

Medicaid and CHIP Precertification Effective Dates

This procedure code listing is for Outpatient Procedures performed by a Participating Provider. Authorization requirements noted in this list are current as of the date/time the report was provided in April 2021. The authorization requirements may change. Please refer to the Newsletters located under the Provider Resources & Documents sections on the Provider Website for any scheduled changes. Amerigroup may request specific additional information upon review of the request for prior authorization. Please refer back to the Precertification Look-Up Tool to review specific codes for detailed vendor information. This document is not intended to display benefit information and benefit coverage would still need to be validated following your normal process.

Precertification Look-Up Tool: <https://provider.amerigroup.com/agg/pages/pluto>

State	Line of business	Procedure code	Procedure code description	Authorization required	Effective date	Term date
Texas	Medicaid/SCHIP/Family Care	0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	Yes	9/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0098U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 14 targets (adenovirus, coronavirus, human metapneumovirus, influenza A, influenza A subtype H1, influenza A subtype H3, influenza A subtype H1-2009, influenza B, parainfluenza virus, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydia pneumoniae, Mycoplasma pneumoniae)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0099U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus, coronavirus OC43, human metapneumovirus, influenza A, influenza A subtype, influenza A subtype H1-2009, influenza B, parainfluenza virus, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydia pneumoniae, Mycoplasma pneumoniae)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0100U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 21 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus NL63, coronavirus OC43, human metapneumovirus, human rhinovirus/enterovirus, influenza A, including subtypes H1, H1-2009, and H3, influenza B, parainfluenza virus 1, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, respiratory syncytial virus, Bordetella parapertussis [J51001], Bordetella pertussis [ptxP], Chlamydia pneumoniae, Mycoplasma pneumoniae)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, <P>PTEN</P>-hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], <EPCAM>-/- and <GREM1>-/- [deletion/duplication only])	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], <EPCAM>-/- [deletion/duplication only])	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel <A>ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and <A>TP53	Yes	4/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), targeted mRNA sequence analysis panel <A>APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTHY, PMS2, PTEN, and <A>TP53 (List separately in addition to code for primary procedure)	Yes	4/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	Yes	4/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	Yes	4/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)	Yes	4/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	Yes	4/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a tripl	Yes	4/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0154U	FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3	Yes	9/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0155U	PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.	Yes	4/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0156U	Copy number (eg, intellectual disability, dysmorphism), sequence analysis	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatous polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0158U	MLH1 (mutl. homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0168U	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for	Yes	4/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 gene	Yes	11/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0175U	Psychiatry (ie, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	Yes	11/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles	Yes	9/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles	Yes	9/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continu	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspi	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negativ	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0206U	Neurology (Alzheimer disease), cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCε) concentration in response to amylophospheroid treatment by ELISA, c	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0207U	Neurology (Alzheimer disease), quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibr	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0208U	Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary t	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy	Yes	12/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tand	Yes	12/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tand	Yes	12/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tande	Yes	12/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tande	Yes	12/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions,	Yes	12/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and va	Yes	12/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or	Yes	12/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, del	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic region	Yes	3/1/2021	12/31/9999

Texas	Medicaid/SCHIP/Family Care	0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expa	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0235U	PTEN [phosphatase and tensin homolog] (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence chan	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, dupl	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)	Yes	7/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	Yes	7/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)	Yes	7/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Yes	7/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	Yes	7/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	Yes	7/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0483T	Transcatheter mitral valve implantation/replacement (TMV) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0484T	Transcatheter mitral valve implantation/replacement (TMV) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0513T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0535T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Yes	7/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Yes	7/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Yes	7/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Yes	7/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0548T	Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0549T	Transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0550T	Transperineal periurethral balloon continence device; removal, each balloon	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0551T	Transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with subcutaneous electrode(s), including all imaging guidance and electrophysiological evaluation (inc	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0572T	Insertion of subcutaneous implantable defibrillator electrode	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, pro	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	Yes	7/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	Yes	7/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	Yes	7/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first le	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each add	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional le	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	11920	Tattooing To Correct Color Defects; 6.0 Sq Cm/c	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	11921	Tattooing To Correct Color Defects; 6.1-20.0 Sq Cm	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmen	Yes	1/1/2009	12/31/9999

Texas	Medicaid/SCHIP/Family Care	11952	Subq Injection, Filling Matl; 5.1 To 10.0 Cc		Yes	7/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	11954	Subq Injection, Filling Matl; > 10.0 Cc		Yes	3/23/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15271	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15780	Dermabrasion; Total Face		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15781	Dermabrasion; Segmental, Face		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15782	Dermabrasion; Regional, Other Than Face		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15786	Abrasion; Single Lesion		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15787	Abrasion; Adet1 4 Lesions/c		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15788	Chemical Peel, Facial; Epidermal		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15789	Chemical Peel, Facial; Dermal		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15792	Chemical Peel, Nonfacial; Epidermal		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15793	Chemical Peel, Nonfacial; Dermal		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15821	Blepharoplasty, Lower Eyelid; W/Extensive Herniated Fat Pad		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15824	Rhytidectomy, Forehead		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15828	Rhytidectomy, Cheek, Chin, & Neck		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen, infraumbilical panniculectomy)		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	15877	Suction Assisted Lipectomy; Trunk		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	17106	Destruction, Cutaneous Vascular Proliferative Lesions; < 10 Sq Cm		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	17107	Destruction, Cutaneous Vascular Proliferative Lesions; 10.0-50.0 Sq Cm		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	17108	Destruction, Cutaneous Vascular Proliferative Lesions; > 50.0 Sq Cm		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	17380	Electrolysis epilation, each 30 minutes		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19300	Mastectomy for gynecomastia		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19316	Mastopexy		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19318	Reduction Mammoplasty		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19325	Mammoplasty, Augmentation; W/Prosthetic Implant		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19328	Removal, Intact Mammary Implant		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19330	Removal, Mammary Implant Matl		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19340	Immediate Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19342	Delayed Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19350	Nipple/Areola Reconstruction		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19355	Correction, Inverted Nipples		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19357	Breast Reconstruction W/Tissue Expander, Immediate/Delayed, W/Subseq Expansion		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19364	Breast Reconstruction W/Free Flap		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19367	Breast Reconstruction W/Myocutaneous (Tram) Flap, Single Pedicle W/Closure Donor Site;		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19380	Revision, Reconstructed Breast		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	19396	Preparation, Moulage, Custom Breast Implant		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	20200	Bx, Muscle; Superficial		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	20205	Bx, Muscle; Deep		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	20206	Bx, Muscle, Percutaneous Needle		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (a		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21060	Meningectomy, Partial/Complete, Temporomandibular Joint (Snp Proc)		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21083	Impression & Custom Preparation; Palatal Lift Prosthesis		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21087	Impression & Custom Preparation; Nasal Prosthesis		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21127	Augmentation, Mandibular Body/Angle; W/Bone Graft/Onlay/Interpositional W/Obtaining Autograft		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21137	Reduction Forehead; Contouring Only		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21139	Reduction Forehead; Contouring & Setback, Anterior Frontal Sinus Wall		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21143	Reconstruction midface, Left/rt; 3 or more pieces, segment movement in any direction, without bone graft		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21150	Reconstruction Midface, Left/rt; Anterior Intrusion		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21151	Reconstruction Midface, Left/rt; W/Bone Grafts		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21155	Reconstruction Midface, Left/rt; W/Bone Grafts; W/Left/rt		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21159	Reconstruction Midface, Left/rt; (Extra/Intracranial), W/Bone Grafts, W/O Left/rt		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21160	Reconstruction Midface, Left/rt; (Extra/Intracranial), W/Bone Grafts, W/Left/rt		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21172	Reconstruction Superior-Lateral Orbital Rim & Lower Forehead		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21175	Reconstruction, Bifrontal, Superior-Lateral Orbital Rims & Lower Forehead		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21179	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Grafts (Allgraft/Prosthetic)		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21180	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Autograft		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21194	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/Bone Graft		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21196	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/Int Rigid Fixation		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21198	Osteotomy, Mandible, Segmental		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21206	Osteotomy, Maxilla, Segmental		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21210	Graft, Bone; Nasal, Maxillary/Malar Areas (Includes Obtaining Graft)		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21230	Graft; Rib Cartilage, Autogenous, Face/Chin/Nose/Ear (Includes Obtaining Graft)		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21235	Graft; Ear Cartilage, Autogenous, Nose/Ear (Includes Obtaining Graft)		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21256	Reconstruction, Orbit W/Osteotomies & Bone Grafts (Includes Obtaining Autografts)		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21270	Malar Augmentation, Prosthetic Matl		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21685	Hypoid Myotomy and Suspension		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open		Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy		Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic		Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral		Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)		Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic		Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar		Yes	1/1/2015	12/31/9999

Texas	Medicaid/SCHIP/Family Care	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single ie	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22548	Arthrodesis, Anterior Transforaminal/Extraforam, Atlas-Axis, W/Wo Excision Odontoid Process	Yes	12/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22554	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Cervical Below C2	Yes	12/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22558	Arthrodesis, Anterior Interbody, W/Minimal Discectomy, Lumbar	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22585	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Add'l Interspace	Yes	12/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22590	Arthrodesis, Posterior Technique, CranioCervical	Yes	12/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22595	Arthrodesis, Posterior Technique, Atlas-Axis	Yes	12/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22600	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Cervical Below C2	Yes	12/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22614	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Add'l Segment	Yes	12/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22630	Arthrodesis, Post Interbody W/Laminectomy &/Or Dissect, Prep Interspace, Single Interspace; Lumbar	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22632	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22800	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; Up To 6 Vertebral Segments	Yes	11/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22802	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 7 To 12 Vertebral Segments	Yes	11/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22804	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 13+ Vertebral Segments	Yes	11/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22808	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 2 To 3 Vertebral Segments	Yes	11/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22810	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 4 To 7 Vertebral Segments	Yes	11/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22812	Spinal Fixation, Wiring, Spinous Processes	Yes	11/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs	Yes	11/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 + More	Yes	11/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	27120	Acetabuloplasty;	Yes	7/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	27122	Acetabuloplasty; Resection, Femoral Head	Yes	7/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	27125	Hemiarthroplasty, Hip, Partial	Yes	5/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft	Yes	5/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	27132	Conversion, Previous Hip Surgery To Total Hip Arthroplasty, W/Wo Autograft/Allograft	Yes	5/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	27134	Revision, Total Hip Arthroplasty; Both Components, W/Wo Autograft/Allograft	Yes	5/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	27138	Revision, Total Hip Arthroplasty; Femoral Component Only, W/Wo Allograft	Yes	5/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	27432	Autologous Chondrocyte Implantation, Knee	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	27415	Osteochondral allograft, knee, open	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	27437	Arthroplasty, Patella; W/O Prosthesis	Yes	7/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	27445	Arthroplasty, Knee, Hinge Prosthesis	Yes	5/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	27447	Arthroplasty, Knee, Condyle & Plateau; Medial & Lateral Compartments, W/Wo Patella Resurfacing	Yes	5/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion	Yes	7/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance,	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29870	Arthroscopy, Knee, Dx, W/Wo Synovial Bx (Sep Proc)	Yes	4/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29873	Arthroscopy, Knee, Surgical; W/Lateral Release	Yes	4/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29874	Arthroscopy, Knee, Surgical; Removal, Loose/Fb	Yes	4/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Sep Proc)	Yes	4/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	Yes	4/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29877	Arthroscopy, Knee, Surgical; Debridement/Shaving, Articular Cartilage (Chondroplasty)	Yes	4/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29879	Arthroscopy, knee, surgical; Abrasion Arthroplasty (W/Chondroplasty) (Multiple Drilling/Microfx	Yes	4/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	Yes	4/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	Yes	4/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29882	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial/Lateral	Yes	4/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29883	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial & Lateral	Yes	4/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesions, W/Wo Manipulation (Sep Proc)	Yes	4/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29885	Arthroscopy, Knee, Surgical; Drill, Osteochondritis Dissecans W/Bone Graft, W/Wo Int/Ext Fixation	Yes	4/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29886	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion	Yes	4/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29887	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion W/Int Fixation	Yes	4/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Yes	5/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29915	Arthroscopy, subarticular joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Yes	5/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	29916	Arthroscopy, subarticular joint, surgical; with labral repair	Yes	5/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	30117	Excision/Destruction, Intraosseous Lesion; Int Approach	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	30120	Excision/Surgical Planning, Skin, Nose, Rhinophyma	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	30400	Rhinoplasty, Primary; Lateral & Alar Cartilages &/Or Elevation, Nasal Tip	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	30420	Rhinoplasty, Primary; W/Major Septal Repair	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	30435	Rhinoplasty, Secondary; Intermediate Revision (Bony Work W/Osteotomies)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	30450	Rhinoplasty, Secondary; Major Revision (Nasal Tip Work & Osteotomies)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	30999	Unilateral Prox, Nose	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	31020	Ethmoidectomy, Intranasal, Anterior	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	31201	Ethmoidectomy, Intranasal, Total	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	31205	Ethmoidectomy, Extranasal, Total	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullosus or non-bullosus) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullosus or non-bullosus) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SBRT/SBRT), (photon or particle beam), entire course of treatment	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	32852	Lung Transplant, Single; W/Cardiopulmonary Bypass	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33140	Transmyocardial Laser Revascularization, By Thoracotomy	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed W/Other Open Cardiac Proc	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33271	Insertion of subcutaneous implantable defibrillator electrode	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33477	Transcatheter aortic valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33889	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovasc	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33928	Removal and replacement of total replacement heart system (artificial heart)	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33930	Donor Cardiectomy-Pneumonectomy, W/Preparation & Maintenance, Allograft	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33940	Donor Cardiectomy, W/Preparation & Maintenance, Allograft	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33945	Heart Transplant, W/Wo Recipient Cardiectomy	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33975	Insertion, Ventricular Assist Device; Extracorporeal, Single Ventricle	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33976	Insertion, Ventricular Assist Device; Extracorporeal, Biventricular	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33979	Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33982	Replacement of ventricular assist device pump(s), implantable intracorporeal, single ventricle, without cardiopulmonary	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33983	Replacement of ventricular assist device pump(s), implantable intracorporeal, single ventricle, with cardiopulmonary byp	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Yes	1/1/2018	12/31/9999

Texas	Medicaid/SCHIP/Family Care	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Yes	1/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	1/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Radiofrequency, First Vein Treated	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Laser, First Vein Treated	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	Yes	7/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Yes	7/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Yes	7/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	Yes	7/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Yes	7/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Yes	7/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	Yes	7/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	Yes	7/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Yes	7/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Yes	7/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention for tumors, organ ischemia, or infarction	Yes	9/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38204	Management, Recipient Hematopoietic Progenitor Cell Donor Search & Cell Acquisition	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogeneic	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38207	Transplant Preparation, Hematopoietic Progenitor Cells; Cryopreservation & Storage	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38210	Transplant Prep, Hematopoietic Progenitor Cells; Specific Cell Deplet W/in Harvest, T-Cell Deplete	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38211	Transplant Preparation, Hematopoietic Progenitor Cells; Tumor Cell Deplete	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38212	Transplant Preparation, Hematopoietic Progenitor Cells; Red Blood Cell Removal	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38213	Transplant Preparation, Hematopoietic Progenitor Cells; Platelet Depletion	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38214	Transplant Preparation, Hematopoietic Progenitor Cells; Plasma (Volume) Depletion	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38215	Transplant Prep, Hematopoietic Progenitor Cells; Cell Conc, Plasma/Mononuclear/Buffy Coat	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38230	Bone marrow harvesting for transplantation, allogeneic	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38232	Bone Marrow Harvesting For Transplantation; Autologous	Yes	1/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38241	Hematopoietic progenitor cell (HPC); autologous transplantation	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38242	Allogeneic lymphocyte infusions	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	38243	Hematopoietic progenitor cell (HPC); HPC boost	Yes	1/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or trans	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	42145	Palatopharyngoplasty	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Yes	4/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	43499	Unlisted Proc, Esophagus	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	43842	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Vertical-Banded Gastroplasty	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	43845	Gastric Stapling Morbid Obesity	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	44132	Donor Enterectomy, Open, W/Prep & Maintenance, Allograft; Cadaver Donor	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	44133	Donor Enterectomy, Open With Prep & Maintenance, Allograft; Partial, Living Donor	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	44135	Intestinal Allograft Transplantation; From Cadaver Donor	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	44136	Intestinal Allograft Transplantation; From Living Donor	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	44715	Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Venous Anastomosis, Each	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Arterial Anastomosis, Each	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	47120	Hepatectomy, Resection, Liver; Partial Lobectomy	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	47133	Donor Hepatectomy, W/Preparation & Maintenance, Allograft; Cadaver Donor	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	47135	Liver Allograft Transplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	47371	Laparoscopy, Surgical, Ablation 1+ Liver Tumor(S); Cryosurgical	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	47999	Unlisted Proc, Biliary Tract	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	48160	Pancreatectomy, Total/Subtotal W/Autologous Transplantation Pancreas/Pancreatic Islets	Yes	9/1/2005	12/31/9999
Texas	Medicaid/SCHIP/Family Care	48550	Donor Pancreatectomy, W/Prep & Maintenance, Cadaver Donor, W/Wo Duodenal Segment	Yes	9/1/2005	12/31/9999
Texas	Medicaid/SCHIP/Family Care	48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	48554	Transplantation, Pancreatic Allograft	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	48556	Removal, Transplanted Pancreatic Allograft	Yes	9/1/2005	12/31/9999
Texas	Medicaid/SCHIP/Family Care	50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bilat W/Prep & Maintenance, Allograft	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	50320	Donor Nephrectomy, Open, Living Donor W/O Allograft Preparation & Maintenance	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each	Yes	8/1/2013	12/31/9999

Texas	Medicaid/SCHIP/Family Care	50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	50340	Recipient Nephrectomy (Sep Proc)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	50360	Renal Allograft Transplantation, Implantation, Graft: W/O Donor & Recipient Nephrectomy	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	50365	Renal Allograft Transplantation, Implantation, Graft: W/Recipient Nephrectomy	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	50547	Laparoscopy, Surgical; Donor Nephrectomy, Living Donor W/O Allograft Prep & Maintenance	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	53175	Endoscopic Injection, Implant Matt Into Submucosal Tissues, Urethra &/Or Bladder Neck	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	53445	Insertion, Inflatable Urethra/Bladder Neck Splincter, W/Placement Pump &/Or Reservoir & Cuff	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	53447	Removal & Replace, Inflatable Splincter W/Pump/Reservoir, Cuff, Same Session	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	53448	Remove & Replace Inflatable Splincter W/Pump/Reservoir/Cuff, Infected, W/Irrig & Debride	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	53449	Repair, Inflatable Urethra/Bladder Neck Splincter Device, Ind Pump/Reservoir/Cuff	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	54360	Plastic Operation, Penis To Correct Angulation	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	54400	Insertion, Penile Prosthesis; Non-Inflatable (Semi-Rigid)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	54401	Insertion, Penile Prosthesis; Inflatable (Self-Contained)	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	54405	Insertion, (Multi-Component) Inflatable Penile Prosthesis	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	54417	Removal & Replace, Non-Inflatable/Inflatable Penile Prosthesis Infect, W/Irrig & Debride	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	54440	Plastic Operation, Penis, Injury	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	55860	Exposure, Prostate, Any Approach, Radiation Insertion	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	55899	Unlisted Proc, Male Genital System	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	55920	Placement of needles or catheters into pelvic organs and/or genitalia (expect prostate) for subsequent interstitial radi	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	56800	Plastic Repair, Introlitus	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	56805	Clitoroplasty, Intersex State	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	56810	Perineoplasty, Repair, Perineum, Nonobstetrical (Sep Proc)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	57291	Construction, Artificial Vagina: W/O Graft	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	57292	Construction, Artificial Vagina: W/Graft	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	57335	Vaginoplasty, Intersex State	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	58346	Insertion, Heyman Capsules, Clinical Brachytherapy	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	58076	Fetal Shunt Placement, Including Ultrasound Guidance	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	61635	Transarterial placement of intracranial stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angiop	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	61720	Creation, Lesion, Stereotactic W/Burr Hole(S), Single/Multiple; Globus Pallidus/Thalamus	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	61791	Creation, Lesion, Stereotactic, Percutaneous, Neurolytic Agent; Trigeminal Medullary Tract	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (Lis	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (Li	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary pro	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	61850	Twist Drill/Burr Hole(S), Implantation, Neurostimulator Electrodes, Cortical	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	61860	Craniotomy/Craniotomy, Implantation, Neurostimulator Electrodes, Cerebral, Cortical	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w/ Intraop Microelectrode Recording; First Array	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	61864	Burr Hole Craniotomy w/ Implantation of Subcortical Electrode Array, w/ Intraop Microelectrode Recording; ea addl Array	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w/ Intraop Microelectrode Recording; First Array	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	61868	Burr Hole Craniotomy w/ Implantation of Subcortical Electrode Array, w/ Intraop Microelectrode Recording; ea addl Array	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Single Electrode Array	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Yes	1/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Yes	1/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Yes	1/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Yes	1/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63005	Laminectomy W/Facetectomy/Foraminotomy/Disectomy, 1/2 Segments; Lumbar	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63012	Laminectomy W/Removal, Abnormal Facets, Lumbar	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63017	Laminectomy W/O Facetectomy/Foraminotomy/Disectomy, > 2 Segments; Lumbar	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63042	Laminotomy W/Parti Facetectomy/Foraminotomy/Herniated Diskect, Re-Explor, Single Interspc; Lumbar	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63047	Laminectomy, Facetectomy & Foraminotomy, 1 Segment; Lumbar	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63048	Laminectomy, Facetectomy & Foraminotomy; Add'l Segment, Cervical/Thoracic/Lumbar	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63057	Transpedicular Approach, Add'l Segment; Thoracic/Lumbar	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63185	Laminectomy with rhizotomy; 1 or 2 segments	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63190	Laminectomy with rhizotomy; more than 2 segments	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63252	Laminectomy, Excision/Occlusion, Avn, Spinal Cord; Thoracolumbar	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63267	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Lumbar	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63272	Laminectomy, Excision, Intraspinal Lesion Other Than Neoplasm, Intradural; Lumbar	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63277	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural; Lumbar	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63282	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extradural; Lumbar	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63287	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary; Thoracolumbar	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63290	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural-Intradural Lesion, Any Level	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separat	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	63685	Incision/Placement, Spinal Neurostimulator Pulse Generator/Receiver	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64405	Injection, Anesthetic Agent; Greater Occipital Nerve	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64415	Injection, Anesthetic Agent; Brachial Plexus, Single	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64417	Injection, Anesthetic Agent; Axillary Nerve	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64447	Injection, Anesthetic Agent; Femoral Nerve, Single	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64450	Injection, Anesthetic Agent; Other Peripheral Nerve/Branch	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64479	Injection(s), anesthetic agent and/or steroid, transforminial epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64480	Injection(s), anesthetic agent and/or steroid, transforminial epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64483	Injection(s), anesthetic agent and/or steroid, transforminial epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64484	Injection(s), anesthetic agent and/or steroid, transforminial epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64533	Percutaneous implantation of neurostimulator electrode array; cranial nerve	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64553	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforminial placement) including image guidance, if performed	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforminial placement)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupl	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64605	Destruction, Neurolytic, Trigeminal Nerve; 2nd & 3rd Division	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64640	Destruction, Neurolytic, Other Peripheral Nerve/Branch	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64716	Neuroplasty &/Or Transposition; Cranial Nerve (Specify)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64732	Transsection/Avulsion; Supraorbital Nerve	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64734	Transsection/Avulsion; Infraorbital Nerve	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64736	Transsection/Avulsion; Mental Nerve	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64738	Transsection/Avulsion; Inferior Alveolar Nerve, Osteotomy	Yes	8/1/2013	12/31/9999

Texas	Medicaid/SCHIP/Family Care	64740	Transection/Avulsion; Lingual Nerve	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64742	Transection/Avulsion; Facial Nerve, Differential/Complete	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64864	Suture, Facial Nerve; Extracranial	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64865	Suture, Facial Nerve; Infratemporal, W/Wo Grafting	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64866	Anastomosis; Facial-Spinal Accessory	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	64868	Anastomosis; Facial-Hypoglossal	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	65767	Epikeratoplasty	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more s	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	69300	Otoplasty, Protruding Ear, W/Wo Size Reduction	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	69955	Total Facial Nerve Decompression &/Or Repair, (May Include Graft)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70336	Mri, Temporomandibular Joints	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70450	Ct Scan, Head/Brain; W/O Contrast Matl	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70460	Ct Scan, Head/Brain; W/Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70481	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70482	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70544	Mra, Head; W/O Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70545	Mra, Head; W/Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70547	Mra, Neck; W/O Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70548	Mra, Neck; W/Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70551	Mri, Brain; W/O Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70552	Mri, Brain; W/Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part m	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofun	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	71250	Ct Scan, Thorax; W/O Contrast Matl	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	71260	Ct Scan, Thorax; W/Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	71270	Ct Scan, Thorax; W/O Contrast, Then W/Contrast & Further Sections	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if perfo	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	71550	Mri, Chest; W/O Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	71551	Mri, Chest; W/Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72125	Ct Scan, Cervical Spine; W/O Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72126	Ct Scan, Cervical Spine; W/Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72127	Ct Scan, Cervical Spine; W/O Contrast, Then W/Contrast & Further Sections	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72128	Ct Scan, Thoracic Spine; W/Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72129	Cat, Thoracic Spine; w/Contrast Materl, 18-2	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72130	Ct Scan, Thoracic Spine; W/O Contrast, Then W/Contrast & Further Sections	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72131	Ct Scan, Lumbar Spine; W/O Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72132	Ct Scan, Lumbar Spine; W/Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72133	Ct Scan, Lumbar Spine; W/O Contrast, Then W/Contrast & Further Sections	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72141	Mri, Cervical Spine; W/O Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72142	Mri, Cervical Spine; W/Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72146	Mri, Thoracic Spine; W/O Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72147	Mri, Thoracic Spine; W/Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72148	Mri, Lumbar Spine; W/O Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72149	Mri, Lumbar Spine; W/Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72159	Mri, Spine W/Wo Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72161	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72192	Ct Scan, Pelvis; W/O Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72193	Ct Scan, Pelvis; W/Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72195	Mri, Pelvis; W/O Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72196	Mri, Pelvis; W/Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	72198	Mra, Pelvis, W/Wo Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73200	Ct Scan, Upper Extremity; W/O Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73201	Ct Scan, Upper Extremity; W/Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73219	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73225	Mra, Upper Extremity, W/Wo Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73700	Ct Scan, Lower Extremity; W/O Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73701	Ct Scan, Lower Extremity; W/Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	73725	Mra, Lower Extremity, W/Wo Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	74150	Ct Scan, Abdomen; W/O Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	74160	Computed tomography, abdomen; with contrast material(s)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing	Yes	1/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	74176	Computed tomography, abdomen and pelvis; without contrast material	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	74177	Computed tomography, abdomen and pelvis; with contrast material(s)	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	74181	Mri, Abdomen; W/O Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	74182	Mri, Abdomen; W/Contrast Matl(S)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	74185	Mra, Abdomen, W/Wo Contrast	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Yes	1/1/2008	12/31/9999
Texas	Medicaid/SCHIP/Family Care	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Yes	1/1/2008	12/31/9999
Texas	Medicaid/SCHIP/Family Care	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi	Yes	1/1/2008	12/31/9999
Texas	Medicaid/SCHIP/Family Care	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi	Yes	1/1/2008	12/31/9999
Texas	Medicaid/SCHIP/Family Care	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology. Including 3D ima	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology. In the setting of	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	76120	Cineradiography/Videoradiology, Except Where Specifically Included	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	76125	Cineradiography/Videoradiography W/Routine Exam	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	76390	Mri Spectroscopy	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	76499	Unlisted Dx Radiographic Procedure	Yes	2/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	76873	Echography, Transrectal; Prostate Volume Study, Brachytherapy Planning	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	76965	Us Guided, Interstitial Radioelement Application	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77014	Computed tomography guidance for placement of radiation therapy fields	Yes	9/1/2017	12/31/9999

Texas	Medicaid/SCHIP/Family Care	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77370	Special Medical Radiation Physics Consultation	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77402	Radiation Treatment Delivery, Single Area, Single/Parallel Opposed Ports; Up To 5 Mev	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77407	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple bl	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77412	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77424	Intraoperative Radiation Treatment Delivery, X-Ray, Single Treatment Session	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77425	Intraoperative Radiation Treatment Delivery, Electrons, Single Treatment Session	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image g	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77469	Intraoperative Radiation Treatment Management	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77530	Proton Treatment Delivery; Simple W/O Compensation	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77531	Proton Treatment Delivery; Simple W/Compensation	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77523	Proton Treatment Delivery; Intermediate	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77525	Proton Treatment Delivery; Complex	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77761	Intracavitary Radiation Source Application; Simple	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77762	Intracavitary Radiation Source Application; Intermediate	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77763	Intracavitary Radiation Source Application; Complex	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77778	Interstitial Radioelement Application; Complex	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	77790	Supervision, Handling, Loading, Radiation Source	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single s	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at re	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], w	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], w	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78459	Myocardial imaging, Positron Emission Tomography (PET), Metabolic Evaluation	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78466	Myocardial imaging, Infarct Avid, Planar; Qualitative/Quantitative	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78468	Myocardial imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78469	Myocardial imaging, Infarct Avid, Planar; Tomographic Spect W/Wo Quantification	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78481	Cardiac Blood Pool Imaging, Planar, 1st Pass: Single Study & Ejection Fraction W/Wo Quantification	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78491	Myocardial Pet; Single Study, Rest/Stress	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78492	Myocardial Pet; Multiple Studies, Rest &/Or Stress	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78608	Brain imaging, Positron Emission Tomography (Pet); Metabolic Evaluation	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78609	Brain imaging, Positron Emission Tomography (Pet); Perfusion Evaluation	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78813	Positron emission tomography (PET) imaging; whole body	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and an	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and an	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and an	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81200	Aspa (Aspartoacylase) (Eg, Canavan Disease) Gene Analysis, Common Variants (Eg, E285A, V231X)	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis (FAP), attenuated FAP) gene analysis; full gene sequence	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis (FAP), attenuated FAP) gene analysis; known familial variants	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis (FAP), attenuated FAP) gene analysis; duplication/deletion variants	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81205	Bckdh1 (Branched-Chain Keto Acid Dehydrogenase E3, Beta Polypeptide) (Eg, Maple Syrup Urine Disease) Gene Analysis, Common Variants (Eg, R183P, G278S, E422X)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81209	Blm (Bloom Syndrome, Recq Helicase-Like) (Eg, Bloom Syndrome) Gene Analysis, 2281Delb1ns7 Variant	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81210	Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer), Gene Analysis, V600E Variant	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385InsC, 6174delT variants	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81221	Ctfr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Known Familial Variants	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81222	Ctfr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Duplication/Deletion Variants	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81223	Ctfr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Full Gene Sequence	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81224	Ctfr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis, Intron 8 Poly-T Analysis (Eg, Male Infertility)	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81225	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *8, *17)	Yes	3/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81235	EGRF (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Yes	5/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81240	F2 (Prothrombin, Coagulation Factor II) (Eg, Hereditary Hypercoagulability) Gene Analysis, 20210G>A Variant	Yes	5/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81241	F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene Analysis, Leiden Variant	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81242	Fancp (Fanconi Anemia, Complementation Group C) (Eg, Fanconi Anemia, Type C) Gene Analysis, Common Variant (Eg, IVs4+4A>T)	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81243	Fmfr1 (Fragile X Mental Retardation 1) (Eg, Fragile X Mental Retardation) Gene Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81245	FLT3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute Myeloid Leukemia), gene analysis, Internal Tandem Duplication (Idt) Variants (Ie, Exons 14, 15)	Yes	9/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81246	FLT3 (Fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis, tyrosine kinase domain (TKD) variants (Eg, D83S, I836)	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81250	GGPC (Glucose-6-Phosphate, Catalytic Subunit) (Eg, Glycogen Storage Disease, Type 1A, Von Gierke Disease) Gene Analysis, Common Variants (Eg, R83C, Q347X)	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81251	Gba (Glucosylated, beta, Acid) (Eg, Gaucher Disease) Gene Analysis, Common Variants (Eg, N370S, 84Gg, 1444F, Ivs2+1G>A)	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309k6 [del(GJB6-13S1830)] and 232k6 [del(GJB6-13S1854)])	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81255	Hexa (Hexosaminidase A [Alpha Polypeptide]) (Eg, Tay-Sachs Disease) Gene Analysis, Common Variants (Eg, 1278lnstatc, 1421-1G>C, G269S)	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81256	Hfe (Hemochromatosis) (Eg, Hereditary Hemochromatosis) Gene Analysis, Common Variants (Eg, C282Y, H63D)	Yes	12/15/2017	12/31/9999

Texas	Medicaid/SCHIP/Family Care	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis; common variants (eg, 2507+6T>C, R696P)	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81270	JAK1 (Janus Kinase 2) [Eg, Myeloproliferative Disorder] Gene Analysis, P.Val617Phe [V617F] Variant	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homology) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	Yes	9/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) [Eg, Carcinoma] Gene Analysis; Variants In Codons 12 And 13	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81276	KRAS (Kirsten rat sarcoma viral oncogene homology) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81288	MLH1 (mutL homology 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81290	Mcoln1 (Mucopolin 1) [Eg, Mucopolidosis, Type IV] Gene Analysis, Common Variants (Eg, Ivs3-2A>G, Del6.4kb)	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81291	MTMR5 (5,10-Methylenetetrahydrofolate Reductase) [Eg, Hereditary Hypercoagulability] Gene Analysis, Common Variants (Eg, 677T, 1298C)	Yes	5/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81292	MIM1 (Mutl Homology 1, Colon Cancer, Nonpolyposis Type 2) [Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome] Gene Analysis; Full Sequence Analysis	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81293	MIM1 (Mutl Homology 1, Colon Cancer, Nonpolyposis Type 2) [Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome] Gene Analysis; Known Familial Variants	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81294	MIM1 (Mutl Homology 1, Colon Cancer, Nonpolyposis Type 2) [Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome] Gene Analysis; Duplication/Deletion Variants	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) [Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome] Gene Analysis; Full Sequence Analysis	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) [Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome] Gene Analysis; Known Familial Variants	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) [Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome] Gene Analysis; Duplication/Deletion Variants	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81298	Msh6 (Muts Homolog 6 [E, Coli]) [Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome] Gene Analysis; Full Sequence Analysis	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81299	Msh6 (Muts Homolog 6 [E, Coli]) [Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome] Gene Analysis; Known Familial Variants	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81300	Msh6 (Muts Homolog 6 [E, Coli]) [Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome] Gene Analysis; Duplication/Deletion Variants	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81302	Mecp2 (Methyl Cpg Binding Protein 2) [Eg, Rett Syndrome] Gene Analysis; Full Sequence Analysis	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81303	Mecp2 (Methyl Cpg Binding Protein 2) [Eg, Rett Syndrome] Gene Analysis; Known Familial Variant	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81304	Mecp2 (Methyl Cpg Binding Protein 2) [Eg, Rett Syndrome] Gene Analysis; Duplication/Deletion Variants	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Yes	4/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	Yes	4/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81309	PIK3CA (phosphatidylinositol-4, 5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis; targeted sequence analysis (eg, exons 7, 9, qualitative or quantitative	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	Yes	9/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) [Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome] Gene Analysis; Full Sequence Analysis	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) [Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome] Gene Analysis; Known Familial Variants	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) [Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome] Gene Analysis; Duplication/Deletion Variants	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81321	PTEN (phosphatase and tensin homology) [Eg, Cowden syndrome, PTEN hamartoma tumor syndrome] gene analysis; full sequence analysis	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81322	PTEN (phosphatase and tensin homology) [Eg, Cowden syndrome, PTEN hamartoma tumor syndrome] gene analysis; known familial variant	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81323	PTEN (phosphatase and tensin homology) [Eg, Cowden syndrome, PTEN hamartoma tumor syndrome] gene analysis; duplication/deletion variant	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81327	SEPT9 (septin9) (eg, colorectal cancer) promoter methylation analysis	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81330	Smn1(Spinocerebral Phosphodiesterase 1, Acid Lyosomal) [Eg, Niemann-Pick Disease, Type A] Gene Analysis, Common Variants (Eg, R496L, L302P, Fsp330)	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81331	SERP1/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) [Eg, Prader-Willi Syndrome And/Or Angelman Syndrome], Methylation Analysis	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81332	SRPN1A1 (serpin peptidase inhibitor, clade A, alpha-1 antitrypsinase, antitrypsin, member 1) (eg, alpha-1 antitrypsin deficiency), gene analysis, common variants (eg, *5 and *2)	Yes	10/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81341	TREB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) [Eg, Irimotecan Metabolism], Gene Analysis, Common Variants (Eg, *28, *36, *37)	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81351	TP53 (tumor protein 53) [Eg, Li-Fraumeni syndrome] gene analysis; full gene sequence	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81352	TP53 (tumor protein 53) [Eg, Li-Fraumeni syndrome] gene analysis; targeted sequence analysis (eg, 4 oncology)	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81353	TP53 (tumor protein 53) [Eg, Li-Fraumeni syndrome] gene analysis; known familial variant	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81355	VKORC1 (Vitamin K Epoxide Reductase Complex, Subunit 1) [Eg, Warfarin Metabolism], Gene Analysis, Common Variants (Eg, -1639/3673)	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81370	Hla Class I And II Typing, Low Resolution (Eg, Antigen Equivalents); Hla-A, -B, -C, -DRB1/3/4/5, And -DQB1	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81371	Hla Class I And II Typing, Low Resolution (Eg, antigen equivalents); Hla-A, -B, and -DRB1 (eg, verification typing)	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81372	Hla Class I Typing, Low Resolution (Eg, Antigen Equivalents); Complete (ie, Hla-A, -B, And -C)	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81373	Hla Class I Typing, Low Resolution (Eg, Antigen Equivalents); One Locus (Eg, Hla-A, -B, Or -C), Each	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81374	Hla Class I Typing, Low Resolution (Eg, Antigen Equivalents); One Antigen Equivalent (Eg, B*27), Each	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81375	Hla Class II Typing, Low Resolution (Eg, Antigen Equivalents); Hla-DRB1/3/4/5 And -DQB1	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81376	Hla Class II Typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81377	Hla Class II Typing, Low Resolution (Eg, Antigen Equivalents); One Antigen Equivalent, Each	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81378	Hla Class I And II Typing, High Resolution (ie, Alleles Or Allele Groups), Hla-A, -B, -C, And -Drb1	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81379	Hla Class I Typing, High Resolution (ie, Alleles Or Allele Groups); Complete (ie, Hla-A, -B, And -C)	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81380	Hla Class I Typing, High Resolution (ie, Alleles Or Allele Groups); One Locus (Eg, Hla-A, -B, Or -C), Each	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81381	Hla Class I Typing, High Resolution (ie, Alleles Or Allele Groups); One Allele Or Allele Group (Eg, B*57:01P), Each	Yes	3/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81382	Hla Class II Typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81383	Hla Class II Typing, High Resolution (ie, Alleles Or Allele Groups); One Allele Or Allele Group (Eg, Hla-DQB1*06:02P), Each	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk s	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81552	Oncology (liver melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed pa	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	81599	Unlisted Multianalyte Assay With Algorithmic Analysis	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise sp	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	84999	Unlisted Chemistry Proc	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	90281	Immune Globulin (lg), Human, Im Use	Yes	3/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	90283	Immune Globulin (lgiv), Human, Iv Use	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	90284	Immune globulin (ScIp), human, for use in subcutaneous infusions, 100mg, each	Yes	3/1/2013	12/31/9999

Texas	Medicaid/SCHIP/Family Care	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	92536	Treatment, Swallowing Dysfunction &/Or Oral Function, Feeding	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	92606	Therapeutic Service(s), Use Non-Speech Generating Device, W/Programming & Modification	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	92607	Eval, Prescription, Speech-Generating Augmentative & Alternative Communication Device; 1st Hr	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	92608	Eval, Prescrip, Speech-Generating Augmentative & Alternative Communication Device; Ea Add'l 30 Min	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	92609	Therapeutic services for the use of speech-generating device, including programming and modification	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	92630	Auditory rehabilitation, pre-lingual hearing loss	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	92633	Auditory rehabilitation, post-lingual hearing loss	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed, single vessel	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93303	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Complete	Yes	6/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com	Yes	6/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, dur	Yes	7/1/2014	12/31/9999
			Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	Yes	7/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93351		Yes	7/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93580	Perc Transcatheter Closure, Congenital Interatrial Communication W/Implant	Yes	8/1/2013	12/31/9999
			Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93745	Duplex Scan, Extracranial Arteries; Complete Bilat Study	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93880	Duplex Scan, Extracranial Arteries; Unilat/Limited Study	Yes	9/1/2017	12/31/9999
			Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93922		Yes	9/1/2017	12/31/9999
			Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93923		Yes	9/1/2017	12/31/9999
			Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93924	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93925	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93926	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study	Yes	1/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93930	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study	Yes	1/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93978	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Complete Study	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	93979	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Unilat/Limited	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Yes	1/1/2013	12/31/9999
			Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	Yes	1/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	95783	Sleep study, unattended, simultaneous recording of heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	95801	Multiple Sleep Latency Test, Multiple Trails	Yes	4/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	95806	Sleep study, unattended, simultaneous recording of heart rate, oxygen saturation, respiratory airflow, and respiratory	Yes	4/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	95807	Sleep Study, Attended	Yes	4/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	Yes	4/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Yes	4/1/2010	12/31/9999
			Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	Yes	4/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	95811	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, eac	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	95905		Yes	8/1/2013	12/31/9999
			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	96131	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	96133	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	96137	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	96139	Application of a modality to 1 or more areas; hot or cold packs	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97030	Application of a modality to 1 or more areas; traction, mechanical	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97032	Application of a modality to 1 or more areas; electrical stimulation (unattended)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97034	Application of a modality to 1 or more areas; vasopneumatic devices	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97018	Application of a modality to 1 or more areas; paraffin bath	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97022	Application of a modality to 1 or more areas; whirlpool	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97026	Application of a modality to 1 or more areas; infrared	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97028	Application of a modality to 1 or more areas; ultraviolet	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97032	Application, Modality 1+ Areas; Electrical Stimulation (Manual), Each 15 Min	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97034	Application, Modality To 1+ Areas; Contrast Baths, Each 15 Min	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97035	Application, Modality To 1+ Areas; Ultrasound, Each 15 Min	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97036	Application, Modality To 1+ Areas; Hubbard Tank, Each 15 Min	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97038	Unlisted Modality Specific Type & Time (If Constant Attendance)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquatic Therapy W/Exercises	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait Training (W/Stair Climbing)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97124	Therapeutic Proc, 1+ Areas, Each 15 Min; Massage	Yes	1/1/2009	12/31/9999

Texas	Medicaid/SCHIP/Family Care	97139	Unlisted Therapeutic Procedure (Specify)	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97140	Manual Therapy Techniques, 1+ Regions, Each 15 Min	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97150	Therapeutic Proc(S), Group, 12+ Individuals	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97164	Reevaluation of physical therapy established plan of care requiring components	Yes	1/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97168	Reevaluation of occupational therapy care/established plan of care requiring components	Yes	1/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97545	Work Hardening/Conditioning; initial 2 Hours	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97546	Work Hardening/Conditioning; Add'l Hr	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97605	Negative Pressure Wound Therapy, Per Session; Total Area <= 50 Sq Cm	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97606	Negative Pressure Wound Therapy, Per Session; Total Area > 50 Sq Cm	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97750	Physical Performance Test, W/Written Report, Each 15 Min	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	97799	Unlisted Physical Medicine/Rehabilitation Service/Proc	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Yes	10/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	99506	Home Visit, Im injections	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	99507	Home Visit, Care & Maintenance Catheter(S) (Therapy, Drainage, Enteral)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	99509	Home Visit, Assistance W/Activities Daily Living & Personal Care	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	99511	Home Visit, Fecal Impaction Management & Enema Administration	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	99600	Unlisted Home Visit Service/Procedure	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A0382	Basic Support Routine Suppl	Yes	8/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A0398	Als Routine Disposable Suppl	Yes	8/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A0420	Ambulance Waiting 1/2 Hr	Yes	8/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A0422	Ambulance 02 Life Sustaining	Yes	8/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A0424	Extra Ambulance Attendant	Yes	8/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A0425	Ground Mileage	Yes	8/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A0426	Als 1	Yes	8/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A0428	Bls	Yes	8/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A0430	Fixed Wing Air Transport	Yes	8/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A0431	Rotary Wing Air Transport	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A0433	Als 2	Yes	8/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A0434	Specialty Care Transport	Yes	8/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A0435	Fixed Wing Air Mileage	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A0436	Rotary Wing Air Mileage	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A4604	Tubing with integrated heating element for use with positive airway pressure device	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7025	High Frequency Chest Wall Oscillation System Vest, Replacement For Use	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7027	Combination oral/nasal mask, used with continuous positive airway pressure	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7031	Face Mask Interface, Replacement For Full Face Mask, Each	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7032	Cushion for use on nasal mask interface, replacement only, each	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Press	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7035	Headgear Used With Positive Airway Pressure Device	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7036	Chinstrap Used With Positive Airway Pressure Device	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7037	Tubing Used With Positive Airway Pressure Device	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7044	Oral Interface Used With Positive Airway Pressure Device, Each	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7045	Repl exhalation port for PAP	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A9513	Lutetium Lu 177 dotatate, therapeutic, 1 mCi	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A9590	Iodine I-131, iobenguane, 1 mCi	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	A9606	Radium ra-223 dichloride, therapeutic, per microcurie	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	B4100	Food Thickener, Administered Orally, Per Ounce	Yes	6/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	B4103	EF ped fluid and electrolyte	Yes	6/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	B4104	Additive for enteral formula	Yes	6/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, v	Yes	6/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	6/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	6/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	6/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	6/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	6/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	6/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	6/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	6/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	B4160	EF ped caloric dense=>0.7Kc	Yes	6/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	B4161	EF ped hydrolyzed/amino acid	Yes	6/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	B4162	EF ped spectrometabolic inherit	Yes	6/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C1767	Generator, neurostimulator (implantable), nonrechargeable	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C1778	Lead, neurostimulator (implantable)	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C1787	Patient programmer, neurostimulator	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C1789	Prosthesis, breast (implantable)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C1816	Receiver and/or transmitter, neurostimulator (implantable)	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C1818	Integrated keratoprosthesis	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C1849	Skin substitute, synthetic, resorbable, per sq cm	Yes	7/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C2622	Prosthesis, penile, noninflatable	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Yes	1/1/2014	12/31/9999

Texas	Medicaid/SCHIP/Family Care	C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C8903	Magnetic resonance imaging with contrast, breast; unilateral	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C8906	Magnetic resonance imaging with contrast, breast; bilateral	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9047	Injection, caplacizumab-yhdp, 1 mg	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9065	Injection, romidepsin, non-lyophilized (e.g., liquid), 1mg	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9069	Injection, belantamab mafodotin-blmf, 0.5 mg	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9071	Injection, vitilorsen, 10 mg	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9072	Injection, immune globulin (asceniv), 500 mg	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9257	Injection, bevacizumab, 0.25 mg	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per square cm	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9399	Unclassified Drugs Or Biologicals	Yes	12/15/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9727	Insertion of implants into the soft palate; minimum of 3 implants	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance	Yes	4/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9764	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	Yes	7/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9765	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	Yes	7/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9766	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when perf	Yes	7/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9767	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty	Yes	7/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when perfo	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includ	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9790	Revascularization - For Orthognathic Deformities	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	C9794	Osteotomy - Mandibular Rami	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	D7945	osteotomy - body of mandible	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	D7946	LeFort I (maxilla - total)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	D7947	LeFort I (Maxilla - Segmented)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	D7949	LeFort I Or LeFort III - With Bone Graft	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	D7950	Osseous, osteoperiosteal, or cartilage graft of the maxilla or maxilla - autogenous or nonautogenous, by report	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	D7956	Implant-Mandible For Augmentation Purposes (Excluding Alveolar Ridge), By Report	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	D9130	Temporomandibular Joint Dysfunction - Non-Invasive Physical Therapies	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	D9920	Behavior Management, By Report	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP,	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0193	Powered Air Flotation Bed	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0194	Air Fluidized Bed	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0200	Heat Lamp Without Stand	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0205	Heat Lamp With Stand	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0217	Water Circ Heat Pad W Pump	Yes	12/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0231	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wou	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0232	Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0240	Bath/shower chair, with or without wheels, any size	Yes	8/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0250	Hosp Bed Fixed Ht W/ Mattrs	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0251	Hosp Bed Fixed Ht W/O Mattres	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0255	Hospital Bed Var Ht W/ Mattr	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0256	Hospital Bed Var Ht W/O Matt	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0260	Hosp Bed Semi-Electr W/ Matt	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0261	Hosp Bed Semi-Electr W/O Mat	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0265	Hosp Bed Total Electr W/ Matt	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0266	Hosp Bed Total Elec W/O Matt	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0277	Powered Pres-Redu Air Mattrs	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0280	Bed Cradle	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0290	Hosp Bed Fx Ht W/O Rails W/M	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0291	Hosp Bed Fx Ht W/O Rail W/O	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0292	Hosp Bed Var Ht W/O Rail W/O	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0293	Hosp Bed Var Ht W/O Rail W/	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0294	Hosp Bed Semi-Elect W/ Mattr	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0301	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0303	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures,	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0350	Control Unit Bowel System	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0352	Disposable Pack W/Bowel Syst	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0371	Nonpower Mattress Overlay	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0372	Powered Air Mattress Overlay	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0373	Nonpowered Pressure Mattress	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0462	Rocking Bed W/ Or W/O Side R	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0470	Respiratory assist device, bi-level pressure capability, without backup rate	Yes	9/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate	Yes	9/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0482	Cough stimulating device, alternating positive and negative airway pressure	Yes	11/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes	Yes	9/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	Yes	9/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0555	Humidifier For Use W/ Regula	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0560	Humidifier Supplemental W/ I	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0561	Humidifier, non-heated, used with positive airway pressure device	Yes	9/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0562	Humidifier, heated, used with positive airway pressure device	Yes	9/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0601	Continuous positive airway pressure (cpap) device	Yes	9/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0627	Seat lift mechanism, electric, any type	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0635	Patient Lift Electric	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0636	Multi-positional Patient Support System, With Integrated Lift, Patient	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0640	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE	Yes	12/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0693	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer An	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0694	Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, I	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0740	Non-implanted pelvic floor electrical stimulator, complete system	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0747	Elec Osteogen Stim Not Spinal	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0748	Elec Osteogen Stim Spinal	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0749	Elec Osteogen Stim Implanted	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0760	Osteogen Ultrasound Stimtor	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0761	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electrom	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0769	Electric wound treatment dev	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0782	Non-Programable Infusion Pump	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0783	Programmable Infusion Pump	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0840	Tract Frame Attach Headboard	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0870	Tract Frame Attach Footboard	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0880	Trac Stand Free Stand Extrem	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0890	Traction Frame Attach Pelvic	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0920	Fracture Frame Attached To B	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0930	Fracture Frame Free Standing	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0942	Cervical Head Harness/Halter	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0946	Fracture Frame Dual W Cross	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0947	Fracture Frame Attachmnts Pe	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0948	Fracture Frame Attachmnts Ce	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0955	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each	Yes	1/1/2015	12/31/9999

Texas	Medicaid/SCHIP/Family Care	E0956	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0957	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0958	Whlchr Att- Conv 1 Arm Drive	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0968	Wheelchair Commode Seat	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0969	Wheelchair Narrowing Device	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0980	Wheelchair Safety Vest	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0981	Wheelchair accessory, seat upholstery, replacement only, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0982	Wheelchair accessory, back upholstery, replacement only, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0985	Wheelchair accessory, seat lift mechanism	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0992	Wheelchair Solid Seat Insert	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E0995	Wheelchair accessory, call rest/pad, replacement only, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1002	Wheelchair accessory, power seating system, tilt only	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1003	Wheelchair accessory, power seating system, recline only, without shear	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1005	Wheelchair accessory, power seating system, recline only, with power shear	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg	Yes	1/1/2005	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1010	Wheelchair accessory, addition to power seating system, power leg elevation	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1011	Modification To Pediatric Wheelchair, Width Adjustment Package (Not To	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1014	Reclining Back, Addition To Pediatric Wheelchair	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1015	Shock Absorber For Manual Wheelchair, Each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1016	Shock Absorber For Power Wheelchair, Each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1017	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wh	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1018	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Whe	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1029	Wheelchair accessory, ventilator tray, fixed	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1030	Wheelchair accessory, ventilator tray, jimbale	Yes	12/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To An	Yes	12/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1037	Transport Chair, Pediatric Size	Yes	12/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1050	Wheelchr Fxd Full Length Arms	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1083	Hemi-wheelchair, fixed full-length arms, swing-away, detachable elevating legrest	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1084	Hemi-Wheelchair Detachable A	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1085	Hemi-Wheelchair Fixed Arms	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1086	Hemi-Wheelchair Detachable A	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1087	Wheelchair Lightwt Fixed Arm	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1090	Wheelchair Lightweight Det A	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1110	Wheelchair Semi-Red Detach	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1170	Whlchr Ampu Fxd Arm Leg Rest	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1171	Wheelchair Amputee W/ Leg R	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1172	Wheelchair Amputee Detach Ar	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1180	Wheelchair Amputee W/ Foot R	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1190	Wheelchair Amputee W/ Leg Re	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1195	Wheelchair Amputee Heavy Dut	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1200	Wheelchair Amputee Fixed Arm	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1220	Whlchr Special Size/Constrc	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1221	Wheelchair Spec Size W Foot	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1222	Wheelchair Spec Size W/ Leg	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1223	Wheelchair Spec Size W Foot	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1224	Wheelchair Spec Size W/ Leg	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1225	Wheelchair Spec Sz Semi-Red	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1229	Pediatric wheelchair NOS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1230	Power Operated Vehicle	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, W Seating	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating	Yes	12/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating	Yes	12/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating Syst	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1239	Ped power wheelchair NOS	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1280	Wheelchair Lightwt Fixed Arm	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1270	Wheelchair Lightweight Leg R	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1285	Wheelchair Heavy Duty Fixed	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1295	Wheelchair Heavy Duty Fixed	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1296	Wheelchair Special Seat Helg	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1297	Wheelchair Special Seat Dept	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1298	Wheelchair Spec Seat Depth/W	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1353	Oxygen Supplies Regulator	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1399	Durable medical equipment, miscellaneous	Yes	9/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1500	Centrifuge, for dialysis	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1510	Kidney Dialysate Delivery Sys	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1520	Heparin Infusion Pump For Di	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1530	Air Bubble Detector For Dial	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1540	Pressure Alarm For Dialysis	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1550	Bath Conductivity Meter	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1560	Blood Leak Detector For Dial	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1570	Adjustable Chair For Eerd Pt	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1580	Unipuncture Control System	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1590	Hemodialysis Machine	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1592	Auto Interm Peritoneal Dialy	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1594	Cycler Dialysis Machine	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1600	Deliv/Install Equip For Dial	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1610	Reverse Osmosis Water Purifi	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1615	Deionizer Water Purification	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1620	Blood Pump For Dialysis	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1625	Water Softening System	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1632	Wearable Artificial Kidney	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1634	Peritoneal dialysis clamps, each	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E1635	Compact Travel Hemodialyzer	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2000	Gastric suction pump, home model, portable or stationary, electric	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2201	Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2208	Wheelchair accessory, cylinder tank carrier, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2210	Wheelchair accessory, bearings, any type, replacement only, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, replacement only, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2219	Manual wheelchair accessory, foam caster tire, any size, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2227	Manual wheelchair accessory, gear reduction drive wheel, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2291	Planar back for ped size wc	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2292	Planar seat for ped size wc	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2293	Contour back for ped size wc	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2294	Contour seat for ped size wc	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multi	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2300	Wheelchair accessory, power seat elevation system, any type	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2310	Power wheelchair accessory, electronic connection between wheelchair controller	Yes	1/1/2015	12/31/9999

Texas	Medicaid/SCHIP/Family Care	E2311	Power wheelchair accessory, electronic connection between wheelchair controller	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2313	Power wheelchair accessory, harness for upgrade to expandable controller,	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2321	Power wheelchair accessory, hand control interface, remote joystick,	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2323	Power wheelchair accessory, specialty joystick handle for hand control	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2324	Power wheelchair accessory, chin cup for chin control interface	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2325	Power wheelchair accessory, sip and puff interface, nonproportional	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2327	Power wheelchair accessory, head control interface, mechanical, proportional	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2331	Power wheelchair accessory, attendant control, proportional, including all electronics and hardware	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2351	Power wheelchair accessory, electronic interface to operate speech generating device	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2368	Power wheelchair component, drive wheel motor, replacement only	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2369	Power wheelchair component, drive wheel gear box, replacement only	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mount	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE,	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY,	Yes	1/1/2015	12/31/999

Texas	Medicaid/SCHIP/Family Care	G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administrat	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administrat	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administrat	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administrat	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administrat	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administrat	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administrat	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administrat	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administrat	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	Yes	3/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	Yes	3/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	Yes	3/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	Yes	3/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	Yes	3/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0176	Oxygen/Pho/Activity Therapy	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Yes	10/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0282	Electrical Stimulation, (Unattended), To One Or More Areas, For Wound	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0283	Electrical Stimulation (Unattended), To One Or More Areas For Indicati	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0302	Pre-operative pulmonary surgery services for preparation for lvs, complete	Yes	5/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0303	Pre-operative pulmonary surgery services for preparation for lvs, 10 to 15	Yes	5/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0304	Pre-operative pulmonary surgery services for preparation for lvs, 1 to 9 days	Yes	5/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0305	Post-discharge pulmonary surgery services after lvs, minimum of 6 days	Yes	5/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0339	Robot lin-radsurg com, first	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0340	Robot lin-radsurg fractx 2-5	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart r	Yes	9/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow,	Yes	9/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	Yes	9/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6001	Ultrasonic guidance for placement of radiation therapy fields	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6003	Radiation treatment delivery, single treatment area single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6004	Radiation treatment delivery, single treatment area single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6005	Radiation treatment delivery, single treatment area single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6006	Radiation treatment delivery, single treatment area single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6015	Intensity modulated treatment delivery, single or multiple fields/arcs via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	Yes	2/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	Yes	2/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	H0035	Mental health partial hospitalization, treatment, less than 24 hours	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	H0037	Community psychiatric supportive treatment program, per diem	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	H0047	Alcohol and/or other drug abuse services, not otherwise specified	Yes	2/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	Yes	2/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	H2015	Comprehensive community support services, per 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	H2016	Comprehensive community support services, per diem	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	H2019	Therapeutic behavioral services, per 15 minutes	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	H2021	Community-based wrap-around services, per 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	H2023	Supported employment, per 15 minutes	Yes	10/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	H2025	Ongoing support to maintain employment, per 15 minutes	Yes	10/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	H2035	Alcohol and/or other drug treatment program, per hour	Yes	10/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0178	Injection, adalimumab injection	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0178	Injection, afibercept, 1 mg	Yes	1/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0179	Injection, brodalumab-dbli, 1 mg	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0180	Injection, agalsidase beta injection	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0185	Injection, agrepitant, 1 mg	Yes	5/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0202	Injection, alemtuzumab, 1 mg	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0207	Amifostine	Yes	11/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	Yes	1/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	Yes	1/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0485	Injection, belatacept, 1 mg	Yes	9/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0490	Injection, belimumab, 1 mg	Yes	1/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0517	Injection, benralizumab, 1 mg	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0565	Injection, belatuxumab, 10 mg	Yes	6/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0567	Injection, cerliponase alfa, 1 mg	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0570	Buprenorphine implant, 74.2 mg	Yes	2/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0584	Injection, burosumab-tbza 1 mg	Yes	5/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0585	Injection, OnabotulinumtoxinA, 1 Unit	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0586	Injection, AbobotulinumtoxinA, 5 Units	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0587	Injection, RimabotulinumtoxinB, 100 Units	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0588	Injection, incobotulinumtoxinA, 1 unit	Yes	1/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0597	Injection, c-1 esterase inhibitor (human), bernert, 10 units	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0598	Injection, c-1 esterase inhibitor (human), cinzyze, 10 units	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0638	Injection, canakinumab, 1 mg	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0641	Injection, levoleucovorin, 0.5 mg	Yes	4/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0791	Injection, crizanlizumab-tmca, 5 mg	Yes	7/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0800	Corticotropin Injection	Yes	10/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	Yes	1/1/2009	12/31/9999

Texas	Medicaid/SCHIP/Family Care	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0896	Injection, luspatercept-aamt, 0.25 mg	Yes	11/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J0897	Injection, denosumab, 1 mg	Yes	1/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1071	Injection, testosterone cypionate, 1mg	Yes	9/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1110	Ini Dilyndrenolamine Mesylate	Yes	5/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1300	Injection, escalantide, 1 mg	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1300	Injection, eculizumab, 10 mg	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1301	Injection, edaravone, 1 mg	Yes	5/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1303	Injection, ravulizumab-cwvz, 10 mg	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1322	Injection, elosulfase alfa, 1mg	Yes	4/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1324	INJECTION, ENFUVIRTIDE, 1 MG	Yes	5/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1325	Epoprostenol Injection	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1428	Injection, eteplirsen, 10 mg	Yes	6/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1429	Injection, golodirsen, 10 mg	Yes	7/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1438	Etanercept Injection	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1442	5G-CSFexcludes biosimilars, 1 microgram	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1447	Injection, tbo-fligrastrin, 1 microgram	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1453	Injection, fosaprepitant, 1 mg	Yes	5/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Yes	5/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1458	INJECTION, GALSULFASE, 1 MG	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1460	Gamma Globulin 1 Cc Inj	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1555	Injection, immune globulin (Cuvitru), 100 mg	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1556	Injection, immune globulin (bivigam), 500 mg	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Yes	1/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1558	Injection, immune globulin (xembify), 100 mg	Yes	7/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1559	Injection, immune globulin (hizental), 100 mg	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1560	Gamma Globulin > 10 Cc Inj	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1572	Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, nonlyophilized (e.g., liquid), 500 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1595	Injection, glatiramer acetate, 20 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1602	Injection, golimumab, 1 mg, for intravenous use	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1628	Injection, guselkumab, 1 mg	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1632	Injection, brexanolone, 1 mg	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1675	Injection, histrelin acetate, 10 mcg	Yes	4/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg	Yes	2/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Yes	2/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1743	Injection, idursulfase, 1 mg	Yes	4/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1744	Injection, icatibant, 1 mg	Yes	1/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1745	Injection, infliximab, excludes biosimilar, 10 mg	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1746	Injection, ibalizumab-uiyk, 10 mg	Yes	3/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1786	Injection, imiglucerase, 10 units	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1823	Injection, inebilizumab-cdon, 1 mg	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1826	Injection, interferon beta-1a, 30 mcg	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1830	Interferon Beta-1b / .25 Mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1930	Injection, lanreotide, 1 mg	Yes	2/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1931	Laronidase injection	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J1950	Leuprolide Acetate /3.75 Mg	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2170	INJECTION, MECASERMIN, 1 MG	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2182	Injection, mepolizumab, 1 mg	Yes	9/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2278	Injection, ziconotide, 1 mg	Yes	10/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2323	Injection, natalizumab, 1 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2326	Injection, nusinersen, 0.1 mg	Yes	6/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2350	Injection, ocrelizumab, 1 mg	Yes	6/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2357	Injection, omalizumab, 5 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2469	Palonosetron HCl	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2503	Injection, pegaptanib sodium, 0.3 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2505	Injection, pegfligrastrin, 6 mg	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2507	Injection, pegloticase, 1 mg	Yes	1/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2562	Injection, Plerixafor, 1 Mg	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2778	Injection, ranibizumab, 0.1 mg	Yes	3/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2786	Injection, reslizumab, 1 mg	Yes	1/1/2008	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2793	Injection, Rilongcept, 1 Mg	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2796	Injection, Romiplostim, 10 Micrograms	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2797	Injection, rolapitant, 0.5 mg	Yes	5/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2820	Sargramostim Injection	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2840	Injection, sebelipase alfa, 1 mg	Yes	12/3/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2860	Injection, siltuximab, 10 mg	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2940	Injection, somatrem, 1 mg	Yes	11/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J2941	Injection, somatropin, 1 mg	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3032	Injection, eptinezumab-jjmr, 1 mg	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3060	Injection, taliglucerase alfa, 10 units	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3110	Teriparatide injection	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3111	Injection, romosozumab-aqaa, 1 mg	Yes	11/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3121	Injection, testosterone enanthate, 1mg	Yes	9/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3145	Injection, testosterone undecanoate, 1 mg	Yes	9/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3241	Injection, teprotumumab-trbw, 10 mg	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3245	Injection, tiludrakizumab, 1 mg	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3262	Injection, tocilizumab, 1 mg	Yes	3/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3285	Injection, treprostinil, 1 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3315	Injection, Triptorelin Pamotate, 3.75 Mg	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3316	Injection, triptorelin, extended-release, 3.75 mg	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3357	Ustekinumab, for subcutaneous injection, 1 mg	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3358	Ustekinumab, for intravenous injection, 1 mg	Yes	3/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3380	Injection, vedolizumab, 1 mg	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3385	Injection, velaglucerase alfa, 100 units	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3397	Injection, vestronidase alfa-vibk, 1 mg	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3398	Injection, vortigene neparovec-r2v, 1 billion vector genomes	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3399	Injection, onasemnogene apearvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	Yes	7/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3489	Injection, zoledronic acid, 1 mg	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3490	Unclassified drugs	Yes	10/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J3590	Unclassified Biologics	Yes	10/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7170	Injection, emicizumab-kxwh, 0.5 mg	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7175	Injection, factor x, (human), 1 i.u.	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7177	Injection, human fibrinogen concentrate (Fibrvya), 1 mg	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Yes	1/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf-rc0	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7180	Injection, factor XIII (antithemophilic factor, human), 1 IU	Yes	12/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7181	Injection, factor xiii a-subunit, (recombinant), per iu	Yes	12/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7182	Injection, factor viii, (antithemophilic factor, recombinant), (novogenit), per iu	Yes	12/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF-RC0	Yes	12/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7185	Injection, Factor VII (Antithemophilic Factor, Recombinant) (Xyntha), Per I.U.	Yes	12/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7186	Injection, antithemophilic factor VIII/von Willebrand factor complex (human), per factor VIII I.u.	Yes	12/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7187	Injection, von Willebrand factor complex (Humate-P), per IU VWF-RC0	Yes	12/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7188	Injection, factor viii (antithemophilic factor, recombinant), (obizur), per i.u.	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7189	Factor Vlla (antithemophilic factor, recombinant), per 1 mcg	Yes	12/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7190	Factor VIII	Yes	12/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7191	Factor VIII (Porcine)	Yes	12/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7192	Factor VII (Antithemophilic Factor, Recombinant) Per I.U., Not Otherwise Specified	Yes	12/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7193	Factor IX (antithemophilic factor, purified, non-recombinant) per IU	Yes	12/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7194	Factor ix Complex	Yes	12/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7195	Factor IX (antithemophilic factor, recombinant) per IU	Yes	12/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7198	Anti-Inhibitor	Yes	12/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7199	Hemophilia Clot Factor Noc	Yes	10/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7200	Injection, factor ix, (antithemophilic factor, recombinant), rixubis, per iu	Yes	12/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 i.u.	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelviu, 1 i.u.	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7203	Injection Factor IX, (antithemophilic factor, recombinant), glycopegylated, (Rebinyin), 1 IU	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7205	Injection, factor viii fc fusion (recombinant), per iu	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7207	Injection, factor viii, (antithemophilic factor, recombinant), pegylated, 1 i.u.	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7208	Injection, factor viii, (antithemophilic factor, recombinant), pegylated-aucd, (jivi), 1 i.u.	Yes	3/1/2021	12/31/9999

Texas	Medicaid/SCHIP/Family Care	J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Yes	9/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU	Yes	4/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovalty), 1 IU	Yes	4/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7212	Factor vvia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7311	Injection, fluocinolone acetone, intravitreal implant (Retisert), 0.01 mg	Yes	10/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7313	Injection, fluocinolone acetone, intravitreal implant (Iluvien), 0.01 mg	Yes	3/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7314	Injection, fluocinolone acetone, intravitreal implant (Yutiq), 0.01 mg	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7316	Injection, ociprismin, 0.125 mg	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7351	Injection, bimatoprost, intracameral implant, 1 microgram	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7352	Afamelenotide implant, 1 mg	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J7999	Compounded drug, not otherwise classified	Yes	10/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9019	Injection, asparaginase (erwinaze), 1,000 iu	Yes	1/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9020	Injection, asparaginase, not otherwise specified, 10,000 units	Yes	11/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9022	Injection, atezolizumab, 10 mg	Yes	6/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9023	Injection, avelumab, 10 mg	Yes	6/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9025	Injection, azacitidine, 1 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9033	Injection, bendamustine HCl (Treanda), 1 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9034	Injection, bendamustine hcl (bendeka), 1 mg	Yes	1/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9035	Bevacizumab injection	Yes	8/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9039	Injection, blinatumomab, 1 microgram	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9041	Injection, bortezomib (Velcade), 0.1 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9042	Injection, brentuximab vedotin, 1 mg	Yes	1/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9043	Injection, cabazitaxel, 1 mg	Yes	8/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9047	Injection, carfilzomib, 1 mg	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9055	Cetuximab injection	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9057	Injection, copanlisib, 1 mg	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9118	Injection, calaspargase pegol-mknl, 10 units	Yes	11/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9119	Injection, cemiplimab-rwlc, 1 mg	Yes	2/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9144	Injection, daratumumab, 10 mg and hyaluronidase-fih	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9145	Injection, daratumumab, 10 mg	Yes	8/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9155	Injection, Degarelix, 1 Mg	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9173	Injection, durvalumab, 10 mg	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9176	Injection, elotuzumab, 1 mg	Yes	9/15/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Yes	7/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9179	Injection, eribulin mesylate, 0.1 mg	Yes	1/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9202	Goserelin Acetate Implant	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9203	Injection, gentuzumab ozogamicin, 0.1 mg	Yes	7/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9207	Injection, ixabepilone, 1 mg	Yes	3/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9210	Injection, emapalunab-lzsg, 1 mg	Yes	12/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9216	Injection, interferon, gamma-1B, 3 million units	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9217	Leuprolide Acetate Suspension	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9218	Leuprolide Acetate Injection	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9225	Histrelin Implant (Vantale), 50 mg	Yes	1/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9226	Histrelin Implant (supprelin LA), 50 mg	Yes	1/1/2008	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9228	Injection, ipilimumab, 1 mg	Yes	1/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Yes	3/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9264	Injection, pacitaxel protein-bound particles, 1 mg	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9266	Injection, pegaspargase, per single dose vial	Yes	11/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9269	Injection, taprofosusp-erzs, 10 micrograms	Yes	12/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9271	Injection, pembrolizumab, 1 mg	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9285	Injection, olaratumab, 10 mg	Yes	6/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9299	Injection, nivolumab, 1 mg	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9301	Injection, obinutuzumab, 10 mg	Yes	1/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9302	Injection, ofatumumab, 10 mg	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9303	Injection, panitumumab, 10 mg	Yes	1/1/2008	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9304	Injection, pemtrexed (pemetex), 10 mg	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9305	Pemetrexed injection	Yes	11/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9306	Injection, pertuzumab, 1 mg	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9308	Injection, ramucirumab, 5 mg	Yes	1/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9309	Injection, polatuzumab vedotin-piig, 1 mg	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9312	Injection, rituximab, 10 mg	Yes	3/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Yes	2/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9315	Injection, romidepsin, 1 mg	Yes	3/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9317	Injection, sacituzumab govitecan-hzyz, 2.5 mg	Yes	1/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9330	Injection, tamsitrolimus, 1 mg	Yes	3/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9354	Injection, ado-trastuzumab emtansine, 1 mg	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Yes	1/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9395	Injection, fulvestrant, 25 mg	Yes	4/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9400	Injection, ziv-aflibercept, 1 mg	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	J9999	NOC, antineoplastic drug	Yes	11/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0005	Ultralightweight Wheelchair	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0008	Custom manual wheelchair/base	Yes	7/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0010	Std Wt Frame Power Whichr	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0011	Std Wt Fwr Whichr W Control	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0012	Ltwt Portbl Power Whichr	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0013	Custom motorized/power wheelchair base	Yes	7/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0014	Other Power Whichr Base	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0108	W/C Component-Accessory Nos	Yes	8/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0354	Receiver (monitor) dedicated, for use with therapeutic glucose continuous monitor system	Yes	7/1/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 30	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUN	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60	Yes	1/1/2009	12/31/9999

Texas	Medicaid/SCHIP/Family Care	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0900	Customized durable medical equipment, other than wheelchair	Yes	7/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	K0112	Cranial cervical orthosis, congenital torticollis type, with or without soft material	Yes	1/1/2003	12/31/9999
			Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavity pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	7/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L0631	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 v	Yes	7/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L0636	LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lum	Yes	7/1/2016	12/31/9999
			Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavity pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	7/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L0637	LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal jun	Yes	7/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L0638	LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavity pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	7/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L0639	LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra,	Yes	7/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L0640	LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra,	Yes	7/1/2016	12/31/9999
			Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavity pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Yes	7/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L0648	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	7/1/2016	12/31/9999
			Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	7/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L1843	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	7/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L1845	Foot Insert Berkley Shell	Yes	3/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L3000	Foot Insert Berkley Shell	Yes	3/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L3001	Foot Insert Remov Molded Spe	Yes	3/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L3002	Foot Insert Plastazote Or Eq	Yes	3/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L3003	Foot Insert Silicone Gel Eac	Yes	3/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L3010	Foot Longitudinal Arch Suppo	Yes	3/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L3020	Foot Longitud/Metatarsal sup	Yes	3/1/2016	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L3030	Foot Arch Support Remov Prem	Yes	3/1/2016	12/31/9999
			Ankle-foot orthotic, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L4631	Elec knee-shin swing/stance	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L5856	Elec knee-shin swing only	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L5857	Elec knee-shin swing only	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Yes	1/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	Yes	1/1/2011	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L5987	Shank Ft W Vert Load Pylon	Yes	12/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Yes	1/1/2012	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L6925	Wrist Disart Myoelectronic C	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L6935	Below Elbow Myoelectronic Ct	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L6945	Elbow Disart Myoelectronic C	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L6955	Above Elbow Myoelectronic Ct	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L6965	Shldr Disart Myoelectronic	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L6975	Interscap-Thor Myoelectronic	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L7180	Electronic Elbow Utah Myoele	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L7181	Electronic elbow simultaneous	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L7190	Elbow Adolescent Myoelectron	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L7191	Elbow Child Myoelectronic Ct	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8600	Implant Breast Silicone/En	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8679	Implantable neurostimulator, pulse generator, any type	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8680	Implantable neurostimulator electrode, each	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8682	Implantable neurostimulator radiofrequency receiver	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8690	AUDITORY OSSEointegrated DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8693	Auditory osseointegrated device abutment, any length, replacement only	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	L8699	Prosthetic Implant Nos	Yes	4/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	O0515	Injection, semorrellin acetate, 1 mcg	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	O2041	Axibactagene cicleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes	4/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	O2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q3001	Brachytherapy Radioelements	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4074	Iloprost, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Up	Yes	1/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4100	Skin substitute, not otherwise specified	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4101	Apilgraf, per square centimeter	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4106	Dermagraft, per square centimeter	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4116	Alloderm, per square centimeter	Yes	7/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4143	Repriza, per square centimeter	Yes	3/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4176	NeoPatch, per sq cm	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4177	FlowerAmnioFlo, 0.1 cc	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4178	FlowerAmnioPatch, per sq cm	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4179	FlowerDerm, per sq cm	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4180	Revita, per sq cm	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4181	Amnio Wound, per sq cm	Yes	1/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4249	Amnioply, for topical use only, per square centimeter	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4250	Amnioamp-mp, per square centimeter	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4254	Novafid, per square centimeter	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q4255	Reguard, for topical use only, per square centimeter	Yes	10/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	O5101	Injection, filgrastim-snd, biosimilar, (zarvo), 1 microgram	Yes	3/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	O5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Yes	4/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	O5104	Injection, infliximab-abda, biosimilar, (relixis), 10 mg	Yes	4/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	O5105	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Yes	7/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	O5106	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units	Yes	7/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	O5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	Yes	1/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	O5108	Injection, pegfilgrastim-jmbd, biosimilar, (fulphila), 0.5 mg	Yes	10/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	O5109	Injection, infliximab-gbtx, biosimilar, (ixfi), 10 mg	Yes	5/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	O5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Yes	10/1/2018	12/31/9999

Texas	Medicaid/SCHIP/Family Care	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q5118	Injection, bevacizumab-bvyr, biosimilar, (Zirabev), 10 mg	Yes	3/1/2021	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q5119	Injection, rituximab-pvr, biosimilar, (RUXIENCE), 10 mg	Yes	11/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIENTENZO), 0.5 mg	Yes	11/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q5121	Injection, infliximab-axq, biosimilar, (AVSOLA), 10 mg	Yes	7/1/2020	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q5148	Injection, pegylated interferon alfa-2b, 10 mcg	Yes	10/1/2010	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q0155	Sterile diluant for epoprostenol, 50 ml	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	Q0189	Testosterone pellet, 75 mg	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S0800	Laser In Situ Keratomileusis	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S0810	Photorefractive Keratectomy	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,	Yes	1/1/2003	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2053	Transplantation Of Small Int	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2054	Transplantation Of Multivisc	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2055	Harvesting Of Donor Multivis	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2060	Lobar Lung Transplantation	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2061	Donor Lobectomy (Lung)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2065	Simultaneous pancreas kidney transplantation	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2067	Breast reconstruction of a single breast with "stacked" deep inferior	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SI	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2080	Laser-assisted uvulopalatoplasty (LAUP)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2118	Metal-on-metal total hip resurfacing including acetabular and femoral components	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2140	Cord Blood Harvesting	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2142	Cord Blood-Derived Stem-Cell	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2202	Echocardiography	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2235	Implantation of auditory brain stem implant	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2340	Chemodenervation Of Abductor	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2341	Chemodenervation of adductor muscle(s) of vocal cord	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2348	Decompress disc R/L lumbar	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2404	Repair, myelomeningocele in the fetus, procedure performed in utero	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2405	Repair Of Sacrococcygeal Teratoma In The Fetus, Procedure Performed In	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	Yes	5/1/2018	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S3840	DNA analysis for germline mutations of the ret proto-oncogene	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S3841	Genetic testing for retinoblastoma	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S3842	Genetic testing for von hippel-lindau disease	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S3846	Genetic testing for hemoglobin e beta-thalassemia	Yes	12/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5100	Day Care Services, Adult, Per 15 Minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5101	Day Care Services, Adult, Per Half Day	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5102	Day Care Services, Adult, Per Diem	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5105	Day Care Services, Center Based, Not Incl In Program Fee, Per Diem	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5108	Home care training to home care client, per 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5109	Home care training to home care client, per 15 minutes per session	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5110	Home Care Training, Family, Per 15 Minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5111	Home Care Training, Family, Per Session	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5116	Home Care Training, Non-Family, Per Session	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5120	Chore Services, Per 15 Minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5121	Home Care Training, Family, Per Diem/TX LTC Pest Control	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5125	Attendant Care Services, Per 15 Minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5126	Attendant Care Services, Per Diem	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5130	Homemaker Service, NOS, Per 15 Minutes	Yes	1/1/2008	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5131	Homemaker Services, NOS, Per Diem	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5135	Companion Care, Adult, Per 15 Minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5136	Companion Care, Adult, Per Diem	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5140	Foster Care, Adult, Per Diem	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5141	Foster Care, Adult, Per Month	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5150	Unskilled Respite Care, Not Hospice, Per 15 Minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5151	Unskilled Respite Care, Not Hospice, Per Diem	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5160	Emergency Response System, Installation And Testing	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5161	Emergency Response System, Service Fee Per Month	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5162	Emergency Response System, Purchase Only	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5165	Home Modifications, Per Service	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5170	Home Delivered Meals, Including Preparation, Per Meal	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S5180	Home Health Respiratory Therapy, Initial Evaluation	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S8035	Magnetic Source Imaging	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S8092	Electron Beam Computed Tomog	Yes	8/1/2013	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9098	Home visit, phototherapy services (e.g., BiliLite), including equipment rental, nursing services, blood draw, supplies a	Yes	9/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT cod	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9124	Nursing care, in the home; by licensed practical nurse, per hour	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9128	Speech Therapy, In The Home	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9129	Occupational Therapy, In The	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9131	Physical therapy, in the home, per diem	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9152	Speech therapy, re-evaluation	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9212	Home management of postpartum hypertension	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9338	Home infusion therapy, immunotherapy therapy	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous infusion therapy (e.g., Epoprostenol)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9349	Home infusion therapy, tocolytic infusion therapy	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9355	Home infusion therapy, chelation therapy	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., infliximab)	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9480	Intensive Outpatient Psychia	Yes	10/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy (do not use with home infusion codes for hourly dosi	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every three hours	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 24 hours	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 12 hours	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 8 hours	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9503	Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every six hours	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9504	Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every four hours	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9558	Home injectable therapy, growth hormone,	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9559	Home injectable therapy, interferon	Yes	9/1/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9562	Home Injectable Therapy, Palivizumab, Including Administrative Service	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	Yes	1/1/2014	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T1002	RN services, up to 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T1003	LPN/LVN services, up to 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T1005	Respite care services, up to 15 minutes	Yes	10/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Yes	2/15/2017	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Reside	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T1022	Contracted Home Health Agency Services, All Services Provided Under Co	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T1025	Intensive, Extended Multidisciplinary Services Provided In A Clinic Se	Yes	10/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T1026	Intensive, Extended Multidisciplinary Services Provided In A Clinic Se	Yes	10/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T1030	Nursing Care, In The Home, By Registered Nurse, Per Diem	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T1031	Nursing Care, In The Home, By Licensed Practical Nurse, Per Diem	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T2002	Non-Emergency Transportation; Per Diem	Yes	10/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T2003	Non-Emergency Transportation; Encounter/Trip	Yes	10/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T2017	Habilitation, residential, waiver; 15 minutes	Yes	10/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T2021	Day habilitation, waiver; per 15 minutes	Yes	10/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T2026	Specialized childcare, waiver; per diem	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T2027	Specialized childcare, waiver; per 15 minutes	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T2028	Specialized supply, not otherwise specified, waiver	Yes	10/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T2030	Assisted living, waiver, per month	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T2031	Assisted living, waiver, per diem	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T2035	Utility services to support medical equipment and assistive technology/devices, waiver	Yes	1/1/2009	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T2038	Community transition, waiver; per service	Yes	10/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	T2039	Vehicle modifications, waiver; per service	Yes	10/1/2019	12/31/9999
Texas	Medicaid/SCHIP/Family Care	V5362	Speech Screening	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	V5363	Language Screening	Yes	4/6/2015	12/31/9999
Texas	Medicaid/SCHIP/Family Care	V5364	Dysphagia Screening	Yes	4/6/2015	12/31/9999

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

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