



April 2026 TMPPM Update for Stereotactic Radiosurgery

Last update: 2/13/2026

On April 1, 2026, the Texas Medicaid & Healthcare Partnership (TMHP) will update the “Prior Authorization for Stereotactic Radiosurgery” section of the *Texas Medicaid Provider Procedures Manual (TMPPM), Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook* to add pediatric cancers as a covered medical condition for prior authorization.

Proton beam radiation therapy (procedure codes 77520, 77522, 77523, 77525, and S8030) is a benefit of Texas Medicaid with prior authorization for pediatric cancers in clients who are 20 years of age or younger.

Prior authorization requests for stereotactic radiosurgery and stereotactic body radiation therapy are also considered for pediatric cancers.

Action

Parkland Community Health Plan (PCHP) will provide medically necessary, Medicaid-covered services to PCHP Medicaid members. Administrative procedures such as prior authorization, precertification, referrals, and claims and encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO.
