HEALTHCARE COMMON PROCEDURE CODING SYSTEM

HCPCS SPECIAL BULLETIN

2022 EDITION

TMHP
Texas Medicaid & Healthcare Partnership
A STATE MEDICAID CONTRACTOR

Contents

2022 HCPCS Implementation

On January 1, 2022, the Texas Medicaid & Healthcare Partnership (TMHP) applied the 2022 annual Healthcare Common Procedure Coding System (HCPCS) updates that are effective for dates of service on or after January 1, 2022.

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 2022 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 "2022 HCPCS Procedure Code Additions" table located on page 24 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 2022 HCPCS procedure codes are effective for dates of service on or after January 1, 2022. 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 "2022 HCPCS Procedure Code Additions" table located on page 14 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:

https://pfd.hhs.texas.gov/rate-packets

https://www.sos.state.tx.us/texreg/index.shtml

Claims Filing

The new 2022 HCPCS procedure codes may be billed beginning January 1, 2022, 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, 2022.*

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 **http://www.tmhp.com/resources/rate-and-code-updates** for reimbursement rates, quarterly HCPCS updates, and all other notifications about HCPCS procedure codes. ■

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 2022 Healthcare Common Procedure Coding System (HCPCS) discontinued procedure codes for dates of service that occur on, after, or encompass January 1, 2022, do not have to update prior authorization requests that were approved on or before December 31, 2021. 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 Code	Direct Replacement Procedure Code
1	C9081	Q2055

New authorization requests submitted on or after January 1, 2022, 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, 2021, must be submitted with the previous procedure codes that were payable on or before December 31, 2021, as authorized.
- Claims submitted with dates of service on or after January 1, 2022, must be submitted with the new 2022 HCPCS procedure codes, as applicable. The previously-approved authorizations will be automatically updated to the corresponding new procedure codes.

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 2022 HCPCS discontinued procedure codes for dates of service that occur on, after, or encompass January 1, 2022, 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	69715	Medicaid and CSHCN
F	69715	Medicaid and CSHCN
2	69718	Medicaid and CSHCN
F	69718	Medicaid and CSHCN
W	D8050	Medicaid and CSHCN
W	D8060	Medicaid and CSHCN
W	D8690	Medicaid and 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. ■

Texas Medicaid HCPCS Updates

The 2022 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 24. The 2022 HCPCS deletions and replacements are effective January 1, 2022, for dates of service on or after January 1, 2022, 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, 2022, the 2022 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, 2022, 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 2022 HCPCS and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2022. 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, 2021.
- 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.

Anesthesia Services

Added Procedure Codes									
01937	01938	01939	01940	01941	01942				

Discontinued Procedure Codes									
01935	01936								

Limitations for added procedure codes

Procedure codes 01937, 01938, 01939, 01940, 01941, and 01942 may be reimbursed as follows:

- To certified registered nurse anesthetist, anesthesiologist assistant, and physician providers for services rendered in the inpatient hospital and outpatient hospital settings.

Refer to: *The Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook,* subsection 9.2.7, "Anesthesia," for additional information.

Clinician-Administered Drug – Chimeric Antigen Receptor (CAR) T-Cell Therapy

Added Procedure Code									
Q2055									

Discontinued Procedure Code									
C9081									

Limitations for added procedure code

Procedure code Q2055 replaces discontinued procedure code C9081. Procedure code Q2055 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 Q2055 may be reimbursed for clients who are 18 years of age and older, and is limited to once per lifetime.

Refer to: *The Texas Medicaid Provider Procedures Manual, Outpatient Drug Services Handbook,* subsection 7.17.3, "Prior Authorization Criteria for Idecabtagene vicleucel (ABECMA)," for additional information.

Clinician-Administered Drug – Colony Stimulating Factors

Added Procedure Code									
J2506									

Discontinued Procedure Code									
J2505									

Limitations for added procedure code

Procedure code J2506 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 J2506 will be denied if billed on the same date of service as procedure code J1442.

Pegfilgrastim (procedure code J2506) is a granulocyte colony stimulating factor, and is diagnosis restricted.

Procedure code 96377 must be billed with procedure code J2506 on the same day by the same provider.

Refer to: *The Texas Medicaid Provider Procedures Manual, Outpatient Drug Services Handbook,* subsection 7.19, "Colony Stimulating Factors (Filgrastim, Pegfilgrastim, and Sargramostim)," for additional information.

Colon Capsule Endoscopy

Added Procedure Code									
91113									

Limitations for added procedure code

Procedure code 91113 may be reimbursed as follows:

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

- The technical component may be reimbursed:
  - To PA, NP, CNS, physician, portable X-ray supplier, radiological lab, and physiological lab providers for services rendered in the office setting.

Procedure code 91113 is restricted to diagnosis codes K635, K921, K922, R195, Z5309, and Z538.

Doctor of Dentistry Services as a Limited Physician

Discontinued Procedure Code									
21310									

Refer to: *The Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook,* subsection 9.3.2.1, "Additional Payable Procedure Codes," for additional information.

Evoked Response Tests and Neuromuscular Procedures

Discontinued Procedure Code									
95943									

Refer to: *The Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook,* subsection 9.2.27.1, "Autonomic Function Tests," for additional information.

Extracapsular Cataract Removal

Added Procedure Codes									
66989	66991								

Limitations for added procedure codes

Procedure codes 66989 and 66991 are a benefit for clients who are 21 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 codes 66989 and 66991 are restricted to diagnosis codes H401111, H401112, H401121, H401122, H401131, and H401132.

Procedure codes 66989 and 66991 are limited to two services per lifetime, and must be billed with modifier LT or RT to identify the eye on which the service was performed.

Procedure code 66989 is denied if billed on the same date of service by the same provider as procedure code 67015, 67025, 67027, 67030, or 67031.

Gynecological and Reproductive Health Services

Discontinued Procedure Code									
59135									

Refer to: *The Texas Medicaid Provider Procedures Manual, Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook,* subsection 6.2, "Surgical and Laparoscopic Treatment of Ectopic Pregnancy," for additional information.

Hearing Devices

Added Procedure Codes									
69716	69719	69726	69727						

Discontinued Procedure Codes									
69715	69718								

Limitations for added procedure codes

Procedure codes 69716, 69719, 69726, and 69727 are a benefit for clients who are 5 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.

The implantation, revision, or replacement of a bone-anchored hearing device (BAHD), device, and replacement parts require prior authorization.

Procedure codes 69716 and 69719 require prior authorization.

Refer to: *The Texas Medicaid Provider Procedures Manual, Vision and Hearing Services Handbook,* subsection 3.2.3, "Bone-Anchored Hearing Device (BAHD)," for additional information.

Neurostimulators and Neuromuscular Stimulators

Added Procedure Codes									
64582	64583	64584							

Limitations for added procedure codes

Procedure codes 64582, 64583, and 64584 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 64582 requires prior authorization. Additional criteria will be published in a future article.

Refer to: *The Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook,* subsection 9.2.43, "Neurostimulators," for additional information.

Otology and Audiometry Services

Discontinued Procedure Code									
92564									

Refer to: *The Texas Medicaid Provider Procedures Manual, Vision and Hearing Services Handbook,* subsection 2.2.3, "Audiology and Audiometry Evaluation and Diagnostic Services," for additional information.

Pathology and Laboratory Services – Clinical Pathology Consultations

Added Procedure Codes									
80503	80504	80505	80506						

Discontinued Procedure Codes									
80500	80502								

Limitations for added procedure codes

Procedure codes 80503, 80504, 80505, and 80506 may be reimbursed as follows:

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

Refer to: *The Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook,* subsection 9.2.39.5, "Clinical Pathology Consultations," for additional information.

Pathology and Laboratory Services – Microbiology

Added Procedure Code									
87154									

Limitations for added procedure code

Procedure codes 87154 may be reimbursed as follows:

- To PA, NP, 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 87154 is limited to one per day by the same provider.

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 Codes									
82653	83521								

Limitations for added procedure codes

Procedure codes 82653 and 83521 may be reimbursed as follows:

- To 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 2.2.16, "Urinalysis and Chemistry," for additional information.

Home Health Services Benefit Changes

The following Texas Medicaid Home Health services benefit changes have been made to support the 2022 Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2022. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at **800-925-9126**.

Incontinence Supplies – Home Health

Added Procedure Codes									
A4436	A4437								

Discontinued Procedure Code									
A4397									

Limitations for added procedure codes

Procedure codes A4436 and A4437 may be reimbursed as follows:

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

Procedure codes A4436 and A4437 are limited to four per month.

Refer to: *The Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook,* subsection 2.2.15.9, "Incontinence Procedure Codes with Limitations," for additional information. ■

Texas Health Steps Dental Services Benefit Changes

The following Texas Health Steps dental services benefit changes have been made to support the 2022 Healthcare Common Procedure Coding System (HCPCS) and Current Dental Terminology (CDT) updates and are effective for dates of service on or after January 1, 2022. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at **800-925-9126**.

Texas Health Steps Diagnostic Dental Services

Discontinued Procedure Code									
D8050									

Refer to: *The Texas Medicaid Provider Procedures Manual, Children's Services Handbook,* subsection 3.2.3.7, "Diagnostic Services," for additional information.

Texas Health Steps Orthodontic Dental Services

Discontinued Procedure Codes									
D8050	D8060	D8690							

Refer to: *The Texas Medicaid Provider Procedures Manual, Children's Services Handbook, subsections 3.2.24, "Orthodontic Services (THSteps)," 3.2.29.3.4, "Crossbite Therapy," and 3.5.6, "Frequently Asked Questions About Dental Claims," and Clinics and Other Outpatient Facility Services Handbook,* subsection 4.1.2, "Services, Benefits, Limitations, and Prior Authorization," for additional information.

Texas Health Steps Therapeutic Dental Services

Discontinued Procedure Codes									
D4320	D4321								

Refer to: *The Texas Medicaid Provider Procedures Manual, Children's Services Handbook,* subsection 3.2.17, "Periodontal Services," for additional information. ■

STATE FUNDED FAMILY PLANNING PROGRAM (FPP) PROVIDERS

Family Planning Program Services Benefit Changes

No benefit changes have been made to the Family Planning Program in response to the 2022 Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) updates. ■

Healthy Texas Women Program Services Benefit Changes

The following HTW benefit changes have been made to support the 2022 Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2022. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at **800-925-9126**.

Healthy Texas Women (HTW)

Added Procedure Code									
93319									

Limitations for added procedure code:

Procedure code 93319 is only a benefit of HTW Plus and 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.

Refer to: *The Texas Medicaid Provider Procedures Manual, Healthy Texas Women Program Handbook,* subsection 2.3.10, "HTW Plus Services, Benefits, and Limitations," for additional information. ■

CSHCN Services Program Updates

The 2022 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 24. The 2022 HCPCS deletions and replacements are effective January 1, 2022, for dates of service on or after January 1, 2022, 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 "2022 HCPCS Procedure Code Additions" table located on page 24 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, 2022, the 2022 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, 2022, 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 2022 HCPCS and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2022. 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, 2021.
- 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.

Anesthesia Services

Added Procedure Codes									
01937	01938	01939	01940	01941	01942				

Discontinued Procedure Codes									
01935	01936								

Limitations for added procedure codes

Procedure codes 01937, 01938, 01939, 01940, 01941, and 01942 may be reimbursed as follows:

- To certified registered nurse anesthetist, anesthesiologist assistant, and physician providers for services rendered in the inpatient hospital and outpatient hospital settings.

Refer to: *The CSHCN Services Program Provider Manual*, subsection 31.2.5, "Anesthesia Services," for additional information.

Bone Anchored Hearing Devices

Added Procedure Codes									
69716	69719	69726	69727						

Discontinued Procedure Codes									
69715	69718								

Limitations for added procedure codes

Procedure codes 69716, 69719, 69726, and 69727 are a benefit for clients who are 5 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 codes 69716, 69719, 69726, and 69727 require prior authorization.

Refer to: *The CSHCN Services Program Provider Manual,* subsection 20.3.1, "Bone-Anchored Hearing Device (BAHD)," for additional information.

Colon Capsule Endoscopy

Added Procedure Code									
91113									

Limitations for added procedure code

Procedure code 91113 may be reimbursed as follows:

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

Procedure code 91113 is restricted to diagnosis codes K635, K921, K922, R195, Z5309, and Z538.

Dental – Diagnostic Services

Discontinued Procedure Code									
D8050									

Refer to: *The CSHCN Services Program Provider Manual,* subsection 14.2.3.5, "Radiographs or Diagnostic Imaging," for additional information.

Dental Services – Orthodontia

Discontinued Procedure Codes									
D8050	D8060	D8690							

Refer to: *The CSHCN Services Program Provider Manual,* subsections 14.2.4.3, "Submitting Local Codes for Orthodontic Procedures," and 19.2.5, "Dental Services," for additional information.

Dental – Therapeutic Services

Discontinued Procedure Codes									
D4320	D4321								

Refer to: *The CSHCN Services Program Provider Manual,* subsection 14.2.6.6, "Periodontics," for additional information.

Doctor of Dentistry Services as a Limited Physician

Discontinued Procedure Code									
21310									

Refer to: *The CSHCN Services Program Provider Manual,* subsection 14.2.8.2, "Surgery," for additional information.

Evoked Response Tests and Neuromuscular Procedures

Discontinued Procedure Code									
95943									

Refer to: *The CSHCN Services Program Provider Manual,* subsection 31.2.18.1, "Autonomic Function Tests," for additional information.

Expendable Medical Supplies

Added Procedure Codes									
A4436	A4437								

Discontinued Procedure Code									
A4397									

Limitations for added procedure codes

Procedure codes A4436 and A4437 may be reimbursed as follows:

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

Procedure codes A4436 and A4437 are limited to one per month.

Refer to: *The CSHCN Services Program Provider Manual,* subsection 18.2.1, "Incontinence Supplies," for additional information.

Extracapsular Cataract Removal

Added Procedure Codes									
66989	66991								

Limitations for added procedure codes

Procedure codes 66989 and 66991 are a benefit for clients who are 21 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 codes 66989 and 66991 are restricted to diagnosis codes H401111, H401112, H401121, H401122, H401131, and H401132.

Procedure codes 66989 and 66991 are limited to two services per lifetime, and must be billed with modifier LT or RT to identify the eye on which the service was performed.

Procedure code 66989 is denied if billed on the same date of service by the same provider as procedure code 67015, 67025, 67027, 67030, or 67031.

Neurostimulators and Neuromuscular Stimulators

Added Procedure Codes									
64582	64583	64584							

Limitations for added procedure codes

Procedure codes 64582, 64583, and 64584 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 64582 requires prior authorization. Additional criteria will be published in a future article.

Refer to: *The CSHCN Services Program Provider Manual,* subsection 27.2, "Benefits, Limitations, and Authorization Requirements," for additional information.

Pathology and Laboratory Services – Clinical Pathology Consultations

Added Procedure Codes									
80503	80504	80505	80506						

Discontinued Procedure Codes									
80500	80502								

Limitations for added procedure codes

Procedure codes 80503, 80504, 80505, and 80506 may be reimbursed as follows:

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

Refer to: *The CSHCN Services Program Provider Manual,* subsections 25.2.4, "Clinical Pathology Services," and 31.2.26.1, "Clinical Pathology Services and Pathology Consultations," for additional information.

Pathology and Laboratory Services – Microbiology

Added Procedure Code									
87154									

Limitations for added procedure code

Procedure code 87154 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.

Procedure code 87154 is limited to one per day by the same provider.

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									
82653									

Limitations for added procedure code

Procedure code 82653 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. ■

2022 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
7	01937	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
7	01938	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
7	01939	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
7	01940	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
7	01941	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
7	01942	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
2	33267	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
8	33267	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	33268	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
8	33268	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	33269	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
8	33269	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	33370	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	33509	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	33509	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	33894	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	33895	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	33897	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	42975	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	
F	42975	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	
2	43497	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	53451	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	53451	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	53452	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	53452	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	53453	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	53453	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	53454	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
F	53454	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	61736	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	61737	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	63052	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
8	63052	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	63053	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
8	63053	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	64582	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
F	64582	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
2	64583	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
F	64583	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
2	64584	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
F	64584	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
2	64628	(N) 0-20 yrs: $331.47 (F) 0-20 yrs: $178.79 (N) 21-999 yrs: $315.69 (F) 21-999 yrs: $170.27	(N) 0-20 yrs: $331.47 (F) 0-20 yrs: $178.79 (N) 21-999 yrs: $315.69 (F) 21-999 yrs: $170.27	Not a benefit	Not a benefit	Not a benefit		
F	64628	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	64629	(N) 0-20 yrs: $136.69 (F) 0-20 yrs: $48.28 (N) 21-999 yrs: $130.18 (F) 21-999 yrs: $45.98	(N) 0-20 yrs: $136.69 (F) 0-20 yrs: $48.28 (N) 21-999 yrs: $130.18 (F) 21-999 yrs: $45.98	Not a benefit	Not a benefit	Not a benefit		
2	66989	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
F	66989	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
2	66991	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
F	66991	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
2	68841	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	69716	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
F	69716	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
2	69719	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
F	69719	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
2	69726	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	CSHCN	Medicaid, CSHCN
F	69726	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	CSHCN	Medicaid, CSHCN
2	69727	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	CSHCN	Medicaid, CSHCN
F	69727	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	CSHCN	Medicaid, CSHCN
4	77089	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
T	77090	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
T	77091	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
I	77092	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
5	80220	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
3	80503	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
3	80504	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
3	80505	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
3	80506	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
5	81349	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	81523	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	81560	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	82653	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
5	83521	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
5	83529	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
5	86015	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
5	86036	Requires rate hearing	Requires rate review	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
5	86037	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
5	86051	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	86052	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	86053	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	86231	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
5	86258	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
5	86362	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
5	86363	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
5	86364	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
5	86381	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
5	86596	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	87154	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	90759	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
S	90759	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
4	91113	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
I	91113	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
T	91113	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
4	93319	Requires rate hearing	Requires rate review	Not a benefit	Requires rate hearing	Not a benefit		HTW
2	93593	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
I	93593	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
T	93593	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	93594	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
I	93594	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
T	93594	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	93595	Requires rate hearing	Requires rate review	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
I	93595	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
T	93595	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	93596	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
I	93596	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
T	93596	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	93597	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
I	93597	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
T	93597	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	93598	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
I	93598	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
T	93598	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	94625	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	94626	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98975	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	98976	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98977	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98980	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98981	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	99424	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	99425	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	99426	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	99427	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	99437	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	A2001	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	A2002	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	A2003	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	A2004	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	A2005	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	A2006	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	A2007	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	A2008	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	A2009	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	A2010	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	A4436	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
9	A4437	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
9	A9595	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	C1832	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	C1833	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	C9085	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	C9086	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	C9087	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	C9088	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	C9089	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D3911	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D3921	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D4322	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D4323	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D5227	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D5228	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D5725	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D5765	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D6198	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D7298	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	D7299	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D7300	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D9912	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D9947	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D9948	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D9949	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
L	E1629	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0028	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0029	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0030	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0031	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0032	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0033	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0034	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0035	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0036	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	G0037	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0038	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0039	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0040	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0041	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0042	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0043	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0044	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0045	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0046	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0047	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0048	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	G0049	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0050	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0051	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0052	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0053	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0054	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0055	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0056	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0057	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0058	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0059	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0060	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0061	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	G0062	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0063	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0064	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0065	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0066	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0067	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G0465	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G1024	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G1025	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G1026	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G1027	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G1028	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4000	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	G4001	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4002	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4003	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4004	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4005	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4006	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4007	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4008	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4009	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4010	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4011	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4012	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	G4013	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4014	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4015	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4016	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4017	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4018	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4019	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4020	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4021	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4022	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4023	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4024	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	G4025	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4026	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4027	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4028	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4029	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4030	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4031	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4032	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4033	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4034	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4035	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4036	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	G4037	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G4038	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G9988	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G9989	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G9990	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G9991	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G9992	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G9993	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G9994	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G9995	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G9996	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G9997	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	G9998	Informational only	Informational only	Informational only	Informational only	Informational only		
1	G9999	Informational only	Informational only	Informational only	Informational only	Informational only		
1	J0172	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J1952	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J2506	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J9021	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J9061	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J9272	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
I	M1072	Informational only	Informational only	Informational only	Informational only	Informational only		
T	M1073	Informational only	Informational only	Informational only	Informational only	Informational only		
I	M1074	Informational only	Informational only	Informational only	Informational only	Informational only		
T	M1075	Informational only	Informational only	Informational only	Informational only	Informational only		
I	M1076	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
T	M1077	Informational only	Informational only	Informational only	Informational only	Informational only		
I	M1078	Informational only	Informational only	Informational only	Informational only	Informational only		
T	M1079	Informational only	Informational only	Informational only	Informational only	Informational only		
I	M1080	Informational only	Informational only	Informational only	Informational only	Informational only		
T	M1081	Informational only	Informational only	Informational only	Informational only	Informational only		
I	M1082	Informational only	Informational only	Informational only	Informational only	Informational only		
T	M1083	Informational only	Informational only	Informational only	Informational only	Informational only		
I	M1084	Informational only	Informational only	Informational only	Informational only	Informational only		
T	M1085	Informational only	Informational only	Informational only	Informational only	Informational only		
I	M1086	Informational only	Informational only	Informational only	Informational only	Informational only		
T	M1087	Informational only	Informational only	Informational only	Informational only	Informational only		
I	M1088	Informational only	Informational only	Informational only	Informational only	Informational only		
T	M1089	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
I	M1094	Informational only	Informational only	Informational only	Informational only	Informational only		
T	M1095	Informational only	Informational only	Informational only	Informational only	Informational only		
I	M1096	Informational only	Informational only	Informational only	Informational only	Informational only		
T	M1097	Informational only	Informational only	Informational only	Informational only	Informational only		
I	M1098	Informational only	Informational only	Informational only	Informational only	Informational only		
T	M1099	Informational only	Informational only	Informational only	Informational only	Informational only		
I	M1100	Informational only	Informational only	Informational only	Informational only	Informational only		
T	M1101	Informational only	Informational only	Informational only	Informational only	Informational only		
I	M1102	Informational only	Informational only	Informational only	Informational only	Informational only		
T	M1103	Informational only	Informational only	Informational only	Informational only	Informational only		
I	M1104	Informational only	Informational only	Informational only	Informational only	Informational only		
T	M1105	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	Q2055	$450,543.00	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Medicaid	Medicaid
1	Q4199	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Note: *All new, revised, and discontinued 2022 HCPCS procedure codes are effective for dates of service on or after January 1, 2022. 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. Rates that are indicated with "(N)" in the table above are Non-Facility and rates indicated with "(F)" are Facility.*

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

Medical Procedure Codes									
0683T	0684T	0685T	0687T	0688T	0693T	0695T	0696T	0702T	0703T
0704T	0705T	0706T	0707T	0708T	0709T	0710T	0711T	0712T	0713T

Surgical Procedure Codes									
0671T	0672T	0673T	0674T	0675T	0676T	0677T	0678T	0679T	0680T
0681T	0682T	0686T	0692T	0699T					

Radiological Procedure Codes									
0689T	0690T	0691T	0694T	0697T	0698T				

Laboratory Procedure Codes									
0285U	0286U	0287U	0288U	0289U	0290U	0291U	0292U	0293U	0294U

Laboratory Procedure Codes									
0295U	0296U	0297U	0298U	0299U	0300U	0301U	0302U	0303U	0304U
0305U	0700T	0701T							

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 2022 HCPCS discontinued procedure codes are no longer reimbursed after December 31, 2021. The following is a list of procedure codes that have been discontinued:

Procedure Codes									
01935	01936	21310	33470	33722	43850	43855	59135	63194	63195
63196	63198	63199	69715	69718	72275	76101	76102	80500	80502
92559	92560	92561	92564	93530	93531	93532	93533	93561	93562
95943	A4397	C9081	C9082	C9083	C9752	C9753	D4320	D4321	D8050
D8060	D8690	G0424	G2064	G2065	G8422	G8925	G8926	G8938	G9267
G9268	G9269	G9270	G9348	G9349	G9350	G9399	G9400	G9401	G9448
G9449	G9450	J2505							

The following informational reporting procedure codes have been discontinued:

Procedure Codes									
0191T	0208U	0290T	0355T	0356T	0376T	0423T	0451T	0452T	0453T
0454T	0455T	0456T	0457T	0458T	0459T	0460T	0461T	0462T	0463T

Procedure Codes									
0466T	0467T	0468T	0548T	0549T	0550T	0551T	G9561	G9562	G9563
G9577	G9578	G9579	G9583	G9584	G9585	G9634	G9635	G9636	G9639
G9640	G9641	G9647	G9666	G9783	M1022	M1025	M1026	M1031	

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, 2022, the following discontinued procedure codes will be replaced by the corresponding replacement procedure codes:

Type of Service	Replacement Codes	Discontinued Codes	Medicaid Rate: Non-Facility(N)/ Facility(F)	CSHCN Rate: Non-Facility(N)/ Facility(F)
2	64628	C9752	(N) 0-20 yrs: $331.47 (F) 0-20 yrs: $178.79 (N) 21-999 yrs: $315.69 (F) 21-999 yrs: $170.27	(N) 0-20 yrs: $331.47 (F) 0-20 yrs: $178.79 (N) 21-999 yrs: $315.69 (F) 21-999 yrs: $170.27
2	64629	C9753	(N) 0-20 yrs: $136.69 (F) 0-20 yrs: $48.28 (N) 21-999 yrs: $130.18 (F) 21-999 yrs: $45.98	(N) 0-20 yrs: $136.69 (F) 0-20 yrs: $48.28 (N) 21-999 yrs: $130.18 (F) 21-999 yrs: $45.98
W	D4322	D4320	Not a benefit	Not a benefit
W	D4323	D4321	Not a benefit	Not a benefit
1	J9061	C9083	Requires rate hearing	Requires rate review

Type of Service	Replacement Codes	Discontinued Codes	Medicaid Rate: Non-Facility(N)/ Facility(F)	CSHCN Rate: Non-Facility(N)/ Facility(F)
1	J9272	C9082	Requires rate hearing	Requires rate review
1	Q2055	C9081	$450,543.00	Not a benefit

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, 2022:

https://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 **800-925-9126** or the TMHP-CSHCN Services Program Contact Center at **800-568-2413**.

Modifiers

The following table lists new modifiers:

New Modifiers									
FQ	FR	FS	FT						

New modifiers are effective for dates of service on or after January 1, 2022. Providers may contact the appropriate copyright holder to obtain modifier descriptions. ■