HEALTHCARE COMMON PROCEDURE CODING SYSTEM

HCPCS SPECIAL BULLETIN

2025 EDITION

TMHP
TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Contents

2025 HCPCS Implementation

On January 1, 2025, the Texas Medicaid & Healthcare Partnership (TMHP) applied the 2025 annual Healthcare Common Procedure Coding System (HCPCS) updates that are effective for dates of service on or after January 1, 2025.

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 2025 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 "2025 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 2025 HCPCS procedure codes are effective for dates of service on or after January 1, 2025. 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 "2025 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 2025 HCPCS procedure codes may be billed beginning January 1, 2025, 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, 2025.*

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

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

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

Code Updates Web Page

Providers are encouraged to refer to the Rate and Code Updates web page at **https://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. 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.

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

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. 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 discontinued 2025 Healthcare Common Procedure Coding System (HCPCS) procedure codes for dates of service that occur on, after, or encompass January 1, 2025, do not have to update prior authorization requests that were approved on or before December 31, 2024. TMHP will automatically update affected prior authorization requests with the corresponding new procedure code that replaces the discontinued procedure code as follows:

Type of Service	Discontinued Procedure Codes	Direct Replacement Procedure Codes
1	C9169	J9028

Type of Service	Discontinued Procedure Codes	Direct Replacement Procedure Codes
1	C9170	J9026
W	D6095	D6090

New authorization requests submitted on or after January 1, 2025, 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, 2024, must be submitted with the previous procedure codes that were payable on or before December 31, 2024, as authorized.
- Claims submitted with dates of service on or after January 1, 2025, must be submitted with the new 2025 HCPCS procedure codes, as applicable. The previously-approved authorizations will be automatically updated to the corresponding new procedure codes.

Refer to: 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. ■

MEDICAID FEE-FOR-SERVICE AND MANAGED CARE PROVIDERS

Texas Medicaid HCPCS Updates

The 2025 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 2025 HCPCS deletions and replacements are effective January 1, 2025, for dates of service on or after January 1, 2025, 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, 2025, the discontinued 2025 HCPCS 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, 2025, 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 2025 HCPCS and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2025. 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, 2024.
- Added: Added procedure codes are new procedure codes added by the Centers for Medicare & Medicaid Services (CMS).
- Limitations: Additional benefit and limitation information for the added procedure codes.

Clinician-Administered Drug – Injections – Immune Globulins

Added Procedure Code									
J1552									

Limitations for Added Procedure Code

Procedure code J1552 is a benefit for clients who are 18 years of age or older 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 medical supplier (durable medical equipment) providers for services rendered in the home setting.

- To hospital, including rural emergency hospital, providers for services rendered in the outpatient hospital setting.

Refer to: *The Texas Medicaid Provider Procedures Manual, Outpatient Drug Services Handbook,* subsection 6.63, "Immune Globulin" for additional information.

Clinician-Administered Drug – Immunosuppressive Drugs

Added Procedure Code									
J7514									

Limitations for Added Procedure Code

Procedure code J7514 may be reimbursed as follows:

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

Mycophenolate mofetil (procedure code J7514) may be indicated for, but not limited to, the prophylaxis of organ rejection in kidney, liver, and heart allogeneic transplants.

Refer to: *The Texas Medicaid Provider Procedures Manual, Outpatient Drug Services Handbook,* subsection 6.64, "Immunosuppressive Drugs" for additional information.

Clinician-Administered Drug – Nogapendekin Alfa Inbakicept-Pmln (Anktiva)

Added Procedure Code									
J9028									

Discontinued Procedure Code									
C9169									

Limitations for Added Procedure Code

Procedure code J9028 replaces discontinued procedure code C9169. Procedure code J9028 requires prior authorization and may be reimbursed as follows:

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

- To hospital, including rural emergency hospital, providers for services rendered in the outpatient hospital setting.

Procedure code J9028 may be reimbursed for clients who are 18 years of age or older.

Refer to: *The Texas Medicaid Provider Procedures Manual, Outpatient Drug Services Handbook,* subsection 6.95, "Nogapendekin Alfa Inbakicept-pmln (Anktiva)" for additional information.

Clinician-Administered Drug – Tarlatamab-dlle (Imdelltra)

Added Procedure Code									
J9026									

Discontinued Procedure Code									
C9170									

Limitations for Added Procedure Code

Procedure code J9026 replaces discontinued procedure code C9170. Procedure code J9026 requires prior authorization and may be reimbursed as follows:

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

Procedure code J9026 may be reimbursed for clients who are 18 years of age or older with one of the following diagnosis codes:

Diagnosis Codes									
C3400	C3401	C3402	C3410	C3411	C3412	C342	C3430	C3431	C3432
C3480	C3481	C3482	C3490	C3491	C3492				

Refer to: *The Texas Medicaid Provider Procedures Manual, Outpatient Drug Services Handbook,* subsection 6.119, "Tarlatamab-dlle (Imdelltra)" for additional information.

Clinician-Administered Drug – Limitations for Other Procedure Codes

Age limitations will apply for the following clinician-administered drug procedure codes:

Procedure Codes	Client Age Limitations
J0666	Six years of age or older
J3392	12 years of age or older
J1307	13 years of age or older
J0870	18 years of age or older

Adalimumab procedure codes J0139, Q5140, Q5141, Q5142, Q5143, Q5144, and Q5145 are restricted to the diagnosis codes listed in Appendix A on page 50 of this bulletin, and may be reimbursed for clients who are the following ages:

Procedure Codes	Client Age Limitations
Q5141, Q5142, Q5144	Two years of age or older
Q5140, Q5143, Q5145	Four years of age or older
J0139	No age limitation

Coronary Artery Catheter Placement

Added Procedure Code									
C7562									

Limitations for Added Procedure Code

Procedure code C7562 may be reimbursed as follows:

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

If procedure codes C7562 and 93460 are billed with the same date of service, only one may be reimbursed.

Diagnostic Doppler Sonography

Added Procedure Codes									
93896	93897	93898							

Discontinued Procedure Code									
93890									

Limitations for Added Procedure Codes

Procedure code 93896 replaces discontinued procedure code 93890.

Procedure codes 93896, 93897, and 93898 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, including rural emergency hospital, 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 codes 93896, 93897, and 93898 are add-on codes and must be billed with procedure code 93886 in order to be reimbursed.

Procedure codes 93896, 93897, and 93898 are restricted to the diagnosis codes listed in Appendix B on page 52 of this bulletin.

In addition to the diagnosis codes listed in Appendix B, procedure codes 93896, 93897, and 93898 will be benefits for clients who are 2 through 16 years of age with sickle cell disease to evaluate the risk of stroke, when submitted with the following diagnosis codes:

Diagnosis Codes									
D5700	D5702	D571	D5720	D57212	D57219	D5780	D57812	D57819	

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

Doctor of Dentistry Services as a Limited Physician

Discontinued Procedure Code									
15819									

Refer to: *The Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook,* subsection 9.4.2.1, "Additional Payable Procedure Codes" for additional information.

Evoked Response Tests and Neuromuscular Procedures

Discontinued Procedure Code									
96003									

Refer to: *The Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook,* subsection 9.2.28.5, "Motion Analysis Studies" for additional information.

Genetic Services

Added Procedure Code									
96041									

Discontinued Procedure Code									
96040									

Limitations for Added Procedure Code

Procedure code 96041 replaces discontinued procedure code 96040. Procedure code 96041 may be reimbursed as follows:

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

A provider enrolled in Texas Medicaid as a geneticist may submit procedure code 96041 and receive an enhanced reimbursement.

Refer to: *The Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook,* subsection 5.2.6, "Genetic Evaluation and Counseling by a Geneticist" for additional information.

Helicobacter Pylori Testing

Added Procedure Code									
87513									

Limitations for Added Procedure Code

Procedure code 87513 may be reimbursed as follows:

- To PA, NP, CNS, physician, certified nurse midwife (CNM), registered nurse (RN), nephrology (hemodialysis, renal dialysis), renal dialysis facility, and local health department (LHD) providers for services rendered in the office setting.
- To hospital, including rural emergency hospital, providers for services rendered in the outpatient hospital setting.
- To independent laboratory providers for services rendered in the laboratory setting.

Initial testing for helicobacter pylori (H. pylori) and testing for H. pylori eradication after the completion of antibiotic therapy may be performed using the amplified probe technique (procedure code 87513).

Procedure code 87513 is limited to two services per 28 days, any provider.

Refer to: *The Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook,* subsection 9.2.26.8, "Helicobacter Pylori (H. pylori)" for additional information.

Pathology and Laboratory Services – Microbiology

Added Procedure Codes									
87513	87564	87594	87626						

Limitations for Added Procedure Codes

Procedure codes 87513, 87564, and 87594 may be reimbursed as follows:

- To PA, NP, CNS, physician, CNM, RN, nephrology (hemodialysis, renal dialysis), renal dialysis facility, and LHD providers for services rendered in the office setting.
- To hospital, including rural emergency hospital, providers for services rendered in the outpatient hospital setting.
- To independent laboratory providers for services rendered in the laboratory setting.

Procedure codes 87513, 87564, and 87594 are each limited to three tests per day, same provider.

Procedure code 87626 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, including rural emergency hospital, providers for services rendered in the outpatient hospital setting.
- To independent laboratory providers for services rendered in the laboratory setting.

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

Pathology and Laboratory Services – Urinalysis/Chemistry

Added Procedure Code									
83884									

Limitations for Added Procedure Code

Procedure code 83884 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, including rural emergency hospital, providers for services rendered in the outpatient hospital setting.
- To independent laboratory providers for services rendered in the laboratory setting.

Reimbursement for procedure code 83884 is limited to one per day without a modifier and one per day with a modifier when billed by the same provider.

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

Percutaneous Transluminal Mechanical Thrombectomy

Added Procedure Code									
C7564									

Limitations for Added Procedure Code

Procedure code C7564 may be reimbursed as follows:

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

If procedure codes C7564 and 37187 are billed with the same date of service, only one may be reimbursed.

Repair of Anterior Abdominal Hernia

Added Procedure Code									
C7565									

Limitations for Added Procedure Code

Procedure code C7565 may be reimbursed as follows:

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

If procedure code C7565 is billed with the same date of service as procedure code 49591 or 49623, only one may be reimbursed.

Stereotactic Radiosurgery

Added Procedure Code									
G0563									

Limitations for Added Procedure Code

Procedure code G0563 requires prior authorization and may be reimbursed as follows:

- To physician and radiation therapy center providers for services rendered in the office setting.

- To radiation therapy center and hospital, including rural emergency 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 9.2.63.2.1, "Prior Authorization for Stereotactic Radiosurgery" for additional information.

Substance Use Disorder Services

Added Procedure Codes									
G0532	G0533	G0534	G0535	G0536					

Limitations for Added Procedure Codes

Procedure codes G0532, G0533, G0534, G0535, and G0536 may be reimbursed as informational details as follows:

- To opioid treatment providers for services rendered in the outpatient hospital setting.

Refer to: *The Texas Medicaid Provider Procedures Manual, Behavioral Health and Case Management Services Handbook,* subsection 9, "Substance Use Disorder (SUD) Services" for additional information.

Transluminal Balloon Angioplasty

Added Procedure Code									
C7563									

Limitations for Added Procedure Code

Procedure code C7563 may be reimbursed as follows:

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

If procedure codes C7563 and 37246 are billed with the same date of service, only one may be reimbursed.

Vaccine Services

Discontinued Procedure Codes									
90630	90654								

Refer to: *The Texas Medicaid Provider Procedures Manual, Children's Services Handbook, subsection 4.5.4, "Vaccine Reimbursement," Clinics and Other Outpatient Facility Services Handbook, subsection 6.2.9, "Vaccine Services for Renal Dialysis Facilities," and Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook,* subsection 9.2.37, "Immunizations for Clients Who Are 21 Years of Age or Older," for additional information.

Vision Services – Nonsurgical

Added Procedure Code									
92137									

Limitations for Added Procedure Code

Procedure code 92137 may be reimbursed as follows:

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

Procedure code 92137 is limited to one service per day, and two services per calendar year, any provider.

Additional services may be requested for procedure code 92137, with prior authorization, for a total of 12 services per calendar year.

Refer to: *The Texas Medicaid Provider Procedures Manual, Vision and Hearing Services Handbook,* subsection 4.3.6.9, "Scanning Computerized Ophthalmic Diagnostic Imaging" for additional information. ■

CCP Services Benefit Changes

The following CCP services benefit changes have been made to support the 2025 Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2025. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at **800-925-9126**.

Orthoses – CCP

Added Procedure Codes									
E1803	E1804	E1807	E1808	E1813	E1814	E1822	E1823	E1826	E1827
E1828	E1829								

Limitations for Added Procedure Codes

The added procedure codes listed above require prior authorization and may be reimbursed for clients who are birth through 20 years of age as follows:

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

The following procedure codes are limited to four rentals per lifetime, any provider and one purchase every three years:

Procedure Codes									
E1803	E1804	E1807	E1808	E1813	E1814	E1822	E1823	E1826	E1827
E1828	E1829								

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

Family Planning Program Services Benefit Changes

The 2025 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 2025 Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2025. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at **800-925-9126**.

Healthy Texas Women

Added Procedure Codes									
81515	87626								

Discontinued Procedure Code									
90654									

Limitations for Added Procedure Codes:

Procedure codes 81515 and 87626 may be reimbursed as follows:

- To physician assistant, nurse practitioner, clinical nurse specialist, physician, certified nurse midwife, registered nurse, nephrology (hemodialysis, renal dialysis), and renal dialysis facility providers for services rendered in the office setting.
- To hospital, including rural emergency hospital, providers for services rendered in the outpatient hospital setting.
- To independent laboratory providers for services rendered in the laboratory setting.

Procedure code 81515 is limited to three tests per day, any provider.

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 2025 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 2025 HCPCS deletions and replacements are effective January 1, 2025, for dates of service on or after January 1, 2025, 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 "2025 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, 2025, the discontinued 2025 HCPCS 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, 2025, 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 2025 HCPCS and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2025. 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, 2024.
- 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.*

Adalimumab

Added Procedure Codes									
J0139	Q5140								

Limitations for Added Procedure Codes

Procedure code Q5140 may be reimbursed for clients who are four years of age or older.

Procedure codes J0139 and Q5140 are restricted to the diagnosis codes in Appendix C on page 54 of this bulletin.

Coronary Artery Catheter Placement

Added Procedure Code									
C7562									

Limitations for Added Procedure Code

Procedure code C7562 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 physician, and hospital, including rural emergency hospital, providers for services rendered in the outpatient hospital setting.

If procedure codes C7562 and 93460 are billed with the same date of service, only one may be reimbursed.

Dental – Therapeutic Services

Discontinued Procedure Code									
D6095									

Refer to: *The CSHCN Services Program Provider Manual, subsection* **14.2.6.7.2**, *"Implants," for additional information.*

Doctor of Dentistry Services as a Limited Physician

Discontinued Procedure Code									
15819									

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									
96003									

Refer to: *The CSHCN Services Program Provider Manual*, subsection 31.2.19.4, "Motion Analysis Studies (MAS)," for additional information.

Genetic Services

Added Procedure Code									
96041									

Discontinued Procedure Code									
96040									

Limitations for Added Procedure Code

Procedure code 96041 replaces discontinued procedure code 96040. Procedure code 96041 may be reimbursed as follows:

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

A provider enrolled in the CSHCN Services Program as a geneticist may submit procedure code 96041 and receive an enhanced reimbursement.

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

Helicobacter Pylori Testing

Added Procedure Code									
87513									

Limitations for Added Procedure Code

Procedure code 87513 may be reimbursed as follows:

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

Initial testing for helicobacter pylori (H. pylori) and testing for H. pylori eradication after the completion of antibiotic therapy may be performed using the amplified probe technique (procedure code 87513).

Procedure code 87513 is limited to two services per 28 days, any provider.

Refer to: *The CSHCN Services Program Provider Manual,* subsection 25.2.9, "Helicobacter pylori (H. pylori)," for additional information.

Orthoses and Prostheses

Added Procedure Codes									
E1803	E1804	E1807	E1808	E1813	E1814	E1822	E1823	E1826	E1827
E1828	E1829								

Limitations for Added Procedure Codes

The added procedure codes listed above require prior authorization and may be reimbursed as follows:

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

The following procedure codes are each limited to one rental per calendar month, any provider:

Procedure Codes									
E1803	E1804	E1807	E1808	E1813	E1814	E1822	E1823	E1826	E1827
E1828	E1829								

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

Pathology and Laboratory Services – Microbiology

Added Procedure Codes									
87513	87564	87594	87626						

Limitations for Added Procedure Codes

Procedure codes 87513, 87564, 87594, and 87626 may be reimbursed as follows:

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

Procedure codes 87513, 87564, and 87594 are each limited to three tests per day, same provider.

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

Percutaneous Transluminal Mechanical Thrombectomy

Added Procedure Code									
C7564									

Limitations for Added Procedure Code

Procedure code C7564 may be reimbursed as follows:

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

If procedure codes C7564 and 37187 are billed with the same date of service, only one may be reimbursed.

Repair of Anterior Abdominal Hernia

Added Procedure Code									
C7565									

Limitations for Added Procedure Code

Procedure code C7565 may be reimbursed as follows:

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

If procedure code C7565 is billed with the same date of service as procedure code 49591 or 49623, only one may be reimbursed.

Transluminal Balloon Angioplasty

Added Procedure Code									
C7563									

Limitations for Added Procedure Code

Procedure code C7563 may be reimbursed as follows:

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

If procedure codes C7563 and 37246 are billed with the same date of service, only one may be reimbursed.

Vaccines

Discontinued Procedure Codes									
90630	90654								

Refer to: *The CSHCN Services Program Provider Manual,* subsection 31.2.25.8, "Influenza Vaccines," for additional information.

Vision Services Nonsurgical

Added Procedure Code									
92137									

Limitations for Added Procedure Code

Procedure code 92137 may be reimbursed as follows:

- The medical component may be reimbursed:
  - To physician assistant (PA), APRN, physician, and optometrist providers for services rendered in the office, inpatient hospital, and outpatient hospital settings.
- The professional interpretation component may be reimbursed:
  - To PA, APRN, physician, and optometrist providers for services rendered in the inpatient and outpatient hospital settings.
- The technical component may be reimbursed:
  - To PA, APRN, physician, and optometrist providers for services rendered in the office setting.

Procedure code 92137 is limited to one service per day, and two services per calendar year, any provider.

Refer to: *The CSHCN Services Program Provider Manual,* subsection 40.2.3.7, "Ocular Viewing and Diagnostic Testing Procedures," for additional information. ■

2025 HCPCS Procedure Code Additions

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

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
2	15011	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	15011	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	15012	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	15013	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	15013	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	15014	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	15015	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	15015	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	15016	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	15017	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	15017	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	15018	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	25448	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
8	25448	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	25448	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	38225	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	38226	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	38227	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	38228	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49186	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49186	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49187	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49187	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49188	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49188	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49189	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
8	49189	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	49190	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	49190	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	51721	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	53865	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	53865	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	53866	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	53866	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	55881	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	55882	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	55882	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	60660	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	60660	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	60661	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	61715	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	64466	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	64467	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	64468	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	64469	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	64473	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	64474	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
2	66683	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	66683	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
4	76014	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
4	76015	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
4	76016	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
I	76016	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
T	76016	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
4	76017	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
I	76017	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
T	76017	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
4	76018	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
I	76018	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
T	76018	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
4	76019	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
I	76019	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
T	76019	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	81195	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	81515	Requires rate hearing	Not a benefit	Requires rate hearing	Requires rate hearing	Requires rate hearing		HTW
5	81558	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	82233	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	82234	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	83884	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
5	84393	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	84394	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	86581	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
5	87513	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
5	87564	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
5	87594	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
5	87626	Requires rate hearing	Requires rate review	Requires rate hearing	Requires rate hearing	Requires rate hearing		Medicaid, CSHCN, HTW
1	90593	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	90695	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	92137	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
I	92137	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
T	92137	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
4	93896	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid
I	93896	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid
T	93896	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid
4	93897	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid
I	93897	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid
T	93897	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid
4	93898	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid
I	93898	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid
T	93898	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid
G	96041	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
1	98000	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	98001	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98002	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98003	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98004	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98005	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98006	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98007	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98008	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98009	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98010	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98011	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98012	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98013	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98014	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98015	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	98016	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	A9615	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C1735	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C1736	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C1737	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	C1738	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
9	C1739	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	C7562	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
2	C7563	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
2	C7564	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
2	C7565	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
4	C8001	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C8002	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	C8003	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	C9173	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	C9610	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	C9804	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	C9806	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	C9807	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	C9808	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	C9809	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D2956	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D6180	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D6193	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D7252	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D7259	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	D8091	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D8671	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D9913	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D9914	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
W	D9959	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
J	E1803	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
L	E1803	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
J	E1804	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
L	E1804	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
J	E1807	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
L	E1807	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
J	E1808	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
L	E1808	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
J	E1813	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
L	E1813	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
J	E1814	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
L	E1814	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
J	E1822	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
L	E1822	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
J	E1823	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
L	E1823	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
J	E1826	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
L	E1826	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
J	E1827	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
L	E1827	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
J	E1828	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
L	E1828	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
J	E1829	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
L	E1829	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit	Medicaid, CSHCN	Medicaid, CSHCN
1	G0532	Informational only	Informational only	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	G0533	Informational only	Informational only	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	G0534	Informational only	Informational only	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	G0535	Informational only	Informational only	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	G0536	Informational only	Informational only	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	G0537	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0538	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0539	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0540	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0541	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0542	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0543	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0544	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	G0545	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0546	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0547	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0548	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0549	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0550	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0551	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0552	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0553	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0554	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
9	G0555	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	G0556	Informational only	Informational only	Not a benefit	Not a benefit	Not a benefit		
1	G0557	Informational only	Informational only	Not a benefit	Not a benefit	Not a benefit		
1	G0558	Informational only	Informational only	Not a benefit	Not a benefit	Not a benefit		
1	G0559	Informational only	Informational only	Not a benefit	Not a benefit	Not a benefit		
1	G0560	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	G0561	Informational only	Informational only	Not a benefit	Not a benefit	Not a benefit		
6	G0562	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
I	G0562	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
T	G0562	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
6	G0563	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Medicaid	Medicaid
2	G0564	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	G0564	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
2	G0565	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
F	G0565	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	H0052	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	H0053	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J0139	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
1	J0601	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J0602	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J0603	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J0605	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J0607	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J0608	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J0609	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J0615	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	J0666	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J0870	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J0901	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J1307	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J1414	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J1552	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J2290	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J2472	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J2802	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		
1	J3392	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J7514	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	J7601	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J9026	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Medicaid	Medicaid

Type of Service	Procedure Code	Medicaid Allowable	CSHCN Allowable	HTW Allowable	HTW+ Allowable	FPP Allowable	Authorization Requirement	Benefit Changes
1	J9028	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Medicaid	Medicaid
1	J9076	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	J9292	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1371	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1372	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1373	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1374	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1375	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1376	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1377	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1378	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1379	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1380	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	M1381	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1382	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1383	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1384	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1385	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1386	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1387	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1388	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1390	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1391	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1392	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1393	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	M1394	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1395	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1396	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	M1397	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1398	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1399	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1400	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1401	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1402	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1403	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1404	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1405	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1406	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	M1407	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1408	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1409	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1410	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1411	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1412	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1413	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1414	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1415	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1416	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1417	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1418	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	M1419	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1420	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1421	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1422	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1423	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1424	Informational only	Informational only	Informational only	Informational only	Informational only		
1	M1425	Informational only	Informational only	Informational only	Informational only	Informational only		
1	Q0155	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q0521	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4346	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4347	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4348	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4349	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4350	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4351	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4352	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q4353	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	Q5139	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q5140	Requires rate hearing	Requires rate review	Not a benefit	Not a benefit	Not a benefit		Medicaid, CSHCN
1	Q5141	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	Q5142	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	Q5143	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	Q5144	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	Q5145	Requires rate hearing	Not a benefit	Not a benefit	Not a benefit	Not a benefit		Medicaid
1	Q5146	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q9996	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q9997	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		
1	Q9998	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Not a benefit		

Note: *All new, revised, and discontinued 2025 HCPCS procedure codes are effective for dates of service on or after January 1, 2025. 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									
0902T	0903T	0904T	0905T	0906T	0907T	0911T	0912T	0926T	0927T
0928T	0929T	0930T	0931T	0932T	0934T	0936T	0937T	0938T	0939T
0940T									

Surgical Procedure Codes									
0908T	0909T	0910T	0915T	0916T	0917T	0918T	0919T	0920T	0921T
0922T	0923T	0924T	0925T	0933T	0935T	0941T	0942T	0943T	

Radiological Procedure Codes									
0901T	0913T	0914T	0944T	0945T	0946T	0947T			

Laboratory Procedure Codes									
0521U	0522U	0523U	0524U	0525U	0526U	0527U	0528U	0529U	0530U

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 discontinued 2025 HCPCS procedure codes are no longer reimbursed after December 31, 2024. The following is a list of procedure codes that have been discontinued:

Procedure Codes									
15819	21632	33471	33737	33813	47802	49203	49204	49205	50135
51030	54438	58957	81433	81436	81438	86327	86490	88388	90630
90654	93890	96003	96040	99441	99442	99443	C7558	C9169	C9170
C9171	C9172	C9290	C9769	C9786	C9794	C9795	D2941	D6095	G0106
G0120	G0122	G2012	G8482	G8483	G8484	G8965	G8966	G9402	G9403
G9404	G9405	G9406	G9407	G9458	G9459	G9460	J0135	J0570	J2796
J2806	J9058	J9059	J9259	M0003	M1154	M1155	Q0516	Q0517	Q0518
Q0519	Q0520	Q5131	Q5132						

The following informational reporting procedure codes have been discontinued:

Procedure Codes									
0352U	0398T	0500T	0537T	0538T	0539T	0540T	0553T	0564T	0567T
0568T	0616T	0617T	0618T	G1001	G1002	G1003	G1004	G1007	G1008
G1010	G1011	G1012	G1013	G1014	G1015	G1016	G1017	G1018	G1019
G1020	G1021	G1022	G1023	G1024	G2070	G2071	G2072	G9707	G9751
G9760	G9892	G9893	G9921	G9974	G9975	G9990	G9991	M1219	M1264

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, 2025, 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
G	96041	96040	Requires rate hearing	Requires rate review
6	G0562	C9794	Requires rate hearing	Not a benefit
6	G0563	C9795	Requires rate hearing	Not a benefit
1	J9026	C9170	Requires rate hearing	Not a benefit
1	J9028	C9169	Requires rate hearing	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, 2025:

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

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

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

Modifiers

The following tables list revised and discontinued modifiers:

Revised Modifier									
TB									

Discontinued Modifiers									
JG	MA	MB	MC	MD	ME	MF	MG	MH	QQ

Providers may contact the appropriate copyright holder to obtain modifier descriptions. ■

Diagnosis Codes for Adalimumab Procedure Codes for Texas Medicaid

Procedure codes J0139, Q5140, Q5141, Q5142, Q5143, Q5144, and Q5145 are restricted to the following diagnosis codes:

Diagnosis Codes						
K5000	K50011	K50012	K50013	K50014	K50018	K5010
K50111	K50112	K50113	K50114	K50118	K5080	K50811
K50812	K50813	K50814	K50818	K5090	K50911	K50912
K50913	K50914	K50918	K50919	K5100	K51011	K51012
K51013	K51014	K51018	K5120	K51211	K51212	K51213
K51214	K51218	K5130	K51311	K51312	K51313	K51314
K51318	K5140	K51411	K51412	K51413	K51414	K51418
K51419	K5150	K51511	K51512	K51513	K51514	K51518
K5180	K51811	K51812	K51813	K51814	K51818	K5190
K51911	K51912	K51913	K51914	K51918	K51919	L400
L401	L402	L403	L404	L4050	L4051	L4052
L4053	L4054	L4059	L408	L409	M00039	M00071
M00072	M00079	M00171	M00172	M00179	M00271	M00272
M00279	M00871	M00872	M00879	M0500	M05011	M05012
M05019	M05021	M05022	M05029	M05031	M05032	M05039
M05041	M05042	M05049	M05051	M05052	M05059	M05061
M05062	M05069	M05071	M05072	M05079	M0509	M05271
M0530	M05411	M05412	M05421	M05422	M05431	M05432
M05441	M05442	M05451	M05452	M05461	M05462	M05471
M05472	M0549	M05511	M05512	M05521	M05522	M05531
M05532	M05541	M05542	M05551	M05552	M05561	M05562
M05571	M05572	M0559	M0560	M05611	M05612	M05619
M05621	M05622	M05629	M05631	M05632	M05639	M05641

Diagnosis Codes						
M05642	M05649	M05651	M05652	M05659	M05661	M05662
M05669	M05671	M05672	M05679	M0569	M05711	M05712
M05721	M05722	M05731	M05732	M05741	M05742	M05751
M05752	M05761	M05762	M05769	M05771	M05772	M05779
M0579	M057A	M05811	M05812	M05821	M05822	M05831
M05832	M05841	M05842	M05851	M05852	M05861	M05862
M05871	M05872	M0589	M058A	M06011	M06012	M06021
M06022	M06031	M06032	M06041	M06042	M06051	M06052
M06061	M06062	M06071	M06072	M0608	M0609	M060A
M061	M06811	M06812	M06819	M06821	M06822	M06829
M06831	M06832	M06839	M06841	M06842	M06849	M06851
M06852	M06859	M06861	M06862	M06869	M06871	M06872
M06879	M0688	M0689	M068A	M069	M0800	M08011
M08012	M08019	M08021	M08022	M08029	M08031	M08032
M08039	M08041	M08042	M08049	M08051	M08052	M08059
M08061	M08062	M08069	M08071	M08072	M08079	M0808
M0809	M081	M08811	M08812	M08821	M08822	M08831
M08832	M08839	M08841	M08842	M08849	M08851	M08852
M08859	M08861	M08862	M08871	M08872	M0888	M0889
M08911	M08912	M08919	M08921	M08922	M08929	M08931
M08932	M08939	M08941	M08942	M08949	M08951	M08952
M08959	M08961	M08962	M08969	M08971	M08972	M0898
M13871	M13872	M13879	M450	M451	M452	M453
M454	M455	M456	M457	M458	M459	M45A0
M45A1	M45A2	M45A3	M45A4	M45A5	M45A6	M45A7
M45A8	M45AB	M488X1	M488X2	M488X3	M488X4	M488X5
M488X6	M488X7	M488X8	M488X9			

Diagnosis Codes for Diagnostic Doppler Sonography Procedure Codes for Texas Medicaid

Procedure codes 93896, 93897, and 93898 are restricted to the following diagnosis codes:

Diagnosis Codes						
D7821	D7822	G450	G452	G453	G454	G458
G459	G460	G461	G462	G9382	G9389	G9731
G9732	G9748	G9749	G9751	G9752	G9761	G9762
H59311	H59312	H59313	H59319	H59321	H59322	H59323
H59329	H59331	H59332	H59333	H59339	H59341	H59342
H59343	H59349	H9541	H9542	H9551	H9552	I6011
I6012	I602	I6031	I6032	I604	I6051	I6052
I606	I608	I610	I611	I613	I614	I615
I616	I618	I63011	I63012	I63013	I6302	I63031
I63032	I63033	I6309	I63111	I63112	I63113	I6312
I63131	I63132	I63133	I6319	I63211	I63212	I63213
I6322	I63231	I63232	I63233	I6329	I63311	I63312
I63313	I63321	I63322	I63323	I63331	I63332	I63333
I63341	I63342	I63343	I6339	I63411	I63412	I63413
I63421	I63422	I63423	I63431	I63432	I63433	I63441
I63442	I63443	I6349	I63511	I63512	I63513	I63521
I63522	I63523	I63531	I63532	I63533	I63541	I63542
I63543	I6359	I636	I6381	I6389	I639	I6501
I6502	I6503	I651	I6521	I6522	I6523	I658
I6601	I6602	I6603	I6611	I6612	I6613	I6621
I6622	I6623	I663	I668	I671	I672	I677
I6781	I6782	I67841	I67848	I67850	I67858	I6789
I679	I726	I749	I76	I97610	I97611	I97618

Diagnosis Codes						
I97620	I97621	I97630	I97631	I97638	J95830	J95831
J95860	J95861	K9161	K91840	K91841	K91870	K91871
L7621	L7622	L7631	L7632	M96830	M96831	M96840
M96841	N99820	N99821	N99840	N99841	Q282	Q283
R260	R261	R2681	R2689	R295	R29810	R4701
R4702	R471	R4781	R4789	R55	S090XXA	S090XXD
S090XXS	S15111A	S15111D	S15111S	S15112A	S15112D	S15112S
S15121A	S15121D	S15121S	S15122A	S15122D	S15122S	S15191A
S15191D	S15191S	S15192A	S15192D	S15192S	T82818A	T82818D
T82818S	T82828A	T82828D	T82828S	T82838A	T82838D	T82838S
T82848A	T82848D	T82848S	T82858A	T82858D	T82858S	T82868A
T82868D	T82868S	Z09				

Note: *Use diagnosis code G9389 to identify assessment of suspected brain death. Use diagnosis code I749 to report paradoxical cerebral embolism. Use diagnosis code R55 when symptomatology indicates a strong clinical suspicion of vertebrobasilar insufficiency.* ■

Diagnosis Codes for Adalimumab Procedure Codes for the CSHCN Services Program

Procedure codes J0139 and Q5140 are restricted to the following diagnosis codes:

Diagnosis Codes						
K5000	K50011	K50012	K50013	K50014	K50018	K5010
K50111	K50112	K50113	K50114	K50118	K5080	K50811
K50812	K50813	K50814	K50818	K5090	K50911	K50912
K50913	K50914	K50918	K50919	K5100	K51011	K51012
K51013	K51014	K51018	K51019	K5120	K51211	K51212
K51213	K51214	K51218	K5130	K51311	K51312	K51313
K51314	K51318	K5140	K51411	K51412	K51413	K51414
K51418	K51419	K5150	K51511	K51512	K51513	K51514
K51518	K51519	K5180	K51811	K51812	K51813	K51814
K51818	K51819	K5190	K51911	K51912	K51913	K51914
K51918	K5650	K5651	K5652	K56600	K56601	K56609
K56690	K56691	K56699	K9130	K9131	K9132	L400
L401	L402	L403	L404	L4050	L4051	L4052
L4053	L4054	L4059	L408	M00039	M00071	M00072
M00079	M00171	M00172	M00179	M00271	M00272	M00279
M00871	M00872	M00879	M0500	M05011	M05012	M05019
M05021	M05022	M05029	M05031	M05032	M05039	M05041
M05042	M05049	M05051	M05052	M05059	M05061	M05062
M05069	M05071	M05072	M05079	M0509	M05271	M0530
M0540	M05411	M05412	M05419	M05421	M05422	M05429
M05431	M05432	M05439	M05441	M05442	M05449	M05451
M05452	M05459	M05461	M05462	M05469	M05471	M05472
M05479	M0549	M0550	M05511	M05512	M05519	M05521

Diagnosis Codes						
M05522	M05529	M05531	M05532	M05539	M05541	M05542
M05549	M05551	M05552	M05559	M05561	M05562	M05569
M05571	M05572	M05579	M0559	M0560	M05611	M05612
M05619	M05621	M05622	M05629	M05631	M05632	M05639
M05641	M05642	M05649	M05651	M05652	M05659	M05661
M05662	M05669	M05671	M05672	M05679	M0569	M0570
M05711	M05712	M05719	M05721	M05722	M05729	M05731
M05732	M05739	M05741	M05742	M05749	M05751	M05752
M05759	M05761	M05762	M05769	M05771	M05772	M05779
M0579	M057A	M0580	M05811	M05812	M05819	M05821
M05822	M05829	M05831	M05832	M05839	M05841	M05842
M05849	M05851	M05852	M05859	M05861	M05862	M05869
M05871	M05872	M05879	M0589	M058A	M059	M0600
M06011	M06012	M06019	M06021	M06022	M06029	M06031
M06032	M06039	M06041	M06042	M06049	M06051	M06052
M06059	M06061	M06062	M06069	M06071	M06072	M06079
M0608	M0609	M060A	M061	M0620	M06211	M06212
M06219	M06221	M06222	M06229	M06231	M06232	M06239
M06241	M06242	M06249	M06251	M06252	M06259	M06261
M06262	M06269	M06271	M06272	M06279	M0628	M0629
M0630	M06311	M06312	M06319	M06321	M06322	M06329
M06331	M06332	M06339	M06341	M06342	M06349	M06351
M06352	M06359	M06361	M06362	M06369	M06371	M06372
M06379	M0638	M0639	M0680	M06811	M06812	M06819
M06821	M06822	M06829	M06831	M06832	M06839	M06841
M06842	M06849	M06851	M06852	M06859	M06861	M06862
M06869	M06871	M06872	M06879	M0688	M0689	M068A
M069	M0800	M08011	M08012	M08019	M08021	M08022

Diagnosis Codes						
M08029	M08031	M08032	M08039	M08041	M08042	M08049
M08051	M08052	M08059	M08061	M08062	M08069	M08071
M08072	M08079	M0808	M0809	M081	M08811	M08812
M08821	M08822	M08831	M08832	M08839	M08841	M08842
M08849	M08851	M08852	M08859	M08861	M08862	M08871
M08872	M0888	M0889	M08911	M08912	M08919	M08921
M08922	M08929	M08931	M08932	M08939	M08941	M08942
M08949	M08951	M08952	M08959	M08961	M08962	M08969
M08971	M08972	M0898	M13871	M13872	M13879	M450
M451	M452	M453	M454	M455	M456	M457
M458	M459	M45A0	M45A1	M45A2	M45A3	M45A4
M45A5	M45A6	M45A7	M45A8	M45AB	M48061	M48062
M488X1	M488X2	M488X3	M488X4	M488X5	M488X6	M488X7
M488X8	M488X9					