HEALTHCARE COMMON PROCEDURE CODING SYSTEM

HCPCS SPECIAL BULLETIN

2023 EDITION

TMHP
Texas Medicaid & Healthcare Partnership
A STATE MEDICAID CONTRACTOR

Contents

2023 HCPCS Implementation

On January 1, 2023, the Texas Medicaid & Healthcare Partnership (TMHP) applied the 2023 annual Healthcare Common Procedure Coding System (HCPCS) updates that are effective for dates of service on or after January 1, 2023.

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 2023 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 "2023 HCPCS Procedure Code Additions" table located on page 27 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 2023 HCPCS procedure codes are effective for dates of service on or after January 1, 2023. 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 "2023 HCPCS Procedure Code Additions" table located on page 27 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 2023 HCPCS procedure codes may be billed beginning January 1, 2023, 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, 2023.*

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 **www.tmhp.com**

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

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

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

Prior Authorization for Discontinued Procedure Code That Does Not Need to be Updated by the Provider

Providers who have received prior authorization for the following 2023 Healthcare Common Procedure Coding System (HCPCS) discontinued procedure code for dates of service that occur on, after, or encompass January 1, 2023, do not have to update prior authorization requests that were approved on or before December 31, 2022. 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
J	K0554	E2103

New authorization requests submitted on or after January 1, 2023, must be submitted with the new procedure code as applicable.

To submit claims for the procedure 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, 2022, must be submitted with the previous procedure code that was payable on or before December 31, 2022, as authorized.

- Claims submitted with dates of service on or after January 1, 2023, must be submitted with the new 2023 HCPCS procedure code, as applicable. The previously-approved authorizations will be automatically updated to the corresponding new procedure code.

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 2023 HCPCS discontinued procedure codes for dates of service that occur on, after, or encompass January 1, 2023, must contact the TMHP Prior Authorization Department to update the procedure codes that are prior authorized for those services:

Type of Service	Discontinued Procedure Codes	Prior Authorization Requirements
1	99339	Medicaid and CSHCN
1	99340	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 2023 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 27. The 2023 HCPCS deletions and replacements are effective January 1, 2023, for dates of service on or after January 1, 2023, 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, 2023, the 2023 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, 2023, 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 2023 HCPCS and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2023. 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, 2022.
- 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.

Doctor of Dentistry Services as a Limited Physician

Added Procedure Codes									
J2401	J2402								

Discontinued Procedure Codes									
15850	J2400								

Limitations for added procedure codes

Procedure codes J2401 and J2402 may be reimbursed as follows:

- To physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), physician, dentist, and podiatrist providers for services rendered in the office setting.
- To medical supplier durable medical equipment (DME) providers for services rendered in the home setting.
- To hospital providers for services rendered in the outpatient hospital setting.

Refer to: *The Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook,* subsection 9.4, "Doctor of Dentistry Practicing as a Limited Physician" for additional information.

Genetic Services

The description for procedure codes 99254 and 99255 has been changed to include observation consultations. As a result, a provider enrolled in Texas Medicaid as a geneticist may also receive an enhanced reimbursement for procedure codes 99254 and 99255 when they render services in an outpatient hospital setting.

Refer to: *The Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook,* subsection 5.2.5, "Genetic Evaluation and Counseling by a Geneticist" for additional information.

Gynecological and Reproductive Health Services

Added Procedure Codes									
87478	87484								

Limitations for added procedure codes

Procedure codes 87478 and 87484 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 codes 87478 and 87484 are limited to three tests per day.

Refer to: *The Texas Medicaid Provider Procedures Manual, Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook,* subsection 6.9, "Assays for the Diagnosis of Vaginitis" for additional information.

Hearing Devices

Added Procedure Codes									
69728	69729	69730							

Limitations for added procedure codes

Procedure codes 69728, 69729, and 69730 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 69729 and 69730 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.

Obstetric Services

Discontinued Procedure Codes									
99218	99219	99220	99343						

The description for procedure codes 99221, 99222, and 99223 has been changed to include observation care. As a result, procedure codes 99221, 99222, and 99223 replace discontinued procedure codes 99218, 99219, and 99220.

Refer to: *The Texas Medicaid Provider Procedures Manual, Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook,* subsection 4.1.15, "Birthing Centers—Professional Services" for additional information.

Outpatient Mental Health Services

Discontinued Procedure Codes									
99354	99355								

Refer to: *The Texas Medicaid Provider Procedures Manual, Behavioral Health and Case Management Services Handbook,* subsection 4.2, "Services, Benefits, Limitations" for additional information.

Pathology and Laboratory Services – Microbiology

Added Procedure Codes									
87467	87468	87469	87478	87484					

Limitations for added procedure codes

Procedure code 87467 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, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers for services rendered in the outpatient hospital setting.
- To independent laboratory providers for services rendered in the laboratory setting.

Procedure codes 87468, 87469, 87478, and 87484 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.

Procedure codes 87478 and 87484 are limited to three tests per day.

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

Physician Evaluation and Management Services

Added Procedure Code									
99418									

Discontinued Procedure Codes									
99217	99218	99219	99220	99224	99225	99226	99241	99251	99318
99324	99325	99326	99327	99328	99334	99335	99336	99337	99343
99354	99355	99356	99357						

Limitations for added procedure code

Procedure code 99418 may be reimbursed follows:

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

Procedure code 99418 is only used when an inpatient or observation evaluation and management service has been selected using time alone as the basis, and only after the time required to report the highest-level service (procedure code 99223, 99233, 99236, 99255, 99306, or 99310) has been exceeded by 15 minutes.

Procedure code 99418 is limited to 4 units (1 hour) per day and should not be used to report an additional time increment of less than 15 minutes.

Additional updates for revised procedure codes

The description for procedure code 99417 has been changed. As a result, procedure code 99417 is only used when office or other outpatient services, office consultation, or other outpatient evaluation and management service has been selected using time alone as the basis, and only after the time required

to report the highest-level service (procedure code 99205, 99215, 99245, 99345, or 99350) has been exceeded by 15 minutes.

The description for the following procedure codes has been changed to include observation services:

Revised Procedure Codes									
99221	99222	99223	99231	99232	99233	99238	99239	99252	99253
99254	99255								

As a result, the above listed revised procedure codes may also be reimbursed as follows:

- To PA, NP, CNS, physician, dentist, optometrist, podiatrist providers, CNM, and RN for services rendered in the outpatient hospital setting.

The description for the following procedure codes has been changed to include residence visits:

Revised Procedure Codes									
99341	99342	99344	99345	99347	99348	99349	99350		

As a result, services for the above listed procedure codes are defined as those provided in a private residence, temporary lodging or short-term accommodation (for example, hotel, campground, hostel, or cruise ship), assisted living facility, group home that is not licensed as an intermediate care facility for individuals with intellectual disabilities, custodial care facility, or residential substance abuse treatment facility.

Refer to: *The Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook,* subsections 9.2.58.6, "Prolonged Physician Services," and 9.2.58.8, "Home Services," for additional information.

Prostate Procedures for Benign Prostatic Hyperplasia (BPH)

Added Procedure Code									
55867									

Limitations for added procedure code

Procedure code 55867 may be reimbursed for male clients as follows:

- To physician providers for services rendered in the inpatient hospital setting.

Prostatectomy Laparoscopy procedure code 55867 requires hospital admission and is suitable for prostates > 100 grams and for men who are also good surgical candidates.

Procedure code 55867 is limited to one service per day.

Refer to: *The Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook,* subsection 9.2.61, "Prostate Procedures for Benign Prostatic Hyperplasia (BPH)" for additional information.

Renal Dialysis

Added Procedure Codes									
87467	J0611	J0892	J0899	J1643					

Limitations for added procedure codes

Procedure codes 87467, J0611, J0892, J0899, and J1643 are considered part of the facility's composite rate, which includes routine laboratory tests and all drugs and biologicals used for the treatment of end stage renal disease (ESRD) or acute kidney injury (AKI).

Refer to: *The Texas Medicaid Provider Procedures Manual, Clinics and Other Outpatient Facility Services Handbook,* subsection 6.2.2, "Renal Dialysis Facilities-Consolidated Billing" for additional information.

Rhinoplasty

Added Procedure Code									
30469									

Limitations for added procedure code

Procedure code 30469 may be reimbursed as follows:

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

Vision Services - Nonsurgical

Added Procedure Code									
92066									

Limitations for added procedure code

Procedure code 92066 may be reimbursed as follows:

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

Procedure code 92066 may be reimbursed in addition to an eye examination visit.

Procedure code 92066 is limited to one service per day and 12 services per lifetime per client, and may be reimbursed when it is billed with one of the following diagnosis codes:

Diagnosis Codes									
H50011	H50012	H50021	H50022	H50031	H50032	H50041	H50042	H5005	H5006
H5007	H5008	H50111	H50112	H50121	H50122	H50131	H50132	H50141	H50142
H5015	H5016	H5017	H5018	H5021	H5022	H50311	H50312	H5032	H50331
H50332	H5034	H50411	H50412	H5042	H5043	H5051	H5052	H5053	H5054
H5055	H50611	H50612	H5069	H50811	H50812	H5089	H5111	H5112	H518
H53011	H53012	H53013	H53021	H53022	H53023	H53031	H53032	H53033	H5501
H5502	H5503	H5504	H5509	H5581	H5582	H5589			

Refer to: *The Texas Medicaid Provider Procedures Manual, Vision and Hearing Services Handbook,* subsection 4.3.6.6, "Orthoptic Training" for additional information.

Home Health and CCP Services Benefit Changes

The following Texas Medicaid Home Health and CCP services benefit changes have been made to support the 2023 Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2023. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at **800-925-9126**.

Clinician-Directed Care Coordination Services – CCP

Discontinued Procedure Codes									
99339	99340								

Note: *Care plan oversight and supervision, including telephone consultations with a specialist or subspecialist, is still a benefit for services requiring interaction with a home health agency (procedure code 99374 or 99375), hospice (procedure code 99377 or 99378), or nursing facility (procedure code 99379 or 99380) provider.*

Billing guidelines have changed for non-face-to-face prolonged services (procedure codes 99358 and 99359). As a result, procedure codes 99358 and 99359 will be denied if billed on the same date of service as any of the following procedure codes:

Procedure Codes									
99202	99203	99204	99205	99212	99213	99214	99215	99221	99222
99223	99231	99232	99233	99234	99235	99236	99242	99243	99244
99245	99252	99253	99254	99255	99281	99282	99283	99284	99285
99304	99305	99306	99307	99308	99309	99310	99341	99342	99344
99345	99347	99348	99349	99350	99417	99418			

Refer to: *The Texas Medicaid Provider Procedures Manual, Children's Services Handbook,* subsection 2.6, "Clinician-Directed Care Coordination Services (CCP)" for additional information.

Diabetic Equipment and Supplies – Home Health

Added Procedure Codes									
A4239	E2103								

Discontinued Procedure Codes									
K0553	K0554								

Limitations for added procedure codes

Procedure codes A4239 and E2103 may be reimbursed as follows:

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

Procedure code A4239 replaces discontinued procedure code K0553 and is limited to one per month.

Procedure code E2103 replaces discontinued procedure code K0554. Procedure code E2103 requires prior authorization and is limited to one per three years.

Refer to: *The Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook*, subsection 2.2.12.5, "Continuous Glucose Monitoring" for additional information. ■

Family Planning Program Services Benefit Changes

The 2023 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 27. ■

Healthy Texas Women Program Services Benefit Changes

The following HTW benefit changes have been made to support the 2023 Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2023. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at **800-925-9126**.

Healthy Texas Women

Added Procedure Code									
J0689									

Discontinued Procedure Codes									
99241	99354	99355							

Limitations for added procedure code:

Procedure code J0689 may be reimbursed as follows:

- To physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), physician, dentist, podiatrist, and nephrology (hemodialysis, renal dialysis) providers for services rendered in the office setting.
- To pharmacy providers for services rendered in the home setting.
- To hospital providers for services rendered in the outpatient hospital setting.

The following procedure codes are only a benefit of HTW Plus:

Added Procedure Codes									
J1611	J2311								

Limitations for added procedure codes:

Procedure codes J1611 and J2311 may be reimbursed as follows:

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

Additional update for revised procedure code:

The description for procedure code 99417 has been changed. As a result, procedure code 99417 is a benefit of HTW Plus for behavioral health services, including telemedicine and telehealth behavioral health services delivered by synchronous audiovisual technology or synchronous telephone (audio-only) technology.

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 2023 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 27. The 2023 HCPCS deletions and replacements are effective January 1, 2023, for dates of service on or after January 1, 2023, 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 "2023 HCPCS Procedure Code Additions" table located on page 27 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, 2023, the 2023 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, 2023, 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 2023 HCPCS and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2023. 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, 2022.
- 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.*

Bone Anchored Hearing Devices

Added Procedure Codes									
69728	69729	69730							

Limitations for added procedure codes

Procedure codes 69728, 69729, and 69730 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 69729 and 69730 require prior authorization.

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

Clinician-Directed Care Coordination Services

Discontinued Procedure Codes									
99339	99340								

Note: *Care plan oversight and supervision is still a benefit for clinician supervision of a client under the care of a home health agency (procedure code 99374 or 99375) or hospice (procedure code 99377 or 99378) provider.*

Billing guidelines have changed for non-face-to-face prolonged services (procedure codes 99358 and 99359). As a result, procedure codes 99358 and 99359 will be denied if billed on the same date of service as any of the following procedure codes:

Procedure Codes									
99202	99203	99204	99205	99212	99213	99214	99215	99221	99222
99223	99231	99232	99233	99234	99235	99236	99242	99243	99244
99245	99252	99253	99254	99255	99281	99282	99283	99284	99285
99304	99305	99306	99307	99308	99309	99310	99341	99342	99344
99345	99347	99348	99349	99350	99417	99418			

Refer to: *The CSHCN Services Program Provider Manual*, subsection 31.2.12, "Clinician-Directed Care Coordination Services," for additional information.

Diabetic Equipment and Supplies

Added Procedure Codes									
A4239	E2103								

Discontinued Procedure Codes									
K0553	K0554								

Limitations for added procedure codes

Procedure codes A4239 and E2103 may be reimbursed as follows:

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

Procedure code A4239 replaces discontinued procedure code K0553 and is limited to one per month.

Procedure code E2103 replaces discontinued procedure code K0554. Procedure code E2103 requires prior authorization and is limited to one per three years.

Refer to: *The CSHCN Services Program Provider Manual,* subsection 15.2.2, "Therapeutic Continuous Glucose Monitors (CGM)," for additional information.

Doctor of Dentistry Services as a Limited Physician

Added Procedure Codes									
J2401	J2402								

Discontinued Procedure Codes									
15850	J2400								

Limitations for added procedure codes

Procedure codes J2401 and J2402 may be reimbursed as follows:

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

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

Genetic Services

The description for procedure codes 99254 and 99255 has been changed to include observation consultations. As a result, a provider enrolled in the CSHCN Services Program as a geneticist may also receive an enhanced reimbursement for procedure codes 99254 and 99255 when they render services in an outpatient hospital setting.

Refer to: *The CSHCN Services Program Provider Manual,* subsection 31.2.23, "Genetics," for additional information.

Pathology and Laboratory Services – Microbiology

Added Procedure Codes									
87467	87468	87469	87478	87484					

Limitations for added procedure codes

Procedure code 87467 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 codes 87468 and 87469 may be reimbursed as follows:

- To physician, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers for services rendered in the office setting.
- To hospital providers for services rendered in the outpatient hospital setting.
- To independent laboratory providers for services rendered in the laboratory setting.

Procedure codes 87478 and 87484 may be reimbursed as follows:

- To APRN, physician, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers for services rendered in the office setting.
- To hospital providers for services rendered in the outpatient hospital setting.
- To independent laboratory providers for services rendered in the laboratory setting.

Procedure codes 87478 and 87484 are limited to three tests per day.

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

Physician Evaluation and Management Services

Added Procedure Code									
99418									

Discontinued Procedure Codes									
99217	99218	99219	99220	99224	99225	99226	99241	99251	99343
99354	99355	99356	99357						

Limitations for added procedure code

Procedure code 99418 may be reimbursed follows:

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

Procedure code 99418 is only used when an inpatient or observation evaluation and management service has been selected using time alone as the basis, and only after the minimum time required to report the addition to the inpatient or observation evaluation and management procedure code has been exceeded by 15 minutes.

Procedure code 99418 is limited to 4 units (1 hour) per day and should not be used to report an additional time increment of less than 15 minutes.

Additional updates for revised procedure codes

The description for procedure code 99417 has been changed. As a result, procedure code 99417 is only used when outpatient evaluation and management service has been selected using time alone as the basis, and only after the minimum time required to report the addition to the outpatient evaluation and management procedure code has been exceeded by 15 minutes.

The description for the following procedure codes has been changed to include observation services:

Revised Procedure Codes									
99221	99222	99223	99231	99232	99233	99238	99239	99252	99253
99254	99255								

As a result, the above listed revised procedure codes may also be reimbursed as follows:

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

The description for the following procedure codes has been changed to include residence visits:

Revised Procedure Codes									
99341	99342	99344	99345	99347	99348	99349	99350		

As a result, services for the above listed procedure codes are defined as those provided in a private residence, temporary lodging or short-term accommodation (for example, hotel, campground, hostel, or cruise ship), assisted living facility, group home that is not licensed as an intermediate care facility for

individuals with intellectual disabilities, custodial care facility, or residential substance abuse treatment facility.

Refer to: *The CSHCN Services Program Provider Manual, subsection 31.2.18.6, "Prolonged Physician Services," and* subsection 31.2.18.7, "Observation Room Services," for additional information.

Radiology – X-Ray and Ultrasound

Added Procedure Code									
76883									

Limitations for added procedure code

Procedure code 76883 may be reimbursed as follows:

- To physician, portable x-ray supplier, radiological lab, and physiological lab providers for services rendered in the office setting.
- To hospital providers for services rendered in the outpatient hospital setting.

Refer to: *The CSHCN Services Program Provider Manual,* subsection 16.2.10.1, "Diagnostic Imaging," for additional information.

Renal Dialysis

Added Procedure Codes									
J0892	J0899	J1643							

Limitations for added procedure codes

Procedure codes J0892, J0899, and J1643 are considered part of the facility's composite rate, which includes certain drugs such as blood thinners.

Refer to: *The CSHCN Services Program Provider Manual,* subsection 35.3.1, "In-Facility Services and Method I Home Dialysis Services," for additional information.

Telemedicine Services

Added Procedure Code									
99418									

Discontinued Procedure Codes									
99241	99251	99354	99355	99356	99357				

Limitations for added procedure code

Procedure code 99418, when billed with modifier 95, may be reimbursed for telemedicine distant-site providers.

Procedure code 99418 is an add-on code and must be billed with a primary procedure code on the same day, by the same provider in order to be reimbursed.

Refer to: *The CSHCN Services Program Provider Manual*, subsection 38.2.2.1, "Distant Site," for additional information.

Vision Services - Nonsurgical

Added Procedure Code									
92066									

Limitations for added procedure code

Procedure code 92066 may be reimbursed as follows:

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

Procedure code 92066 is limited to one service per day and 36 services per year by any provider.

Procedure code 92066 may be reimbursed in addition to an eye examination visit.

Refer to: *The CSHCN Services Program Provider Manual*, subsection 40.2.3.5, "Orthoptic Training," for additional information. ■

2023 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
1	0210A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0211A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0212A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0213A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0214A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0215A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0216A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0217A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0218A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0219A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0220A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0221A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0222A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0223A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0224A	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	0225A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0226A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0227A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0228A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0229A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0230A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0231A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0232A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0233A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0234A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0235A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0236A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0237A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0238A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0239A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0240A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0241A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0242A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0243A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0244A	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	0245A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0246A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0247A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0248A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0249A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0250A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0251A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0252A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0253A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0254A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0255A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0256A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0257A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0258A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	0259A	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	15778	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	15778	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	15853	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
2	15854	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	22860	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
8	22860	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	30469	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
F	30469	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
2	33900	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
F	33900	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	33901	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
F	33901	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	33902	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
F	33902	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	33903	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
F	33903	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	33904	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	36836	0-20 yrs: $802.24 21-999 yrs: $764.03	0-20 yrs: $540.29 21-999 yrs: $514.56	Not a benefit	Not a benefit	Not a benefit		
8	36836	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
F	36836	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	36837	0-20 yrs: $751.43 21-999 yrs: $715.64	0-20 yrs: $540.29 21-999 yrs: $514.56	Not a benefit	Not a benefit	Not a benefit		
8	36837	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
F	36837	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	43290	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	43290	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	43291	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	43291	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	49591	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49591	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
F	49591	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49592	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49592	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
F	49592	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49593	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49593	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
F	49593	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49594	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
8	49594	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
F	49594	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49595	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49595	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
F	49595	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49596	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49596	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49613	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49613	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
F	49613	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49614	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
8	49614	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
F	49614	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49615	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49615	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
F	49615	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49616	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49616	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49617	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49617	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49618	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49618	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
2	49621	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49621	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49622	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49622	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49623	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49623	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	55867	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
8	55867	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
2	69728	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
F	69728	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
2	69729	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
F	69729	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
2	69730	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
F	69730	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
4	76883	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		CSHCN
5	81418	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	81441	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	81449	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
5	81451	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
5	81456	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
5	84433	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
5	87467	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
5	87468	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
5	87469	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
5	87478	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
5	87484	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
1	90678	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
S	90678	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	91321	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	91322	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	91323	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	91324	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	91325	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
T	92066	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
2	93569	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	93573	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	93574	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
2	93575	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	95919	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	96202	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	96203	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98978	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	99418	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
9	A4239	No Modifier: $229.32 KF Modifier: $266.82	Manually priced	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
9	C1747	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	C1826	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	C1827	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7500	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7501	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7502	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7503	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7504	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	C7505	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7506	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7507	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7508	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7509	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7510	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7511	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7512	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7513	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7514	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7515	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7516	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7517	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7518	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7519	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7520	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7521	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7522	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7523	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	C7524	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7525	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7526	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7527	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7528	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7529	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7530	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7531	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7532	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7533	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7534	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7535	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7537	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7538	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7539	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7540	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7541	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7542	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7543	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	C7544	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7545	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7546	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7547	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7548	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7549	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7550	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7551	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7552	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7553	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7554	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C7555	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	C7900	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	C7901	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	C7902	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	C9143	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	C9144	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D0372	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D0373	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	D0374	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D0387	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D0388	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D0389	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D0801	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D0802	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D0803	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D0804	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D1781	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D1782	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D1783	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D4286	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D6105	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D6106	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D6107	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D6197	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D7509	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D7956	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D7957	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	D9953	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
J	E2103	No Modifier: $231.96 KF Modifier: $257.50	Manually priced	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
1	G0316	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0317	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0318	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0320	Informational only	Informational only	Not a benefit	Not a benefit	Not a benefit		
1	G0321	Informational only	Informational only	Not a benefit	Not a benefit	Not a benefit		
1	G0322	Informational only	Informational only	Not a benefit	Not a benefit	Not a benefit		
1	G0323	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0330	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G3002	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G3003	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J0134	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J0136	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J0173	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	J0225	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Medicaid	
1	J0283	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J0611	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J0689	Requires rate hearing	Requires rate review	Requires rate hearing	Requires rate hearing	Requires rate hearing		HTW
1	J0701	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J0703	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J0877	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J0891	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J0892	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
1	J0893	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J0898	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
1	J0899	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
1	J1456	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J1574	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J1611	Requires rate hearing	Requires rate review	Not a benefit	Requires rate hearing	Not a benefit		HTW
1	J1643	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
1	J1954	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J2021	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J2184	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J2247	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J2251	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J2272	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J2281	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
1	J2311	Requires rate hearing	Requires rate review	Not a benefit	Requires rate hearing	Not a benefit		HTW
1	J2327	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J2401	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
1	J2402	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Requires rate hearing		Medicaid, CSHCN
1	J3244	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J3371	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J3372	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J9046	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J9048	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J9049	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J9314	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
1	J9393	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J9394	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M0001	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M0002	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M0003	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M0004	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M0005	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1150	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1151	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1152	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1153	Informational only	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	M1154	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1155	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1156	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1157	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1158	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1159	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1160	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1161	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1162	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1163	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1164	Informational only	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	M1165	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1166	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1167	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1168	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1169	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1170	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1171	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1172	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1173	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1174	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1175	Informational only	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	M1176	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1177	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1178	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1179	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1180	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1181	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1182	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1183	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1184	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1185	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1186	Informational only	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	M1187	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1188	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1189	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1190	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1191	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1192	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1193	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1194	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1195	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1196	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1197	Informational only	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	M1198	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1199	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1200	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1201	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1202	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1203	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1204	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1205	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1206	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1207	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1208	Informational only	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	M1209	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1210	Informational only	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4236	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4262	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4263	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4264	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q5126	$77.18	Requires rate review	Not a benefit	Not a benefit	Not a benefit		

Note: *All new, revised, and discontinued 2023 HCPCS procedure codes are effective for dates of service on or after January 1, 2023. 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									
0738T	0740T	0741T	0764T	0765T	0766T	0767T	0768T	0769T	0770T
0771T	0772T	0773T	0774T	0776T	0778T	0779T	0780T	0783T	

Surgical Procedure Codes									
0739T	0744T	0748T	0775T	0777T	0781T	0782T			

Laboratory Procedure Codes									
0355U	0356U	0357U	0358U	0359U	0360U	0361U	0362U	0363U	0751T
0752T	0753T	0754T	0755T	0756T	0757T	0758T	0759T	0760T	0761T
0762T	0763T								

Radiation Therapy Procedure Codes									
0742T	0743T	0745T	0746T	0747T	0749T	0750T			

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 2023 HCPCS discontinued procedure codes are no longer reimbursed after December 31, 2022. The following is a list of procedure codes that have been discontinued:

Procedure Codes									
15850	49560	49561	49565	49566	49568	49570	49572	49580	49582
49585	49587	49590	49652	49653	49654	49655	49656	49657	99217
99218	99219	99220	99224	99225	99226	99241	99251	99318	99324
99325	99326	99327	99328	99334	99335	99336	99337	99339	99340
99343	99354	99355	99356	99357	C1841	C1842	C1849	C9142	D0351
D0704	G0028	G0308	G0309	G2095	G2170	G2171	G2198	G2201	G2203
G9196	G9197	G9198	G9250	G9251	G9359	G9360	G9506	G9618	G9620

Procedure Codes									
G9623	G9631	G9632	G9633	G9718	G9774	G9778	G9808	G9809	G9810
G9811	G9904	G9907	G9909	G9932	G9942	G9948	G9989	J2400	J9044
K0553	K0554	M1017	M1071						

The following informational reporting procedure codes have been discontinued:

Procedure Codes									
0163T	0312T	0313T	0314T	0315T	0316T	0317T	0470T	0471T	0475T
0476T	0477T	0478T	0487T	0491T	0492T	0493T	0497T	0498T	0499T
0514T	0702T	0703T							

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, 2023, 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
2	36836	G2170	0-20 yrs: $802.24 21-999 yrs: $764.03	0-20 yrs: $540.29 21-999 yrs: $514.56
2	36837	G2171	0-20 yrs: $751.43 21-999 yrs: $715.64	0-20 yrs: $540.29 21-999 yrs: $514.56
9	A4239	K0553	No Modifier: $229.32 KF Modifier: $266.82	Manually priced
J	E2103	K0554	No Modifier: $231.96 KF Modifier: $257.50	Manually priced
1	Q5126	C9142	$77.18	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, 2023:

https://www.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**. ■

Modifiers

The following tables list new, revised, and discontinued modifiers:

New Modifiers									
AB	JZ	LU	N1	N2	N3				

Note: *Modifier JZ is effective for dates of service on or after January 1, 2022.*

Revised Modifiers									
JG	TB								

New modifiers are effective for dates of service on or after January 1, 2023, unless otherwise noted. Providers may contact the appropriate copyright holder to obtain modifier descriptions. ■