when procedure code D1510, D1516, or D1517 has been previously reimbursed.

Removal of a space maintainer (procedure code D1556, D1557, or D1558) is not payable to the provider or dental group practice that originally placed the device.

Procedure codes D1553 and D1556 are limited to once per quadrant, per day, same provider.

Refer to: The *Texas Medicaid Provider Procedures Manual, Children’s Services Handbook*, subsection 4.2.3.8, “Preventive Services,” for additional information.

Texas Health Steps Orthodontic Dental Services

| Discontinued Procedure Code | | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|--|--|
| D8693 | | | | | | | | | |

Refer to: The *Texas Medicaid Provider Procedures Manual, Children’s Services Handbook*, subsection 4.2.25.5, “Other Orthodontic Services,” for additional information. ■

HEALTHY TEXAS WOMEN (HTW) PROGRAM PROVIDERS

Healthy Texas Women Program Services Benefit Changes

The following HTW benefit changes have been made to support the 2020 Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2020. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at 1-800-925-9126.

Healthy Texas Women

| Added Procedure Codes | | | | | | | | | |
|-----------------------|-------|-------|-------|-------|-------|-------|-------|--|--|
| 87563 | 96156 | 96158 | 96159 | 96167 | 96168 | 99473 | 99474 | | |

Limitations for added procedure codes: Procedure code 87563 may be reimbursed as follows:

- To physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), certified nurse midwife, physician, family planning clinic, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers for services rendered in the office setting.
- To hospital providers for services rendered in the outpatient hospital setting.
- To independent laboratory providers for services rendered in the laboratory setting.

Procedure codes 96156, 96158, 96159, 96167, and 96168 are a benefit for clients who are birth through 20 years of age, and may be reimbursed as follows:

- To PA, NP, CNS, physician, licensed professional counselor, licensed clinical social worker, and psychologist providers for services rendered in the office and outpatient hospital settings.

Procedure codes 99473 and 99474 may be reimbursed as follows:

- To PA, NP, CNS, and physician providers for services rendered in the office setting.
- To PA, NP, CNS, physician, and hospital providers for services rendered in the outpatient hospital setting.

Self-measured blood pressure monitoring is a benefit when used as a diagnostic tool to assist a physician in diagnosing hypertension in individuals whose blood pressure is either elevated, or inconclusive when evaluated in the office alone.

Procedure code 99473 is limited to one service per year, any provider. Procedure code 99473 may be considered for reimbursement more than once per year when documentation of medical necessity is submitted with the claim.

Procedure code 99474 is limited to four services per year, any provider, and may be reimbursed only if a claim for procedure code 99473 has been submitted within 12 rolling months.

Refer to: The *Texas Medicaid Provider Procedures Manual, Women’s Health Services Handbook*, subsection 2.3, “Services, Benefits, Limitations, and Prior Authorization,” for additional information. ■

CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) SERVICES PROGRAM PROVIDERS

CSHCN Services Program Updates

The 2020 Healthcare Common Procedure Coding System (HCPCS) updates including authorization and prior authorization updates for the CSHCN Services Program are included in the HCPCS tables in the “All Code Changes: Added, Discontinued, Replacement, and Revised” section of this bulletin beginning on page 28. The 2020 HCPCS deletions and replacements are effective January 1, 2020, for dates of service on or after January 1, 2020, for the CSHCN Services Program. Providers may refer to the “General Information” section for more information.

Important: New and increased benefits that are adopted by Texas Medicaid must complete the rate hearing process to receive comments on new and increased Texas Medicaid reimbursement rates. The CSHCN Services Program reviews the adopted Texas Medicaid rates to determine whether the rates are fiscally feasible for the CSHCN Services Program.

The new procedure codes that are designated with “Requires rate review” in the “CSHCN Allowable” column of the table located on page 28 of this bulletin must complete the rate hearing process, and expenditures must be approved by the CSHCN Services Program before the rates are adopted. Providers will be notified in a future banner message or web article if a new procedure code will not be reimbursed because the expenditures were not approved.

Authorization and Prior Authorization Update Reminder

Effective January 1, 2020, the 2020 HCPCS discontinued procedure codes are no longer reimbursed by the CSHCN Services Program. Providers who have received authorizations or prior authorizations for dates of service that occur on, after, or encompass January 1, 2020, must submit a written request on the appropriate, completed CSHCN Services Program authorization or prior authorization request form to update the HCPCS procedure codes authorized for those services.

Refer to: The “Prior Authorization Changes,” section in this bulletin, for information about obtaining authorization or prior authorization.

For more information, call the Texas Medicaid & Healthcare Partnership (TMHP)-CSHCN Services Program Contact Center at 1-800-568-2413. ■

CSHCN Services Program Benefit Changes

The following CSHCN Services Program benefit changes have been made to support the 2020 HCPCS and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2020. For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.

The policy articles below contain the following information:

- **Discontinued:** Discontinued procedure codes are no longer reimbursed after December 31, 2019.
- **Added:** Added procedure codes are new procedure codes added by the Centers for Medicare & Medicaid Services (CMS).
- **Limitations:** Additional benefit and limitation information for the added procedure codes.

Note: For the purposes of this section for CSHCN Services Program benefit changes, “advanced practice registered nurse (APRN)” includes nurse practitioner (NP) and clinical nurse specialist (CNS) providers only.

Biofeedback Services

| Added Procedure Codes | | | | | | | | | |
|-----------------------------|-------|--|--|--|--|--|--|--|--|
| 90912 | 90913 | | | | | | | | |
| Discontinued Procedure Code | | | | | | | | | |
| 90911 | | | | | | | | | |

Limitations for added procedure codes: Procedure codes 90912 and 90913 may be reimbursed as follows:

- To physician assistant (PA), APRN, and physician providers for services rendered in the office and outpatient hospital settings.

Procedure code 90912 requires prior authorization.

Procedure codes 90912 and 90913 are limited to one per day by any provider, and include all modalities of the services performed during a specific session, regardless of the number of modalities performed.

Biofeedback services are limited to a maximum of 18 sessions for urinary or fecal incontinence conditions, using any combination of procedure codes 90901, 90912, and 90913.

Refer to: The *CSHCN Services Program Provider Manual*, subsection 31.2.8, “Biofeedback Services,” for additional information.

Blood Pressure Monitoring and Devices

| Added Procedure Codes | | | | | | | | | |
|-----------------------|-------|--|--|--|--|--|--|--|--|
| 99473 | 99474 | | | | | | | | |

Limitations for added procedure codes: Procedure codes 99473 and 99474 may be reimbursed as follows:

- To PA, APRN, and physician providers for services rendered in the office setting.
- To PA, APRN, physician, and hospital providers for services rendered in the outpatient hospital setting.

Self-measured blood pressure monitoring is a benefit of the CSHCN Services Program when used as a diagnostic tool to assist a physician in diagnosing hypertension in individuals whose blood pressure is either elevated, or inconclusive when evaluated in the office alone.

Self-measured blood pressure monitoring is indicated for the evaluation of one of the following conditions:

- White coat hypertension, which is defined as the following:
 - A clinic or office blood pressure greater than 140/90mm HG on at least three separate clinic or office visits with two separate measurements at each visit.
 - At least two documented separate blood pressure measurements taken outside the clinic or office, which are less than 140/90 mm Hg.
 - No evidence of end-organ damage.
- Resistant hypertension
- Hypotensive symptoms as a response to hypertension medications
- Nocturnal angina
- Episodic hypertension
- Syncope

Self-measured blood pressure monitoring may also be indicated for re-evaluation of clients previously diagnosed with hypertension.

Providers must document that the self-measured blood pressure monitoring was performed for at least 24 hours.

Procedure code 99473 is limited to one service per year, any provider. Procedure code 99473 may be considered for reimbursement more than once per year when the following documentation of medical necessity is submitted with the claim:

- Documentation of erroneous blood pressure readings – excessively high or low blood pressure, blood pressure readings excessively inconsistent with those measured professionally
- Documentation of erroneous blood pressure logs – day of the week, time of day, setting or location, or timing of medication administration inconsistent with prior professional instruction
- Documentation of poor health literacy, developmental, or intellectual challenges that may require repeated client education
- Client purchase or receipt of new blood pressure device

Procedure code 99474 is limited to four services per year, any provider, and may be reimbursed only if a claim for procedure code 99473 has been submitted within 12 rolling months.

Only one method of blood pressure monitoring (self-measured or ambulatory) may be reimbursed within a rolling 12-month period. Self-measured blood pressure monitoring submitted within the same rolling 12-month period as ambulatory blood pressure monitoring will be denied.

Refer to: The *CSHCN Services Program Provider Manual*, subsection 11.2.1.1, “Ambulatory Blood Pressure Monitoring,” for additional information.

Botulinum Toxin, Type A and Type B

| Added Procedure Codes | | | | | | | | | |
|-----------------------|-------|--|--|--|--|--|--|--|--|
| 64624 | 64625 | | | | | | | | |

Limitations for added procedure codes: Procedure code 64624 may be reimbursed as follows:

- To certified registered nurse anesthetist (CRNA), PA, APRN, and physician providers for services rendered in the office setting.
- To CRNA and physician providers for services rendered in the inpatient hospital and outpatient hospital settings.
- To ambulatory surgical center (ASC) providers for services rendered in the outpatient hospital setting.

Procedure code 64625 may be reimbursed as follows:

- To physician providers for services rendered in the office, inpatient hospital, and outpatient hospital settings.
- To ASC providers for services rendered in the outpatient hospital setting.

Refer to: The *CSHCN Services Program Provider Manual*, subsection 31.2.25.7, “Botulinum Toxin (Type A and Type B),” for additional information.

Dental Services - Orthodontia

| Discontinued Procedure Code | | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|--|--|
| D8693 | | | | | | | | | |

Refer to: The *CSHCN Services Program Provider Manual*, subsection 14.2.4, “Orthodontia Services,” for additional information.

Dental – Preventive Services

| Added Procedure Codes | | | | | | | | | |
|-----------------------|-------|-------|-------|-------|-------|--|--|--|--|
| D1551 | D1552 | D1553 | D1556 | D1557 | D1558 | | | | |

| Discontinued Procedure Codes | | | | | | | | | |
|------------------------------|-------|--|--|--|--|--|--|--|--|
| D1550 | D1555 | | | | | | | | |

Limitations for added procedure codes: Procedure codes D1551, D1552, and D1553 are a benefit for clients who are 1 through 20 years of age and may be reimbursed as follows:

- To federally qualified health center (FQHC) and dentist providers for services rendered in the office and outpatient hospital settings.
- To dentist providers for services rendered in the inpatient hospital setting.

Procedure codes D1556, D1557, and D1558 are a benefit for clients who are 1 through 20 years of age and may be reimbursed as follows:

- To dentist providers for services rendered in the office, inpatient hospital, and outpatient hospital settings.

Procedure codes D1551 and D1557 are restricted to TIDs 3, 14, A, B, I, and J.

Procedure codes D1552 and D1558 are restricted to TIDs 19, 30, K, L, S, and T.

Procedure codes D1553 and D1556 are restricted to TIDs 3, 14, 19, 30, A, B, I, J, K, L, S, and T.

The recementation of space maintainers (procedure code D1551, D1552, or D1553) may be considered for reimbursement to either the same or different CSHCN Services Program dental provider when procedure code D1510, D1516, or D1517 has been previously reimbursed.

Removal of a space maintainer (procedure code D1556, D1557, or D1558) is not payable to the provider or dental group practice that originally placed the device.

Procedure codes D1553 and D1556 are limited to once per quadrant, per day, same provider.

Refer to: The *CSHCN Services Program Provider Manual*, subsection 14.2.5.5, “Space Maintainers,” for additional information.

Diagnostic and Therapeutic Breast Procedures

| Added Procedure Codes | | | | | | | | | |
|-----------------------|-------|-------|-------|--|--|--|--|--|--|
| 21601 | 21602 | 21603 | L8033 | | | | | | |

| Discontinued Procedure Codes | | | | | | | | | |
|------------------------------|-------|-------|-------|--|--|--|--|--|--|
| 19260 | 19271 | 19272 | 19304 | | | | | | |

Limitations for added procedure codes: Procedure codes 21601, 21602, and 21603 may be reimbursed as follows:

- The surgical component to physician providers for services rendered in the inpatient hospital setting.
- The assistant surgical component to PA, APRN, and physician providers for services rendered in the inpatient hospital setting.

Procedure code 21603 is limited to once per lifetime.

Procedure code L8033 is limited to eight per rolling year, and may be reimbursed for female clients as follows:

- To home health durable medical equipment (DME), custom DME, and medical supplier (DME) providers for services rendered in the home setting.

Prior authorization is required for exceeding the limit of 8 per rolling year for procedure code L8033.

Refer to: The *CSHCN Services Program Provider Manual*, subsection 17.3.3, “Breast Prosthesis,” for additional information.

Doctor of Dentistry Services as a Limited Physician

| Added Procedure Code | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|
| 15769 | | | | | | | | | |

| Discontinued Procedure Codes | | | | | | | | | |
|------------------------------|-------|--|--|--|--|--|--|--|--|
| 20926 | 64402 | | | | | | | | |

Limitations for added procedure code: Procedure code 15769 may be reimbursed as follows:

- To physician and dentist providers for services rendered in the inpatient hospital and outpatient hospital settings.
- To ASC providers for services rendered in the outpatient hospital setting.

Refer to: The *CSHCN Services Program Provider Manual*, subsection 14.2.8, “Doctor of Dentistry Services as a Limited Physician,” for additional information.

Durable Medical Equipment

| Added Procedure Code | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|
| E2398 | | | | | | | | | |

Limitations for added procedure code: Procedure code E2398 requires prior authorization and may be reimbursed as follows:

- To home health DME, medical supplier (DME), and custom DME providers for services rendered in the home setting.

Procedure code E2398 is limited to one purchase every three years.

Refer to: The *CSHCN Services Program Provider Manual*, subsection 17.3.19.8, “Wheelchair Positioning Equipment,” for additional information.

Electroencephalogram (Ambulatory)

| Added Procedure Codes | | | | | | | | | |
|-----------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 95700 | 95705 | 95706 | 95707 | 95708 | 95709 | 95710 | 95711 | 95712 | 95713 |
| 95714 | 95715 | 95716 | 95717 | 95718 | 95719 | 95720 | 95721 | 95722 | 95723 |
| 95724 | 95725 | 95726 | | | | | | | |

| Discontinued Procedure Codes | | | | | | | | | |
|------------------------------|-------|-------|-------|--|--|--|--|--|--|
| 95950 | 95951 | 95953 | 95956 | | | | | | |

Limitations for added procedure codes: Procedure codes 95700, 95705, 95706, 95707, 95708, 95709, 95710, 95711, 95712, 95713, 95714, 95715, and 95716 may be reimbursed as follows:

- To PA, APRN, physician, portable X-ray supplier, radiological lab, and physiological lab providers for services rendered in the office setting.

Procedure codes 95717, 95718, 95719, 95720, 95721, 95722, 95723, 95724, 95725, and 95726 may be reimbursed as follows:

- To physician providers for services rendered in the office, inpatient hospital, and outpatient hospital settings.

The following procedure codes are limited to the diagnosis codes listed in Appendix B on page 59 of this document.

| Procedure Codes | | | | | | | | | |
|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 95700 | 95705 | 95706 | 95707 | 95708 | 95709 | 95710 | 95711 | 95712 | 95713 |
| 95714 | 95715 | 95716 | 95717 | 95718 | 95719 | 95720 | 95721 | 95722 | 95723 |
| 95724 | 95725 | 95726 | | | | | | | |

All other diagnoses require authorization and documentation of medical necessity. Documentation should include the diagnosis and the specific rationale for the request. Claims for ambulatory electroencephalographic monitoring are considered for payment on appeal for diagnoses other than those listed in Appendix B or if the frequency of testing exceeds the limitation.

Ambulatory electroencephalograms are limited to three every six months, per client, same provider.

Refer to: The *CSHCN Services Program Provider Manual*, subsection 31.2.17.1, “Ambulatory Electroencephalogram,” for additional information.

Orthoses and Prostheses

| Added Procedure Code | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|
| L2006 | | | | | | | | | |

Limitations for added procedure code: Procedure code L2006 may be reimbursed as follows:

- To home health DME, medical supplier (DME), orthotist, and prosthetist providers for services rendered in the home setting.

Procedure code L2006 requires prior authorization.

Refer to: The *CSHCN Services Program Provider Manual*, subsection 28.3, “Orthoses and Related Services,” for additional information.

Pathology and Laboratory Services - Microbiology

| Added Procedure Code | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|
| 87563 | | | | | | | | | |

Limitations for added procedure code: Procedure code 87563 may be reimbursed as follows:

- To physician providers for services rendered in the office setting.
- To hospital providers for services rendered in the outpatient hospital setting.
- To independent laboratory providers for services rendered in the laboratory setting.

Refer to: The *CSHCN Services Program Provider Manual*, subsection 25.2.11, “Microbiology,” for additional information.

Radiology – X-Ray and Ultrasound

| Discontinued Procedure Code | | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|--|--|
| 76930 | | | | | | | | | |

Refer to: The *CSHCN Services Program Provider Manual*, subsection 16.2.10.2, “Interventional Radiological Procedures,” for additional information.

Surgery – Ambulatory or Day Surgery

| Added Procedure Code | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|
| 62328 | | | | | | | | | |

Limitations for added procedure code: Procedure code 62328 may be reimbursed as follows:

- To PA, APRN, and physician providers for services rendered in the office, inpatient hospital, and outpatient hospital settings.
- To ASC providers for services rendered in the outpatient hospital setting.

Refer to: The *CSHCN Services Program Provider Manual*, subsection 24.5, “Ambulatory Surgical Centers,” for additional information.

Telemonitoring Services

| Added Procedure Codes | | | | | | | | | |
|-----------------------|-------|-------|--|--|--|--|--|--|--|
| 99421 | 99422 | 99423 | | | | | | | |

| Discontinued Procedure Code | | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|--|--|
| 99444 | | | | | | | | | |

Limitations for added procedure codes: Procedure codes 99421, 99422, and 99423 may be reimbursed as follows:

- To PA, APRN, and physician providers for services rendered in the office and outpatient hospital settings.

Only one online evaluation and management service (procedure code 99421, 99422, or 99423) may be reimbursed in a seven-day period.

Procedure codes 99421, 99422, and 99423 are denied if submitted within the postoperative period of a previously completed procedure or within seven days of a related evaluation and management service by the same provider.

Refer to: The *CSHCN Services Program Provider Manual*, subsection 38.2.4, “Telemonitoring Services,” for additional information.

Total Parenteral Nutrition (TPN)

| Added Procedure Code | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|
| B4187 | | | | | | | | | |

Limitations for added procedure code: Procedure code B4187 is a benefit for clients who are birth through 18 years of age, and may be reimbursed as follows:

- To home health DME, medical supplier (DME), medical supply company, and custom DME providers for services rendered in the home setting.

Prior authorization is required for procedure code B4187. If lipids are medically necessary, the prior authorization request must also include documentation supporting the need for procedure code B4187.

Procedure code B4187 will be considered for separate reimbursement in addition to the TPN procedure code (S9364, S9365, S9366, S9367, or S9368) with a valid prior authorization.

Refer to: The *CSHCN Services Program Provider Manual*, subsection 26.6, “Total Parenteral Nutrition (TPN),” for additional information.

Vision Services Nonsurgical

| Added Procedure Codes | | | | | | | | | |
|------------------------------|-------|--|--|--|--|--|--|--|--|
| 92201 | 92202 | | | | | | | | |
| Discontinued Procedure Codes | | | | | | | | | |
| 92225 | 92226 | | | | | | | | |

Limitations for added procedure codes: Procedure codes 92201 and 92202 may be reimbursed as follows:

- To physician, optometrist, and FQHC providers for services rendered in the office and outpatient hospital settings.
- To physician and optometrist providers for services rendered in the inpatient hospital setting.

Procedure codes 92201 and 92202 are each limited to one service per day and two services per calendar year by any provider.

Refer to: The *CSHCN Services Program Provider Manual*, subsection 40.2.3.6, “Ophthalmoscopy,” for additional information. ■

ALL CODE CHANGES: ADDED, DISCONTINUED, REPLACEMENT, AND REVISED

2020 HCPCS Procedure Code Additions

The table below lists the new Healthcare Common Procedure Coding System (HCPCS) procedure codes. If a program name (i.e., Medicaid, CSHCN, HTW) appears in the Benefit Changes column, see that program's section of this bulletin for more information.

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|---------------|---------------|---------------------------|-----------------|
| 2 | 15769 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| F | 15769 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| 2 | 15771 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| F | 15771 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 15772 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 15773 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| F | 15773 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 15774 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 20560 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 2 | 20561 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 2 | 20700 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|---------------|---------------|---------------------------|-----------------|
| 2 | 20701 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 20702 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 20703 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 20704 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 20705 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 21601 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| 8 | 21601 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| 2 | 21602 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| 8 | 21602 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| 2 | 21603 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| 8 | 21603 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| 2 | 33016 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| F | 33016 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|---------------|---------------|---------------------------|-----------------|
| 2 | 33017 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 33018 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 33019 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 33858 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 8 | 33858 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 33859 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 8 | 33859 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 33871 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 8 | 33871 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 34717 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 8 | 34717 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 34718 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 8 | 34718 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|---------------|---------------|---------------------------|-----------------|
| 2 | 35702 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 8 | 35702 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 35703 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 8 | 35703 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 46948 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| F | 46948 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 49013 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 49014 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 62328 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | CSHCN |
| F | 62328 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | CSHCN |
| 2 | 62329 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| F | 62329 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 64451 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|---------------|---------------|---------------------------|-----------------|
| F | 64451 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 64454 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| F | 64454 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 64624 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | CSHCN |
| F | 64624 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | CSHCN |
| 2 | 64625 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | CSHCN |
| F | 64625 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | CSHCN |
| 2 | 66987 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| F | 66987 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 2 | 66988 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| F | 66988 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 4 | 74221 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| I | 74221 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|---------------|---------------|---------------------------|-----------------|
| T | 74221 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 4 | 74248 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| I | 74248 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| T | 74248 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 4 | 78429 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| I | 78429 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| T | 78429 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 4 | 78430 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| I | 78430 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| T | 78430 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 4 | 78431 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| I | 78431 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| T | 78431 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 4 | 78432 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| I | 78432 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| T | 78432 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 4 | 78433 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| I | 78433 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| T | 78433 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 4 | 78434 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| I | 78434 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| T | 78434 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|---------------|---------------|---------------------------|-----------------|
| 4 | 78830 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| I | 78830 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| T | 78830 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 4 | 78831 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| I | 78831 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| T | 78831 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 4 | 78832 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| I | 78832 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| T | 78832 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 4 | 78835 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| I | 78835 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| T | 78835 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 5 | 80145 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|-----------------------|-----------------------|---------------------------|----------------------|
| 5 | 80187 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 5 | 80230 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 5 | 80235 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 5 | 80280 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 5 | 80285 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 5 | 81277 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 5 | 81307 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 5 | 81308 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 5 | 81309 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 5 | 81522 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 5 | 81542 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 5 | 81552 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 5 | 87563 | Requires rate hearing | Requires rate review | Requires rate hearing | Requires rate hearing | | Medicaid, CSHCN, HTW |
| 1 | 90694 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| S | 90694 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | 90912 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | Medicaid, CSHCN | Medicaid, CSHCN |
| 1 | 90913 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|---------------|---------------|---------------------------|-----------------|
| 1 | 92201 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| 1 | 92202 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| 5 | 92549 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| I | 92549 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| T | 92549 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 5 | 93356 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| I | 93356 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| T | 93356 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 5 | 93985 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| I | 93985 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| T | 93985 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 5 | 93986 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| I | 93986 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| T | 93986 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| T | 95700 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| T | 95705 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|---------------|---------------|---------------------------|-----------------|
| T | 95706 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| T | 95707 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| T | 95708 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| T | 95709 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| T | 95710 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| T | 95711 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| T | 95712 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| T | 95713 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| T | 95714 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| T | 95715 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| T | 95716 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| I | 95717 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| I | 95718 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|-----------------------|-----------------------|---------------------------|-----------------|
| I | 95719 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| I | 95720 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| I | 95721 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| I | 95722 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| I | 95723 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| I | 95724 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| I | 95725 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| I | 95726 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| 1 | 96156 | Requires rate hearing | Not a benefit | Requires rate hearing | Requires rate hearing | | Medicaid, HTW |
| 1 | 96158 | Requires rate hearing | Not a benefit | Requires rate hearing | Not a benefit | | Medicaid, HTW |
| 1 | 96159 | Requires rate hearing | Not a benefit | Requires rate hearing | Not a benefit | | Medicaid, HTW |
| 1 | 96164 | Requires rate hearing | Not a benefit | Not a benefit | Not a benefit | | Medicaid |
| 1 | 96165 | Requires rate hearing | Not a benefit | Not a benefit | Not a benefit | | Medicaid |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|-----------------------|---------------|---------------------------|----------------------|
| 1 | 96167 | Requires rate hearing | Not a benefit | Requires rate hearing | Not a benefit | | Medicaid, HTW |
| 1 | 96168 | Requires rate hearing | Not a benefit | Requires rate hearing | Not a benefit | | Medicaid, HTW |
| 1 | 96170 | Requires rate hearing | Not a benefit | Not a benefit | Not a benefit | | Medicaid |
| 1 | 96171 | Requires rate hearing | Not a benefit | Not a benefit | Not a benefit | | Medicaid |
| 1 | 97129 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | 97130 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | 98970 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | 98971 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | 98972 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | 99421 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| 1 | 99422 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| 1 | 99423 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| 1 | 99458 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | 99473 | Requires rate hearing | Requires rate review | Requires rate hearing | Not a benefit | | Medicaid, CSHCN, HTW |
| 1 | 99474 | Requires rate hearing | Requires rate review | Requires rate hearing | Not a benefit | | Medicaid, CSHCN, HTW |
| 9 | A4226 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|---------------|---------------|---------------------------|-----------------|
| 9 | A9590 | \$324.35 | Requires rate review | Not a benefit | Not a benefit | | Medicaid |
| 9 | B4187 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | Medicaid, CSHCN | Medicaid, CSHCN |
| 9 | C1734 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 9 | C1824 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 9 | C1839 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 9 | C1982 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 2 | C2596 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| F | C2596 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | C9054 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |
| 1 | C9055 | Requires rate hearing | Not a benefit | Not a benefit | Not a benefit | | |
| 2 | C9757 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| F | C9757 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 2 | C9758 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D0419 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D1551 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| W | D1552 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|---------------|---------------|---------------------------|-----------------|
| W | D1553 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| W | D1556 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| W | D1557 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| W | D1558 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| W | D2753 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D5284 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D5286 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D6082 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D6083 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D6084 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D6086 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D6087 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D6088 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D6097 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D6098 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D6099 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D6120 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D6121 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D6122 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D6123 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D6195 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D6243 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|--------------------|--------------------|---------------------------|-----------------|
| W | D6753 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D6784 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D7922 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D8696 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D8697 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D8698 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D8699 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D8701 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D8702 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D8703 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D8704 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| W | D9997 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 9 | E0787 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| J | E0787 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| J | E2398 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | Medicaid, CSHCN | Medicaid, CSHCN |
| 1 | G1000 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G1001 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G1002 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G1003 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G1004 | Informational only | Informational only | Informational only | Informational only | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|--------------------|--------------------|---------------------------|-----------------|
| 1 | G1005 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G1006 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G1007 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G1008 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G1009 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G1010 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G1011 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2021 | Informational only | Informational only | Informational only | Informational only | | |
| 9 | G2022 | Informational only | Informational only | Not a benefit | Not a benefit | | |
| 1 | G2058 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2061 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2062 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2063 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2064 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2065 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2066 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|--------------------|-----------------|---------------|---------------|---------------------------|-----------------|
| 1 | G2067 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2068 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2069 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2070 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2071 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2072 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2073 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2074 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2075 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2076 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2077 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2078 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2079 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|--------------------|--------------------|--------------------|--------------------|---------------------------|-----------------|
| 1 | G2080 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2081 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2082 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2083 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2086 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2087 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2088 | Informational only | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | G2089 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2090 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2091 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2092 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2093 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2094 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2095 | Informational only | Informational only | Informational only | Informational only | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|--------------------|--------------------|--------------------|--------------------|---------------------------|-----------------|
| 1 | G2096 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2097 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2098 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2099 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2100 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2101 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2102 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2103 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2104 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2105 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2106 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2107 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2108 | Informational only | Informational only | Informational only | Informational only | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|--------------------|--------------------|--------------------|--------------------|---------------------------|-----------------|
| 1 | G2109 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2110 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2112 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2113 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2114 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2115 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2116 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2117 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2118 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2119 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2120 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2121 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2122 | Informational only | Informational only | Informational only | Informational only | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|--------------------|--------------------|--------------------|--------------------|---------------------------|-----------------|
| 1 | G2123 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2124 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2125 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2126 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2127 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2128 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2129 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2130 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2131 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2132 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2133 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2134 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2135 | Informational only | Informational only | Informational only | Informational only | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|--------------------|--------------------|--------------------|--------------------|---------------------------|-----------------|
| 1 | G2136 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2137 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2138 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2139 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2140 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2141 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2142 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2143 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2144 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2145 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2146 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2147 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2148 | Informational only | Informational only | Informational only | Informational only | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|--------------------|--------------------|--------------------|--------------------|---------------------------|-----------------|
| 1 | G2149 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2150 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2151 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2152 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2153 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2154 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2155 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2156 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2157 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2158 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2159 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2160 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2161 | Informational only | Informational only | Informational only | Informational only | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|--------------------|--------------------|--------------------|---------------------------|-----------------|
| 1 | G2162 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2163 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2164 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2165 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2166 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | G2167 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | J0179 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | J9199 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 1 | J9309 | Requires rate hearing | Not a benefit | Not a benefit | Not a benefit | | |
| J | K1001 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| L | K1001 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 9 | K1002 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| J | K1002 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| L | K1002 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 9 | K1003 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| J | K1003 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| L | K1003 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| J | K1004 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| L | K1004 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|--------------------|--------------------|---------------------------|-----------------|
| 9 | K1005 | Not a benefit | Not a benefit | Not a benefit | Not a benefit | | |
| 9 | L2006 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | Medicaid, CSHCN | Medicaid, CSHCN |
| 9 | L8033 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | Medicaid, CSHCN |
| 1 | M1106 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1107 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1108 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1109 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1110 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1111 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1112 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1113 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1114 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1115 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1116 | Informational only | Informational only | Informational only | Informational only | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|--------------------|--------------------|--------------------|--------------------|---------------------------|-----------------|
| 1 | M1117 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1118 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1119 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1120 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1121 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1122 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1123 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1124 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1125 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1126 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1127 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1128 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1129 | Informational only | Informational only | Informational only | Informational only | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|--------------------|--------------------|--------------------|--------------------|---------------------------|-----------------|
| 1 | M1130 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1131 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1132 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1133 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1134 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1135 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1136 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1137 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1138 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1139 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1140 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1141 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1142 | Informational only | Informational only | Informational only | Informational only | | |

| Type of Service | Procedure Code | Medicaid Allowable | CSHCN Allowable | HTW Allowable | FPP Allowable | Authorization Requirement | Benefit Changes |
|-----------------|----------------|-----------------------|----------------------|--------------------|--------------------|---------------------------|-----------------|
| 1 | M1143 | Informational only | Informational only | Informational only | Informational only | | |
| 1 | M1144 | Informational only | Informational only | Informational only | Informational only | | |
| 0 | P9099 | Requires rate hearing | Requires rate review | Not a benefit | Not a benefit | | |

Note: All new, revised, and discontinued 2020 HCPCS procedure codes are effective for dates of service on or after January 1, 2020. The new procedure codes that are indicated with “Requires rate hearing” or “Requires rate review” in the above table are pending a rate hearing and approval of expenditures. Providers will be notified in a future notification if a new procedure code is not approved for reimbursement. Providers can refer to the section in this bulletin titled “Rate Hearings and Expenditure Review” for more information about benefits that are pending approval of expenditures.

The following new procedure codes are used for reporting purposes and are informational only:

| Medical Procedure Codes | | | | | | | | | |
|-----------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 0156U | 0575T | 0576T | 0577T | 0578T | 0579T | 0589T | 0590T | 0591T | 0592T |
| 0593T | 2023F | 2025F | 2033F | | | | | | |
| Surgical Procedure Codes | | | | | | | | | |
| 0563T | 0565T | 0566T | 0567T | 0569T | 0570T | 0571T | 0572T | 0573T | 0574T |
| 0580T | 0581T | 0582T | 0583T | 0584T | 0585T | 0586T | 0587T | 0588T | |
| Radiological Procedure Code | | | | | | | | | |
| 0568T | | | | | | | | | |
| Laboratory Procedure Codes | | | | | | | | | |
| 0062U | 0063U | 0064U | 0065U | 0066U | 0067U | 0068U | 0069U | 0070U | 0071U |
| 0072U | 0073U | 0074U | 0075U | 0076U | 0077U | 0078U | 0079U | 0080U | 0082U |
| 0083U | 0105U | 0106U | 0107U | 0108U | 0109U | 0110U | 0111U | 0112U | 0113U |
| 0114U | 0115U | 0116U | 0117U | 0118U | 0119U | 0120U | 0121U | 0122U | 0123U |
| 0124U | 0125U | 0126U | 0127U | 0128U | 0129U | 0130U | 0131U | 0132U | 0133U |
| 0134U | 0135U | 0136U | 0137U | 0138U | 0139U | 0140U | 0141U | 0142U | 0143U |
| 0144U | 0145U | 0146U | 0147U | 0148U | 0149U | 0150U | 0151U | 0152U | 0153U |
| 0154U | 0155U | 0157U | 0158U | 0159U | 0160U | 0161U | 0162U | 0564T | 3051F |
| 3052F | | | | | | | | | |

For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413. ■

Discontinued Procedure Codes

The 2020 HCPCS discontinued procedure codes are no longer reimbursed after December 31, 2019. The following is a list of procedure codes that have been discontinued:

| Procedure Codes | | | | | | | | | |
|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 19260 | 19271 | 19272 | 19304 | 20926 | 33010 | 33011 | 33015 | 33860 | 33870 |
| 35721 | 35741 | 35761 | 43401 | 64402 | 64410 | 64413 | 74241 | 74245 | 74247 |
| 74249 | 74260 | 76930 | 78205 | 78206 | 78320 | 78607 | 78647 | 78710 | 78805 |
| 78806 | 78807 | 90911 | 92225 | 92226 | 93299 | 95827 | 95831 | 95832 | 95833 |
| 95834 | 95950 | 95951 | 95953 | 95956 | 96150 | 96151 | 96152 | 96153 | 96154 |
| 96155 | 97127 | 98969 | 99444 | C9043 | C9407 | C9408 | D1550 | D1555 | D8691 |
| D8692 | D8693 | D8694 | G0365 | G0515 | G8649 | G8653 | G8657 | G8665 | G8669 |
| G8673 | G8861 | G8978 | G8979 | G8980 | G8981 | G8982 | G8983 | G8984 | G8985 |
| G8986 | G8987 | G8988 | G8989 | G8990 | G8991 | G8992 | G8993 | G8994 | G8995 |
| G8996 | G8997 | G8998 | G8999 | G9017 | G9018 | G9019 | G9020 | G9033 | G9034 |
| G9035 | G9036 | G9158 | G9159 | G9160 | G9161 | G9162 | G9163 | G9164 | G9165 |
| G9166 | G9167 | G9168 | G9169 | G9170 | G9171 | G9172 | G9173 | G9174 | G9175 |

| Procedure Codes | | | | | | | | | |
|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| G9176 | G9186 | G9472 | G9742 | G9743 | G9941 | G9944 | G9947 | M1000 | M1001 |
| M1002 | M1030 | M1042 | M1044 | M1047 | M1048 | M1050 | M1053 | | |

The following informational reporting procedure codes have been discontinued:

| Procedure Codes | | | | | | | | | |
|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 0009M | 0020U | 0028U | 0057U | 0081U | 0085U | 0104U | 0205T | 0206T | 0249T |
| 0254T | 0341T | 0357T | 0375T | 0377T | 0380T | 0399T | 0482T | 3045F | |

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413. ■

Replacement Procedure Code

Effective for dates of service on or after January 1, 2020, the following discontinued procedure code will be replaced by the corresponding replacement procedure code:

| Type of Service | Replacement Code | Discontinued Code | Medicaid Rate | CSHCN Rate |
|-----------------|------------------|-------------------|---------------|----------------------|
| 9 | A9590 | C9408 | \$324.35 | Requires rate review |

Procedure Code Description Changes

Providers may refer to the following Centers for Medicare & Medicaid Services (CMS) web page to identify procedure code description changes that are effective for dates of service on or after January 1, 2020: www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html.

Providers must contact the appropriate copyright holder to obtain procedure code descriptions.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413. ■

Modifiers

The following tables list new and discontinued modifiers:

| New Modifiers | | | | | | | | | |
|---------------|----|----|----|----|----|----|----|--|--|
| MA | MB | MC | MD | ME | MF | MG | MH | | |

| Discontinued Modifier | | | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|--|--|
| GD | | | | | | | | | |

New modifiers are effective for dates of service on or after January 1, 2020. Providers may contact the appropriate copyright holder to obtain modifier descriptions. ■

APPENDIX A

Diagnosis Codes for Ambulatory Electroencephalogram Procedure Codes for Texas Medicaid

The new ambulatory electroencephalogram procedure codes are limited to the following diagnosis codes:

| Diagnosis Codes | | | | | | |
|-----------------|--------|--------|--------|--------|---------|---------|
| F05 | F060 | F068 | G253 | G3101 | G3109 | G3183 |
| G40001 | G40009 | G40011 | G40019 | G40101 | G40109 | G40111 |
| G40119 | G40201 | G40209 | G40211 | G40219 | G40301 | G40309 |
| G40311 | G40319 | G40401 | G40409 | G40411 | G40419 | G40501 |
| G40509 | G40801 | G40802 | G40803 | G40804 | G40811 | G40812 |
| G40813 | G40814 | G4089 | G40901 | G40909 | G40911 | G40919 |
| G40A11 | G40A19 | G40B01 | G40B09 | G40B11 | G40B19 | G912 |
| O99351 | O99352 | O99353 | O99354 | O99355 | P90 | P912 |
| R410 | R4182 | R5601 | R561 | R569 | S060X1A | S060X1D |
| S060X1S | Z052 | | | | | |



APPENDIX B

Diagnosis Codes for Electroencephalogram (Ambulatory) Procedure Codes for the CSHCN Services Program

The new electroencephalogram (ambulatory) procedure codes are limited to the following diagnosis codes:

| Diagnosis Codes | | | | | | |
|-----------------|--------|--------|--------|--------|--------|--------|
| F05 | F060 | F068 | G253 | G40001 | G40009 | G40011 |
| G40019 | G40101 | G40109 | G40111 | G40119 | G40201 | G40209 |
| G40211 | G40219 | G40301 | G40309 | G40311 | G40319 | G40401 |
| G40409 | G40411 | G40419 | G40501 | G40509 | G40801 | G40802 |
| G40803 | G40804 | G40811 | G40812 | G40813 | G40814 | G4089 |
| G40901 | G40909 | G40911 | G40919 | G40A11 | G40A19 | G40B01 |
| G40B09 | G40B11 | G40B19 | G912 | G9381 | G9389 | P912 |
| R561 | R569 | Z85020 | Z85030 | Z85040 | Z85060 | Z85110 |
| Z85230 | Z85520 | Z85821 | Z85841 | Z85848 | Z86011 | Z8669 |
| Z87728 | Z87798 | | | | | |

