



HEALTHCARE COMMON PROCEDURE CODING SYSTEM
HCPCS SPECIAL BULLETIN
2024 EDITION



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Contents

General Information	3
2024 HCPCS Implementation.....	3
Rate Hearings and Expenditure Review	3
Claims Filing.....	4
Code Updates Web Page.....	4
Prior Authorization Changes.....	5
Authorization or Prior Authorization	5
Medicaid Fee-for-Service and Managed Care Providers.....	7
Texas Medicaid HCPCS Updates	7
Authorization and Prior Authorization Update Reminder.....	7
Texas Medicaid Benefit Changes.....	7
Home Health and Comprehensive Care Program (CCP) Providers.....	16
CCP Services Benefit Changes	16
State Funded Family Planning Program (FPP) Providers.....	17
Family Planning Program Services Benefit Changes.....	17
Healthy Texas Women (HTW) Program Providers	17
Healthy Texas Women Program Services Benefit Changes.....	17
Children With Special Health Care Needs (CSHCN) Services Program Providers.....	19
CSHCN Services Program Updates	19
Authorization and Prior Authorization Update Reminder.....	19
CSHCN Services Program Benefit Changes.....	20
All Code Changes: Added, Discontinued, Replacement, and Revised	24
2024 HCPCS Procedure Code Additions.....	24
Discontinued Procedure Codes.....	59
Replacement Procedure Codes.....	61
Procedure Code Description Changes.....	61

2024 HCPCS Implementation

On January 1, 2024, the Texas Medicaid & Healthcare Partnership (TMHP) applied the 2024 annual Healthcare Common Procedure Coding System (HCPCS) updates that are effective for dates of service on or after January 1, 2024.

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 2024 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.

Note: *Additions for ambulatory surgical center/hospital ambulatory surgical center (ASC/HASC) facilities are listed in the “2024 HCPCS Procedure Code Additions” table located on page 3 of this 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 2024 HCPCS procedure codes are effective for dates of service on or after January 1, 2024. 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 “2024 HCPCS Procedure Code Additions” table located on page 23 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 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:

pfd.hhs.texas.gov/rate-packets

sos.state.tx.us/texreg/index.shtml

Claims Filing

The new 2024 HCPCS procedure codes may be billed beginning January 1, 2024, 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, 2024.*

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 Rate and Code Updates web page at <https://tmhp.com/resources/rate-and-code-updates> for reimbursement rates, quarterly HCPCS updates, and all other notifications about HCPCS procedure codes. ■

Use of the AMA's copyrighted CPT® is allowed in this publication with the following disclosure:

"CPT® is copyright© 2023 American Medical Association. All rights reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable Federal Acquisition Regulation System/Defense Federal Acquisition Regulation Supplement (FARS/DFARS) apply."

The American Dental Association requires the following copyright notice in all publications containing Current Dental Terminology (CDT) codes:

"Current Dental Terminology (including procedure codes, nomenclature, descriptors, and other data contained therein) is copyright© 2023 American Dental Association. All rights reserved. Applicable FARS/DFARS apply."

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 **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 Do Not Need to be Updated by the Provider

Providers who have received prior authorization for the following 2024 Healthcare Common Procedure Coding System (HCPCS) discontinued procedure codes for dates of service that occur on, after, or encompass January 1, 2024, do not have to update prior authorization requests that were approved on or before December 31, 2023. TMHP will automatically update affected prior authorization requests with the corresponding new procedure code that replaces the discontinued procedure code as follows:

Type of Service	Discontinued Procedure Codes	Direct Replacement Procedure Codes
1	C9157	J1304
9	K1022	L5926

New authorization requests submitted on or after January 1, 2024, must be submitted with the new procedure codes as applicable.

To submit claims for the procedures indicated in the above table, providers must use the procedure code that was payable at the time the service was rendered, as follows:

- Claims submitted with dates of service on or before December 31, 2023, must be submitted with the previous procedure codes that were payable on or before December 31, 2023, as authorized.
- Claims submitted with dates of service on or after January 1, 2024, must be submitted with the new 2024 HCPCS procedure codes, as applicable. The previously-approved authorizations will be automatically updated to the corresponding new procedure codes.

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. ■

Texas Medicaid HCPCS Updates

The 2024 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 23. The 2024 HCPCS deletions and replacements are effective January 1, 2024, for dates of service on or after January 1, 2024, for Texas Medicaid.

Refer To: The “General Information” section starting on page 3 in this bulletin for more information.

Authorization and Prior Authorization Update Reminder

Effective January 1, 2024, the 2024 HCPCS discontinued procedure codes are no longer reimbursed by Texas Medicaid. Unless otherwise indicated in the “Prior Authorization for Discontinued Procedure Codes That Do Not Need to be Updated by the Provider” section on page 5 of this bulletin, providers who have received authorization or prior authorization for dates of service that occur on, after, or encompass January 1, 2024, 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 2024 HCPCS and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2024. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at **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, 2023.
- **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.

Clinician-Administered Drug – Antisense Oligonucleotides

Added Procedure Code

J1304									
-------	--	--	--	--	--	--	--	--	--

Discontinued Procedure Code

C9157									
-------	--	--	--	--	--	--	--	--	--

Limitations for added procedure code

Procedure code J1304 replaces discontinued procedure code C9157. Procedure code J1304 requires prior authorization and may be reimbursed as follows:

- To physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), and physician providers for services rendered in the office setting.
- To hospital providers for services rendered in the outpatient hospital setting.

Procedure code J1304 may be reimbursed for clients who are 18 years of age or older.

Refer To: The *Texas Medicaid Provider Procedures Manual*, Outpatient Drug Services Handbook, subsection 6.9, “Antisense Oligonucleotides (eteplirsen, golodirsen, and nusinersen)” for additional information.

Clinician-Administered Drug – Beremagene Geperpavec-svdt (Vyjuvek)

Added Procedure Code

J3401									
-------	--	--	--	--	--	--	--	--	--

Limitations for added procedure code

Procedure code J3401 may be reimbursed as follows:

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

Procedure code J3401 is restricted to diagnosis code Q812.

Clinician-Administered Drug – Delandistrogene Moxeparvovec-rokl (Elevidys)

Added Procedure Code

J1413									
-------	--	--	--	--	--	--	--	--	--

Limitations for added procedure code

Procedure code J1413 may be reimbursed as follows:

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

Procedure code J1413 may be reimbursed for clients who are 4 through 5 years of age, and is restricted to diagnosis code G7101.

Clinician-Administered Drug – Enzyme Replacement Therapy

Added Procedure Codes

J0217	J2508								
-------	-------	--	--	--	--	--	--	--	--

Limitations for added procedure codes

Procedure codes J0217 and J2508 may be reimbursed as follows:

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

Procedure code J0217 is restricted to diagnosis code E771.

Procedure code J2508 may be reimbursed for clients who are 18 years of age or older, and is restricted to diagnosis code E7521.

Refer To: The *Texas Medicaid Provider Procedures Manual*, Outpatient Drug Services Handbook, subsection 6.37, “Enzyme Replacement Therapy (ERT)” for additional information.

Clinician-Administered Drug – Valoctocogene Roxaparvovec-rvox (Roctavian)

Added Procedure Code

J1412									
-------	--	--	--	--	--	--	--	--	--

Limitations for added procedure code

Procedure code J1412 may be reimbursed as follows:

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

Procedure code J1412 may be reimbursed for clients who are 18 years of age or older, and is restricted to diagnosis code D66.

Clinician-Administered Drug – Limitations for Other Procedure Codes

The following clinician-administered drug procedure codes may be reimbursed for clients who are 18 years of age or older:

Added Procedure Codes									
C9163	C9165	J0184	J0402	J1105	J2799	J9286	J9321		

Procedure code C9164 may be reimbursed for clients who are 2 years of age or older, and is restricted to diagnosis code B081.

Procedure codes J9333 and J9334 may be reimbursed for clients who are 18 years of age or older, and are restricted to diagnosis codes G7000 and G7001.

Computed Tomography and Magnetic Resonance Imaging and Related Services

Added Procedure Code									
75580									

Limitations for added procedure code

Procedure code 75580 may be reimbursed as follows:

- The total component may be reimbursed:
 - To 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, hospital, portable X-ray supplier, radiological lab, and physiological lab providers for services rendered in the outpatient hospital setting.
- The professional component may be reimbursed:
 - To physician, portable X-ray supplier, radiological lab, and physiological lab providers for services rendered in the office and outpatient hospital settings.

- To physician providers for services rendered in the inpatient hospital setting.
- The technical component may be reimbursed:
 - To 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, portable X-ray supplier, radiological lab, and physiological lab providers for services rendered in the outpatient hospital setting.

Authorization is required for computed tomography angiography procedures.

Refer To: The *Texas Medicaid Provider Procedures Manual*, Radiology and Laboratory Services Handbook, subsection 3.2.2, “Computed Tomography, Magnetic Resonance Imaging, and Related Services” for additional information.

Hearing Devices

Added Procedure Codes

92622	92623								
-------	-------	--	--	--	--	--	--	--	--

Limitations for added procedure codes

Procedure codes 92622 and 92623 are a benefit for clients who are 7 years of age or older and may be reimbursed as follows:

- To physician and audiologist providers for services rendered in the office and outpatient hospital settings.
- To hospital, rehabilitation center, and hospital based rural health clinic providers for services rendered in the outpatient hospital setting.

Refer To: The *Texas Medicaid Provider Procedures Manual*, Vision and Hearing Services Handbook, subsection 3.2.1, “Cochlear Implants” for additional information.

Injections and Injection Administration

Added Procedure Codes

G0011	G0012	G0013							
-------	-------	-------	--	--	--	--	--	--	--

Limitations for added procedure codes

Procedure codes G0011, G0012, and G0013 may be reimbursed as follows:

- To PA, NP, CNS, physician, certified nurse midwife (CNM), registered nurse (RN), and local health department providers for services rendered in the office setting.
- To PA, NP, CNS, and physician providers for services rendered in the home and “other location” settings.
- To hospital providers for services rendered in the outpatient hospital setting.

Procedure code G0012 may be used for administration of the drug through the intramuscular, subcutaneous, or intravenous route.

Procedure codes G0011 and G0013 may be used for injection counseling.

Neurostimulators and Neuromuscular Stimulators

Added Procedure Codes

A4541	E0733								
-------	-------	--	--	--	--	--	--	--	--

Limitations for added procedure codes

Procedure codes A4541 and E0733 may be reimbursed as follows:

- To medical supplier (durable medical equipment) providers for services rendered in the office and home settings.

Procedure code E0733 requires prior authorization and is limited to diagnosis code G500. The purchase of a transcutaneous electrical nerve stimulation (TENS) device is limited to once every 5 years.

Procedure code A4541 is restricted to diagnosis code G500 and limited to one per month. TENS supplies may only be considered for reimbursement for clients with a purchased device and a claims history of a TENS procedure within the last 5 years.

Refer To: The *Texas Medicaid Provider Procedures Manual*, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, subsection 9.2.44.3, “Transcutaneous Electrical Nerve Stimulation (TENS),” and subsection 9.2.44.5, “NMES and TENS Supplies,” for additional information.

Pathology and Laboratory Services – Microbiology

Added Procedure Code

87523									
-------	--	--	--	--	--	--	--	--	--

Limitations for added procedure code

Procedure code 87523 may be reimbursed as follows:

- To PA, NP, CNS, physician, CNM, RN, 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.

Pathology and Laboratory Services – Urinalysis/Chemistry

Added Procedure Code

82166									
-------	--	--	--	--	--	--	--	--	--

Limitations for added procedure code

Procedure code 82166 may be reimbursed as follows:

- To PA, NP, CNS, physician, CNM, RN, 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.

Reimbursement for procedure code 82166 is limited to one per day without a modifier and one per day with a modifier when billed by the same provider.

Refer To: The *Texas Medicaid Provider Procedures Manual*, Radiology and Laboratory Services Handbook, subsection 2.2.16, “Urinalysis and Chemistry” for additional information.

Sacro-Iliac Joint Fusion

Added Procedure Code

27278									
-------	--	--	--	--	--	--	--	--	--

Limitations for added procedure code

Procedure code 27278 is a benefit for clients who are 18 years of age or older and may be reimbursed as follows:

- To physician providers for services rendered in the inpatient hospital and outpatient hospital settings.
- To ambulatory surgical center providers for services rendered in the outpatient hospital setting.

Procedure code 27278 requires prior authorization. Additional criteria will be published in a future article.

Substance Use Disorder Services

Added Procedure Code

J0576									
-------	--	--	--	--	--	--	--	--	--

Discontinued Procedure Code

C9154									
-------	--	--	--	--	--	--	--	--	--

Limitations for added procedure code

Procedure code J0576 replaces discontinued procedure code C9154 and may be reimbursed as follows:

- To certified registered nurse anesthetist, PA, NP, CNS, physician, CNM, and RN providers for services rendered in the office setting.
- To chemical dependency treatment facility, hospital, and opioid treatment providers for services rendered in the outpatient hospital setting.

Procedure code J0576 may be separately reimbursed from withdrawal management and treatment services in the outpatient or residential setting.

Refer To: The *Texas Medicaid Provider Procedures Manual*, Behavioral Health and Case Management Services Handbook, subsection 9.7, “Medication Assisted Treatment Services” for additional information.

Vaccine Services

Added Procedure Code

90623									
-------	--	--	--	--	--	--	--	--	--

Limitations for added procedure code

Procedure code 90623 is not distributed by the Texas Vaccines for Children Program and may be reimbursed as follows:

- To PA, NP, CNS, physician, pharmacist, Comprehensive Care Program (CCP), Texas Health Steps medical, local health department, and pharmacy providers for services rendered in the office setting.
- To PA, NP, CNS, physician, CCP, and Texas Health Steps medical providers for services rendered in the home and “other location” settings.
- To hospital and Texas Health Steps medical providers for services rendered in the outpatient hospital setting.

Procedure code 90623 may be reimbursed for clients who are 10 through 23 years of age.

Refer To: The *Texas Medicaid Provider Procedures Manual*, Children’s Services Handbook, subsection 4.5.4, “Vaccine Reimbursement” for additional information.

CCP Services Benefit Changes

The following CCP services benefit changes have been made to support the 2024 Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2024. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at **800-925-9126**.

Orthoses - CCP

Added Procedure Code

L3161									
-------	--	--	--	--	--	--	--	--	--

Limitations for added procedure code

Procedure code L3161 is a benefit for clients who are birth through 20 years of age and may be reimbursed as follows:

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

Procedure code L3161 requires prior authorization.

Refer To: The *Texas Medicaid Provider Procedures Manual*, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, subsection 2.2.19, "Orthotic Services (CCP)" for additional information.

Prostheses - CCP

Added Procedure Code

L5926									
-------	--	--	--	--	--	--	--	--	--

Discontinued Procedure Code

K1022									
-------	--	--	--	--	--	--	--	--	--

Limitations for added procedure code

Procedure code L5926 replaces discontinued procedure code K1022. Procedure code L5926 is a benefit for clients who are birth through 20 years of age and may be reimbursed as follows:

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

Procedure code L5926 requires prior authorization.

Refer To: The Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, subsection 2.2.20, “Prosthetic Services” for additional information. ■

STATE FUNDED FAMILY PLANNING PROGRAM (FPP) PROVIDERS

Family Planning Program Services Benefit Changes

The 2024 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 23. ■

HEALTHY TEXAS WOMEN (HTW) PROGRAM PROVIDERS

Healthy Texas Women Program Services Benefit Changes

The following HTW benefit changes have been made to support the 2024 Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2024. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at **800-925-9126**.

Healthy Texas Women

Added Procedure Codes									
82166	90623	C9164							

Limitations for added procedure codes:

Procedure code 82166 may be reimbursed as follows:

- To physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), physician, certified nurse midwife (CNM), registered nurse (RN), 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 code 90623 is a benefit for clients who are 10 through 23 years of age and may be reimbursed as follows:

- To PA, NP, CNS, physician, pharmacist, Comprehensive Care Program (CCP), Texas Health Steps medical, local health department, and pharmacy providers for services rendered in the office setting.
- To PA, NP, CNS, physician, CCP, and Texas Health Steps medical providers for services rendered in the home and “other location” settings.
- To hospital and Texas Health Steps medical providers for services rendered in the outpatient hospital setting.

Procedure code C9164 is a benefit for clients who are 2 years of age or older and may be reimbursed as follows:

- To hospital and family planning clinic providers for services rendered in the outpatient hospital setting.

Procedure code C9164 is restricted to diagnosis code B081.

The following procedure code is only a benefit of HTW Plus:

Added Procedure Code									
J0576									

Limitations for added procedure code:

Procedure code J0576 may be reimbursed as follows:

- To certified registered nurse anesthetist, PA, NP, CNS, physician, CNM, and RN providers for services rendered in the office setting.
- To chemical dependency treatment facility, hospital, and opioid treatment providers for services rendered in the outpatient hospital setting.

Refer To: The *Texas Medicaid Provider Procedures Manual*, Healthy Texas Women Program Handbook, subsection 2.3, “Services, Benefits, Limitations, and Prior Authorization” for additional information. ■

CSHCN Services Program Updates

The 2024 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 23. The 2024 HCPCS deletions and replacements are effective January 1, 2024, for dates of service on or after January 1, 2024, 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 “2024 HCPCS Procedure Code Additions” table located on page 23 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 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, 2024, the 2024 HCPCS discontinued procedure codes are no longer reimbursed by the CSHCN Services Program. Unless otherwise indicated in the “Prior Authorization for Discontinued Procedure Codes That Do Not Need to be Updated by the Provider” section on page 5 of this bulletin, providers who have received authorizations or prior authorizations for dates of service that occur on, after, or encompass January 1, 2024, 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 **800-568-2413**. ■

CSHCN Services Program Benefit Changes

The following CSHCN Services Program benefit changes have been made to support the 2024 HCPCS and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2024. For more information, call the TMHP-CSHCN Services Program Contact Center at **800-568-2413**.

The policy articles below contain the following information:

- **Discontinued:** Discontinued procedure codes are no longer reimbursed after December 31, 2023.
- **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.

Cochlear Implants

Added Procedure Codes

92622	92623								
-------	-------	--	--	--	--	--	--	--	--

Limitations for added procedure codes

Procedure codes 92622 and 92623 are a benefit for clients who are 7 years of age or older and may be reimbursed as follows:

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

Refer To: The CSHCN Services Program Provider Manual, subsection 20.3.2.1, “Device, Implantation and Supplies,” for additional information.

Neurostimulators and Neuromuscular Stimulators

Added Procedure Codes

A4541	E0733								
-------	-------	--	--	--	--	--	--	--	--

Limitations for added procedure codes

Procedure codes A4541 and E0733 may be reimbursed as follows:

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

Procedure codes A4541 and E0733 are restricted to diagnosis code G500.

Procedure code A4541 is limited to one per month.

The purchase of a transcutaneous electrical nerve stimulation (TENS) device is limited to once every 5 years. The purchase of supplies for TENS may only be considered for reimbursement for clients with a purchased device and a claims history of a TENS procedure within the last 5 years.

Refer To: The *CSHCN Services Program Provider Manual*, subsection 27.2.6, “Transcutaneous Electrical Nerve Stimulation (TENS),” and subsection 27.2.13.2, “NMES and TENS Supplies,” for additional information.

Orthoses and Prostheses

Added Procedure Codes									
L3161	L5615	L5926							

Discontinued Procedure Code									
K1022									

Limitations for added procedure codes

Procedure code L5926 may be reimbursed as follows:

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

Procedure codes L3161 and L5615 may be reimbursed as follows:

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

Procedure codes L3161, L5615, and L5926 require prior authorization.

Refer To: The *CSHCN Services Program Provider Manual*, subsection 28.4, “Prostheses and Related Services,” for additional information.

Pathology and Laboratory Services – Microbiology

Added Procedure Code

87523									
-------	--	--	--	--	--	--	--	--	--

Limitations for added procedure code

Procedure code 87523 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.

Pathology and Laboratory Services – Urinalysis/Chemistry

Added Procedure Code

82166									
-------	--	--	--	--	--	--	--	--	--

Limitations for added procedure code

Procedure code 82166 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 25.2.14, “Urinalysis and Chemistry,” for additional information.

Vaccines

Added Procedure Code

90623									
-------	--	--	--	--	--	--	--	--	--

Limitations for added procedure code

Procedure code 90623 is not distributed by the Texas Vaccines for Children Program and may be reimbursed as follows:

- To PA, APRN, physician, pharmacist, and pharmacy providers for services rendered in the office setting.
- To PA, APRN, and physician providers for services rendered in the home and “other location” settings.
- To hospital providers for services rendered in the outpatient hospital setting.

Procedure code 90623 may be reimbursed for clients who are 10 through 23 years of age.

Refer To: The *CSHCN Services Program Provider Manual*, subsection 31.2.25.7, “Vaccine and Toxoid Procedure Codes,” for additional information. ■

2024 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	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
2	22836	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	22837	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	22838	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	27278	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Medicaid	Medicaid
F	27278	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Medicaid	Medicaid
2	31242	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	31242	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	31243	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	31243	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	33276	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	33276	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
2	33277	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	33278	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	33278	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	33279	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	33279	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	33280	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	33280	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	33281	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	33281	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	33287	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	33287	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
2	33288	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	33288	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	52284	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	52284	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	58580	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	58580	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	61889	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	61891	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	61892	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	64596	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	64596	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	64597	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	64598	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	64598	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	67516	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	67516	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
4	75580	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Medicaid	Medicaid

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
I	75580	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Medicaid	Medicaid
T	75580	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Medicaid	Medicaid
4	76984	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
I	76984	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
T	76984	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
4	76987	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
I	76987	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
T	76987	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
4	76988	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
I	76988	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
T	76988	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
4	76989	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
I	76989	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
T	76989	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	81457	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	81458	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	81459	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	81462	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	81463	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	81464	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	81517	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	82166	Requires rate hearing	Requires rate review	Requires rate hearing	Requires rate hearing	Not a benefit		Medicaid, CSHCN, HTW

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
5	86041	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	86042	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	86043	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	86366	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	87523	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
1	90589	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
S	90589	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	90623	Requires rate hearing	Requires rate review	Requires rate hearing	Requires rate hearing	Requires rate hearing		Medicaid, CSHCN, HTW
S	90623	Requires rate hearing	Requires rate review	Requires rate hearing	Requires rate hearing	Requires rate hearing		Medicaid, HTW
1	90683	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
S	90683	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	92622	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	92623	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
2	92972	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	93150	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Medicaid	
1	93151	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	93152	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	93153	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	93584	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	93585	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	93586	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	93587	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	93588	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	96380	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
S	96380	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	96381	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
S	96381	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	96547	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	96548	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	97037	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	97550	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	97551	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	97552	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	99459	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A4287	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A4457	\$25.06	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A4468	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A4540	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A4541	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
9	A4542	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6520	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6521	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6522	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6523	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6524	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6525	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
9	A6526	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6527	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6528	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6529	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6552	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6553	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6554	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6555	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6556	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6557	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6558	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6559	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6560	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6561	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6562	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6563	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6564	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6565	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
9	A6566	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6567	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6568	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6569	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6570	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6571	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6572	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6573	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6574	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6575	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6576	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6577	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6578	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6579	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6580	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6581	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6582	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6583	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
9	A6584	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6585	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6586	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6587	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6588	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6589	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6593	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6594	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6595	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6596	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6597	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6598	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6599	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6600	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6601	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6602	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6603	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6604	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
9	A6605	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6606	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6607	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6608	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6609	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A6610	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A7023	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A9608	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A9609	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	C1600	Informational only	Informational only	Not a benefit	Not a benefit	Not a benefit		
9	C1601	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	C1602	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	C1603	Informational only	Informational only	Not a benefit	Not a benefit	Not a benefit		
9	C1604	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7556	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7557	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
2	C7558	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7560	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7561	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	C7903	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	C9159	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	C9160	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	C9161	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	C9162	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	C9163	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	C9164	Requires rate hearing	Not a benefit	Requires rate hearing	Requires rate hearing	Not a benefit		Medicaid, HTW
1	C9165	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
4	C9793	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
6	C9794	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
6	C9795	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
W	D0396	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D1301	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D2976	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D2989	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D2991	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D6089	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D7284	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D7939	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D9938	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D9939	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D9954	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D9955	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D9956	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D9957	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	E0492	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
J	E0492	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	E0493	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
J	E0493	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
L	E0530	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
L	E0678	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
L	E0679	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
L	E0680	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
L	E0681	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
L	E0682	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
L	E0732	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
J	E0733	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid	Medicaid, CSHCN
L	E0733	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid	Medicaid, CSHCN
L	E0734	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
L	E0735	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	E1301	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
L	E2001	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
L	E3000	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0011	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	G0012	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	G0013	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	G0017	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0018	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0019	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0022	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0023	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0024	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0136	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0137	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0140	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0146	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G9886	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G9887	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G9888	Informational only	Informational only	Informational only	Informational only	Informational only		
1	J0184	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	J0217	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J0391	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J0402	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J0576	Requires rate hearing	Not a benefit	Not a benefit	Requires rate hearing	Not a benefit		Medicaid, HTW
1	J0688	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J0750	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J0751	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J0799	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J0873	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J1105	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J1304	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Medicaid	Medicaid
1	J1412	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	J1413	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J1596	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J1939	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J2404	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J2508	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J2679	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J2799	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J3401	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J3425	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J9052	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J9072	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J9172	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	J9255	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J9258	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J9286	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J9321	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J9324	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J9333	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J9334	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
9	L3161	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
J	L3161	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
J	L5615	Not a benefit	Requires rate review	Not a benefit	Not a benefit	Not a benefit	CSHCN	CSHCN
9	L5926	\$529.93	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
1	M1211	Informational only	Informational only	Informational only	Informational only	Informational only		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	M1212	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1213	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1214	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1215	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1216	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1217	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1218	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1219	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1220	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1221	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1222	Informational only	Informational only	Informational only	Informational only	Informational only		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	M1223	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1224	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1225	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1226	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1227	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1228	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1229	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1230	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1231	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1232	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1233	Informational only	Informational only	Informational only	Informational only	Informational only		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	M1234	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1235	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1236	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1237	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1238	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1239	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1240	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1241	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1242	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1243	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1244	Informational only	Informational only	Informational only	Informational only	Informational only		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	M1245	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1246	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1247	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1248	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1249	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1250	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1251	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1252	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1253	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1254	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1255	Informational only	Informational only	Informational only	Informational only	Informational only		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	M1256	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1257	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1258	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1259	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1260	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1261	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1262	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1263	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1264	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1265	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1266	Informational only	Informational only	Informational only	Informational only	Informational only		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	M1267	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1268	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1269	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1270	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1271	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1272	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1273	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1274	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1275	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1276	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1277	Informational only	Informational only	Informational only	Informational only	Informational only		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	M1278	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1279	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1280	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1281	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1282	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1283	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1284	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1285	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1286	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1287	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1288	Informational only	Informational only	Informational only	Informational only	Informational only		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	M1289	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1290	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1291	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1292	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1293	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1294	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1295	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1296	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1297	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1298	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1299	Informational only	Informational only	Informational only	Informational only	Informational only		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	M1300	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1301	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1302	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1303	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1304	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1305	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1306	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1307	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1308	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1309	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1310	Informational only	Informational only	Informational only	Informational only	Informational only		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	M1311	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1312	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1313	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1314	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1315	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1316	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1317	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1318	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1319	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1320	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1321	Informational only	Informational only	Informational only	Informational only	Informational only		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	M1322	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1323	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1324	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1325	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1326	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1327	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1328	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1329	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1330	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1331	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1332	Informational only	Informational only	Informational only	Informational only	Informational only		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	M1333	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1334	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1335	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1336	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1337	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1338	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1339	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1340	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1341	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1342	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1343	Informational only	Informational only	Informational only	Informational only	Informational only		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	M1344	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1345	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1346	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1347	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1348	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1349	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1350	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1351	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1352	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1353	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1354	Informational only	Informational only	Informational only	Informational only	Informational only		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	M1355	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1356	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1357	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1358	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1359	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1360	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1361	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1362	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1363	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1364	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1365	Informational only	Informational only	Informational only	Informational only	Informational only		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	M1366	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1367	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1368	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1369	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1370	Informational only	Informational only	Informational only	Informational only	Informational only		
1	Q0516	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q0517	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q0518	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4279	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4287	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4288	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4289	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4290	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4291	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4292	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	Q4293	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4294	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4295	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4296	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4297	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4298	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4299	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4300	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4301	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4302	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4303	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4304	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q5132	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Note: All new, revised, and discontinued 2024 HCPCS procedure codes are effective for dates of service on or after January 1, 2024. 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 article 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									
0788T	0789T	0811T	0812T	0820T	0821T	0822T	0826T	0858T	0859T
0860T									

Surgical Procedure Codes									
0784T	0785T	0786T	0787T	0790T	0813T	0816T	0817T	0818T	0819T
0823T	0824T	0825T	0861T	0862T	0863T				

Radiological Procedure Codes									
0814T	0815T	0857T	0864T	0865T	0866T				

Laboratory Procedure Codes									
0420U	0421U	0422U	0423U	0424U	0425U	0426U	0427U	0428U	0429U
0430U	0431U	0432U	0433U	0434U	0435U	0436U	0437U	0438U	0827T
0828T	0829T	0830T	0831T	0832T	0833T	0834T	0835T	0836T	0837T
0838T	0839T	0840T	0841T	0842T	0843T	0844T	0845T	0846T	0847T
0848T	0849T	0850T	0851T	0852T	0853T	0854T	0855T	0856T	

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

Discontinued Procedure Codes

The 2024 HCPCS discontinued procedure codes are no longer reimbursed after December 31, 2023. The following is a list of procedure codes that have been discontinued:

Procedure Codes									
74710	C9152	C9153	C9154	C9155	C9156	C9157	C9158	C9770	C9771
C9788	C9803	G0056	G2066	G2108	G2109	G2110	G8506	G8818	G8825
G8852	G8883	G8884	G8885	G8941	G8963	G8964	G9192	G9229	G9451
G9453	G9454	G9596	G9612	G9613	G9614	G9697	G9715	G9725	G9852
G9853	G9854	G9927	G9995	J9160	K1001	K1002	K1003	K1005	K1006

Procedure Codes									
K1009	K1013	K1014	K1015	K1016	K1017	K1018	K1019	K1020	K1021
K1022	K1023	K1024	K1025	K1026	K1028	K1029	K1031	K1032	K1033
M1156	M1157	M1158	S0166	S0171					

The following informational reporting procedure codes have been discontinued:

Procedure Codes									
0014M	0404T	0424T	0425T	0426T	0427T	0428T	0429T	0430T	0431T
0432T	0433T	0434T	0435T	0436T	0465T	0499T	0501T	0502T	0503T
0504T	0508T	0533T	0534T	0535T	0536T	0641T	0642T	0715T	0768T
0769T	0775T	0809T							

The following procedure codes have been discontinued and are no longer reimbursed after October 31, 2023:

Procedure Codes									
0031A	0034A	0041A	0042A	0044A	0121A	0124A	0134A	0141A	0142A
0144A	0151A	0154A	0164A	0171A	0172A	0173A	0174A	91303	91312
91313	91314	91315	91316	91317					

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

Replacement Procedure Codes

Effective for dates of service on or after January 1, 2024, the following discontinued procedure codes will be replaced by the corresponding replacement procedure codes:

Type of Service	Replacement Codes	Discontinued Codes	Medicaid Rate	CSHCN Rate
9	A4457	K1013	\$25.06	Not a benefit
9	L5926	K1022	\$529.93	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, 2024:

<https://cms.gov/medicare/coding/hcpcsreleasecodesets/hcpcs-quarterly-update>

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

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