

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Synagis (palivizumab)

Clinical Criteria Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial request:

Updated question 1 to read: "Has the client had a dose of Beyfortus during the current RSV season? (Verification is required) (Manual)"

Added question 2: "Has Abrysvo been given to the patient's mother during 32 through 36 weeks gestational age of pregnancy? (Verification is required) (Manual)"

Renewal request:

Updated question 2 to read: "Has the client been hospitalized due to RSV at any time since the start of the current season?"



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Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
SYNAGIS 50 MG/0.5 ML VIAL	24818
SYNAGIS 100 MG/1 ML VIAL	24824



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Clinical Criteria Logic

For Initial Requests:

1. Has the client had a dose of Beyfortus during the current RSV season?
(Verification is required) (Manual)
 Yes (If yes, date: _____ ; deny)
 No (Go to #2)
2. Has Abrysvo been given to the patient's mother during 32 through 36 weeks gestational age of pregnancy? (Verification is required) (Manual)
 Yes (If yes, date: _____ ; deny)
 No (Go to #3)
3. Is the client's chronological age less than (<) 12 months at the beginning of the RSV season for the client's county of residence?
 Yes (Go to #4)
 No (Go to #14)
4. Is the client's gestational age less than or equal to (\leq) 28 6/7 weeks?
 Yes (Go to #22)
 No (Go to #5)
5. Does the client have a diagnosis of chronic lung disease (CLD) of prematurity?
 Yes (Go to #6)
 No (Go to #7)
6. Is the client's gestational age less than or equal to (\leq) 31 6/7 weeks?
 Yes (Go to #22)
 No (Go to #7)
7. Does the client have a severe congenital abnormality of the airway?
 Yes (Go to #22)
 No (Go to #8)
8. Does the client have a diagnosis of severe neuromuscular disease that compromises the handling of respiratory tract secretions?
 Yes (Go to #22)
 No (Go to #9)

9. Does the client have a diagnosis of acyanotic heart disease?
 Yes (Go to #10)
 No (Go to #11)
10. Does the client have 1 claim for a medication for heart failure in the last 60 days, AND will require cardiac surgery?
 Yes (Go to #22)
 No (Go to #11)
11. Does the client have a diagnosis of moderate to severe pulmonary hypertension?
 Yes (Go to #22)
 No (Go to #12)
12. Does the client have a diagnosis of cyanotic heart disease?
 Yes (Go to #22)
 No (Go to #13)
13. Does the client have a diagnosis of cystic fibrosis (CF) with clinical evidence of CLD and/or nutritional compromise?
 Yes (Go to #22)
 No (Go to #14)
14. Is the client less than (<) 24 months chronological age at the beginning of the RSV season for the client's county of residence?
 Yes (Go to #15)
 No (Deny)
15. Does the client have a diagnosis of an identified disease state that will leave them profoundly immunocompromised during the RSV season?
 Yes (Go to #22)
 No (Go to #16)
16. Has the client had a solid organ or hematopoietic stem cell transplant during the RSV season?
 Yes (Go to #22)
 No (Go to #17)
17. Is the client less than (<) 24 months chronological age and greater than or equal to (\geq) 12 months chronological age at the beginning of the RSV season for the client's county of residence?
 Yes (Go to #18)
 No (Deny)
18. Does the client have a diagnosis of chronic lung disease (CLD) of prematurity?
 Yes (Go to #19)
 No (Go to #21)

19. Is the client's gestational age less than or equal to (\leq) 31 6/7 weeks?
 Yes (Go to #20)
 No (Go to #21)
20. Does the client have a history of any of the following in the last 180 days: chronic use of systemic corticosteroids, diuretics, long-term mechanical ventilator and/or supplemental oxygen?
 Yes (Go to #22)
 No (Go to #21)
21. Does the client have a diagnosis of cystic fibrosis (CF) with severe lung disease OR weight less than the 10th percentile?
 Yes (Go to #22)
 No (Deny)
22. Is the claim for 1 vial of either the 50mg or 100mg vials?
 Yes (Go to #23)
 No (Deny)
23. Are there greater than ($>$) 4 dates of service for palivizumab since the beginning of the current RSV season (determined by client's county of residence) until today?
 Yes (Deny)
 No (Approve – 10 days*)

**The 10-day prior authorization (PA) duration is for Fee-For-Service (FFS) system*

For Renewal Requests:

1. Has the client had a dose of Beyfortus since the last palivizumab dose? [Manual]
 Yes (Deny)
 No (Go to #2)
2. Has the client been hospitalized due to RSV at any time since the start of the current season?
 Yes (Deny)
 No (Go to #3)
3. Are there greater than (>) 4 dates of service for palivizumab since the beginning of the current RSV season (determined by client's county of residence) until today?
 Yes (Deny)
 No (Go to #4)
4. Is the claim for 1 vial of either the 50mg or 100mg vials?
 Yes (Approve – 10 days*)
 No (Deny)

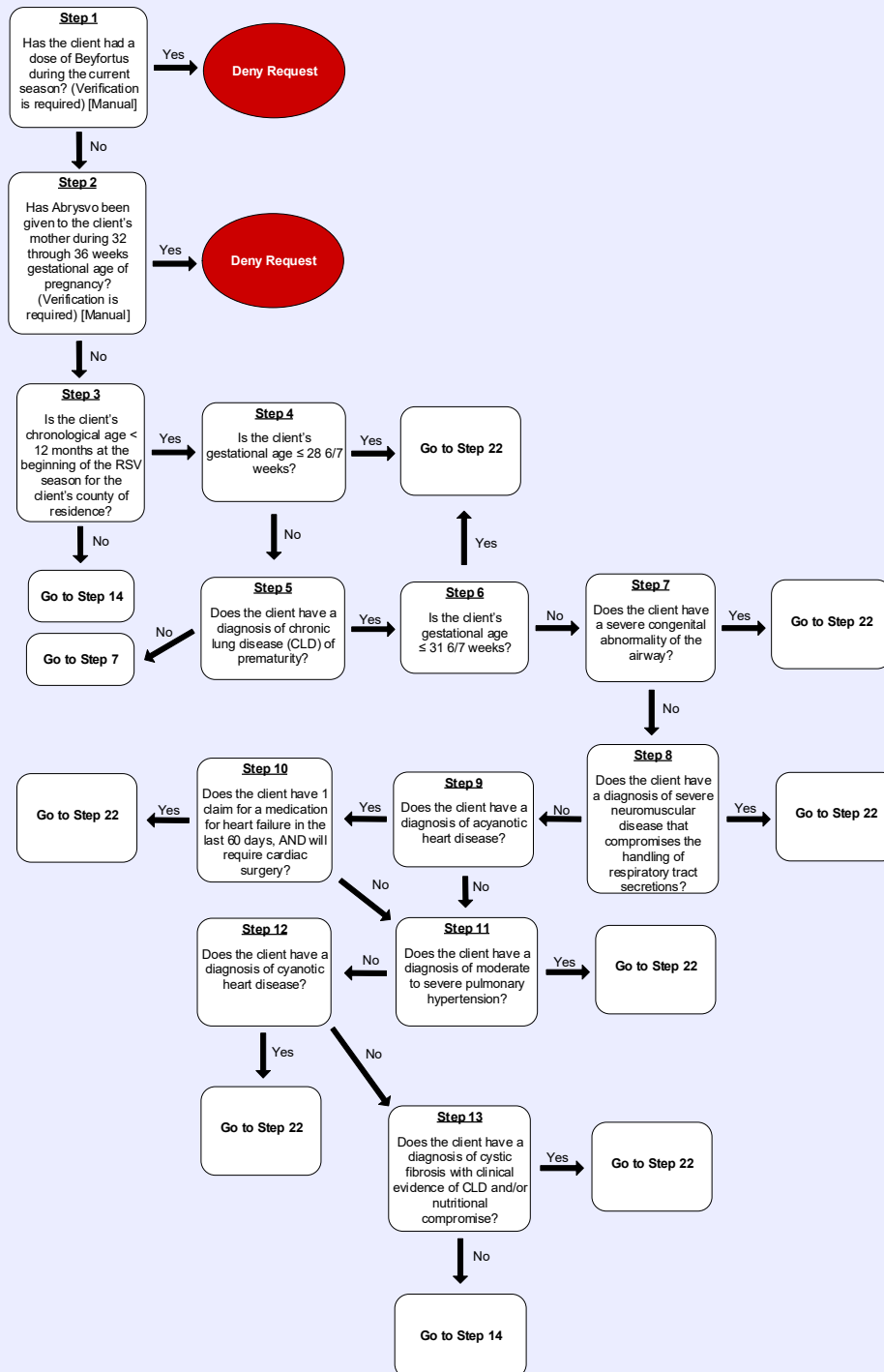
**The 10-day prior authorization (PA) duration is for Fee-For-Service (FFS) system*

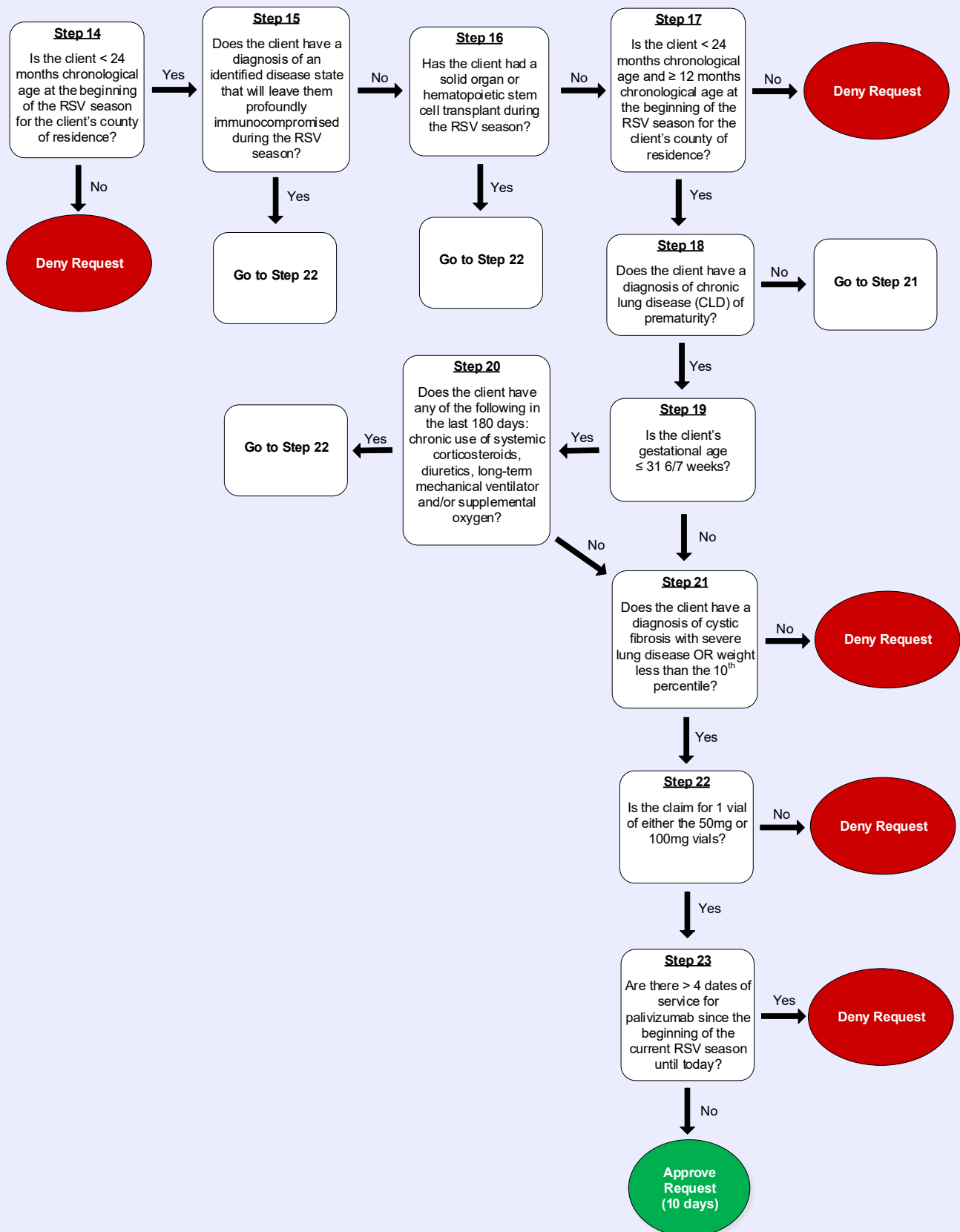


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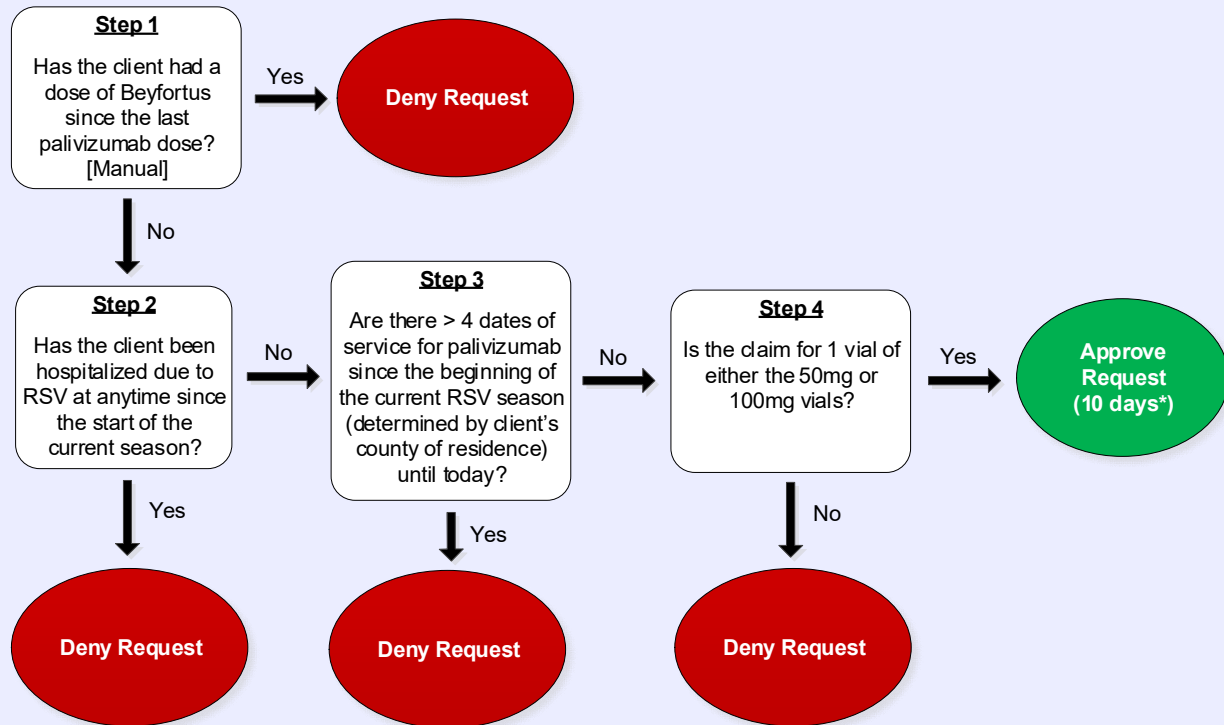
Clinical Criteria Logic Diagram

For Initial Requests:





For Renewal Requests:



**The 10-day prior authorization (PA) duration is for Fee-For-Service (FFS)*



Synagis (palivizumab)

Clinical Criteria Supporting Tables

Step 4 (gestational age less than or equal to 28 6/7 weeks) Required diagnosis: 1 Look back timeframe: N/A	
ICD-10 Code	Description
P0721	EXTREME IMMATURETY OF NEWBORN, GESTATIONAL AGE LESS THAN 23 COMPLETED WEEKS
P0722	EXTREME IMMATURETY OF NEWBORN, GESTATIONAL AGE 23 COMPLETED WEEKS
P0723	EXTREME IMMATURETY OF NEWBORN, GESTATIONAL AGE 24 COMPLETED WEEKS
P0724	EXTREME IMMATURETY OF NEWBORN, GESTATIONAL AGE 25 COMPLETED WEEKS
P0725	EXTREME IMMATURETY OF NEWBORN, GESTATIONAL AGE 26 COMPLETED WEEKS
P0726	EXTREME IMMATURETY OF NEWBORN, GESTATIONAL AGE 27 COMPLETED WEEKS
P0731	PRETERM NEWBORN, GESTATIONAL AGE 28 COMPLETED WEEKS

Step 5 (diagnosis of CLD of prematurity) Required diagnosis: 1 Look back timeframe: 24 months	
CLD of Prematurity Diagnosis Codes	
ICD-10 Code	Description
J471	BRONCHIECTASIS WITH (ACUTE) EXACERBATION
J479	BRONCHIECTASIS, UNCOMPLICATED
J9610	CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA
P239	CONGENITAL PNEUMONIA, UNSPECIFIED
P2400	MECONIUM ASPIRATION WITHOUT RESPIRATORY SYMPTOMS
P2401	MECONIUM ASPIRATION WITH RESPIRATORY SYMPTOMS
P2410	NEONATAL ASPIRATION OF (CLEAR) AMNIOTIC FLUID AND MUCUS WITHOUT RESPIRATORY SYMPTOMS
P2411	NEONATAL ASPIRATION OF (CLEAR) AMNIOTIC FLUID AND MUCUS WITH RESPIRATORY SYMPTOMS
P2420	NEONATAL ASPIRATION OF BLOOD WITHOUT RESPIRATORY SYMPTOMS

Step 5 (diagnosis of CLD of prematurity)	
Required diagnosis: 1	
Look back timeframe: 24 months	
CLD of Prematurity Diagnosis Codes	
P2421	NEONATAL ASPIRATION OF BLOOD WITH RESPIRATORY SYMPTOMS
P2480	OTHER NEONATAL ASPIRATION WITHOUT RESPIRATORY SYMPTOMS
P2481	OTHER NEONATAL ASPIRATION WITH RESPIRATORY SYMPTOMS
P249	NEONATAL ASPIRATION, UNSPECIFIED
P250	INTERSTITIAL EMPHYSEMA ORIGINATING IN THE PERINATAL PERIOD
P251	PNEUMOTHORAX ORIGINATING IN THE PERINATAL PERIOD
P252	PNEUMOMEDIASTINUM ORIGINATING IN THE PERINATAL PERIOD
P253	PNEUMOPERICARDIUM ORIGINATING IN THE PERINATAL PERIOD
P258	OTHER CONDITIONS RELATED TO INTERSTITIAL EMPHYSEMA ORIGINATING IN THE PERINATAL PERIOD
P261	MASSIVE PULMONARY HEMORRHAGE ORIGINATING IN THE PERINATAL PERIOD
P268	OTHER PULMONARY HEMORRHAGES ORIGINATING IN THE PERINATAL PERIOD
P270	WILSON-MIKITY SYNDROME
P271	BRONCHOPULMONARY DYSPLASIA ORIGINATING IN THE PERINATAL PERIOD
P278	OTHER CHRONIC RESPIRATORY DISEASES ORIGINATING IN THE PERINATAL PERIOD
P280	PRIMARY ATELECTASIS OF NEWBORN
P2810	UNSPECIFIED ATELECTASIS OF NEWBORN
P2819	UNSPECIFIED ATELECTASIS OF NEWBORN
Q330	CONGENITAL CYSTIC LUNG
Q332	SEQUESTRATION OF LUNG
Q333	AGENESIS OF LUNG
Q334	CONGENITAL BRONCHIECTASIS
Q336	CONGENITAL HYPOPLASIA AND DYSPLASIA OF LUNG
Q401	CONGENITAL HIATUS HERNIA
Q790	CONGENITAL DIAPHRAGMATIC HERNIA
Q791	OTHER CONGENITAL MALFORMATIONS OF DIAPHRAGM

Step 6 (gestational age less than or equal to 31 6/7 weeks)	
Required diagnosis: 1	
Look back timeframe: N/A	
Gestational Age ≤ 31 6/7 Weeks Diagnosis Codes	
ICD-10 Code	Description
P0721	EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE LESS THAN 23 COMPLETED WEEKS
P0722	EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE 23 COMPLETED WEEKS
P0723	EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE 24 COMPLETED WEEKS
P0724	EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE 25 COMPLETED WEEKS
P0725	EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE 26 COMPLETED WEEKS
P0726	EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE 27 COMPLETED WEEKS
P0731	PRETERM NEWBORN, GESTATIONAL AGE 28 COMPLETED WEEKS
P0732	PRETERM NEWBORN, GESTATIONAL AGE 29 COMPLETED WEEKS
P0733	PRETERM NEWBORN, GESTATIONAL AGE 30 COMPLETED WEEKS
P0734	PRETERM NEWBORN, GESTATIONAL AGE 31 COMPLETED WEEKS
P0735	PRETERM NEWBORN, GESTATIONAL AGE 32 COMPLETED WEEKS

Step 7 (diagnosis of severe congenital abnormality of the airway)	
Required diagnosis: 1	
Look back timeframe: N/A	
ICD-10 Code	Description
G4735	CONGENITAL CENTRAL ALVEOLAR HYPOVENTILATION SYNDROME
J398	OTHER SPECIFIED DISEASES OF UPPER RESPIRATORY TRACT
J9801	ACUTE BRONCHOSPASM
J9809	OTHER DISEASES OF BRONCHUS, NOT ELSEWHERE CLASSIFIED
J986	DISORDERS OF DIAPHRAGM
Q300	CHOANAL ATRESIA
Q301	AGENESIS AND UNDERDEVELOPMENT OF NOSE
Q302	FISSURED, NOTCHED AND CLEFT NOSE
Q308	OTHER CONGENITAL MALFORMATIONS OF NOSE
Q310	WEB OF LARYNX
Q311	CONGENITAL SUBGLOTTIC STENOSIS

Step 7 (diagnosis of severe congenital abnormality of the airway)	
Required diagnosis: 1	
Look back timeframe: N/A	
Q313	LARYNGOCELE
Q315	CONGENITAL LARYNGOMALACIA
Q318	OTHER CONGENITAL MALFORMATIONS OF LARYNX
Q320	CONGENITAL TRACHEOMALACIA
Q321	OTHER CONGENITAL MALFORMATIONS OF TRACHEA
Q324	OTHER CONGENITAL MALFORMATIONS OF BRONCHUS
Q330	CONGENITAL CYSTIC LUNG
Q331	ACCESSORY LOBE OF LUNG
Q332	SEQUESTRATION OF LUNG
Q333	AGENESIS OF LUNG
Q334	CONGENITAL BRONCHIECTASIS
Q335	ECTOPIC TISSUE IN LUNG
Q336	CONGENITAL HYPOPLASIA AND DYSPLASIA OF LUNG
Q338	OTHER CONGENITAL MALFORMATIONS OF LUNG
Q339	CONGENITAL MALFORMATION OF LUNG, UNSPECIFIED
Q340	ANOMALY OF PLEURA
Q341	CONGENITAL CYST OF MEDIASTINUM
Q348	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF RESPIRATORY SYSTEM
Q349	CONGENITAL MALFORMATION OF RESPIRATORY SYSTEM, UNSPECIFIED
Q382	MACROGLOSSIA
Q385	CONGENITAL MALFORMATIONS OF PALATE, NOT ELSEWHERE CLASSIFIED
Q409	CONGENITAL MALFORMATION OF UPPER ALIMENTARY TRACT, UNSPECIFIED
Q7871	BARTH SYNDROME
Q7872	SMITH-LEMLI-OPITZ SYNDROME
Q790	CONGENITAL DIAPHRAGMATIC HERNIA
Q791	OTHER CONGENITAL MALFORMATIONS OF DIAPHRAGM
Q8789	OTHER SPECIFIED CONGENITAL MALFORMATION SYNDROMES, NOT ELSEWHERE CLASSIFIED
Q898	OTHER SPECIFIED CONGENITAL MALFORMATION SYNDROMES, NOT ELSEWHERE CLASSIFIED

Step 8 (diagnosis of severe neuromuscular disease)	
Required diagnosis: 1	
Look back timeframe: N/A	
ICD-10 Code	Description
A8039	OTHER ACUTE PARALYTIC POLIOMYELITIS
E7502	TAY-SACHS DISEASE
E7519	OTHER GANGLIOSIDOSIS
E7523	KRABBE DISEASE
E7525	METACHROMATIC LEUKODYSTROPHY
E7529	OTHER SPHINGOLIPIDOSIS
E754	NEURONAL CEROID LIPOFUSCINOSIS
G111	EARLY-ONSET CEREBELLAR ATAXIA
G114	HEREDITARY SPASTIC PARAPLEGIA
G120	INFANTILE SPINAL MUSCULAR ATROPHY, TYPE I [WERDNIG-HOFFMAN]
G121	OTHER INHERITED SPINAL MUSCULAR ATROPHY
G1221	AMYOTROPHIC LATERAL SCLEROSIS
G1222	PROGRESSIVE BULBAR PALSY
G1229	OTHER MOTOR NEURON DISEASE
G128	OTHER SPINAL MUSCULAR ATROPHIES AND RELATED SYNDROMES
G129	SPINAL MUSCULAR ATROPHY, UNSPECIFIED
G253	MYOCLONUS
G319	CEREBRAL DEGENERATIONS
G801	INFANTILE PARALYSIS

Step 9 (diagnosis of acyanotic heart disease)	
Required diagnosis: 1	
Look back timeframe: 24 months	
ICD-10 Code	Description
I350	NONRHEUMATIC AORTIC (VALVE) STENOSIS
I351	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY
I352	NONRHEUMATIC AORTIC (VALVE) STENOSIS WITH INSUFFICIENCY
I358	OTHER NONRHEUMATIC AORTIC VALVE DISORDERS
I359	NONRHEUMATIC AORTIC VALVE DISORDER, UNSPECIFIED
I370	NONRHEUMATIC PULMONARY VALVE STENOSIS
I378	OTHER NONRHEUMATIC PULMONARY VALVE DISORDERS
I421	ENDOMYOCARDIAL (EOSINOPHILIC) DISEASE
I422	OTHER HYPERTROPHIC CARDIOMYOPATHY
I423	ENDOMYOCARDIAL (EOSINOPHILIC) DISEASE
I424	ENDOCARDIAL FIBROELASTOSIS

Step 9 (diagnosis of acyanotic heart disease)	
Required diagnosis: 1	
Look back timeframe: 24 months	
I425	OTHER RESTRICTIVE CARDIOMYOPATHY
I427	CARDIOMYOPATHY DUE TO DRUG AND EXTERNAL AGENT
I428	OTHER CARDIOMYOPATHIES
I429	CARDIOMYOPATHY, UNSPECIFIED
I43	CARDIOMYOPATHY IN DISEASES CLASSIFIED ELSEWHERE
I501	LEFT VENTRICULAR FAILURE
I5020	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
I5021	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
I5022	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5023	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5030	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
I5031	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE
I5032	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5033	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5040	UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5041	ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5042	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5043	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I509	HEART FAILURE, UNSPECIFIED
I509	HEART FAILURE, UNSPECIFIED
Q211	ATRIAL SEPTAL DEFECT
Q212	ATRIOVENTRICULAR CANAL (ENDOCARDIAL CUSHION DEFECT)
Q220	PULMONARY VALVE ATRESIA
Q221	CONGENITAL PULMONARY VALVE STENOSIS
Q222	CONGENITAL PULMONARY VALVE INSUFFICIENCY
Q223	OTHER CONGENITAL MALFORMATIONS OF PULMONARY VALVE
Q230	CONGENITAL PULMONARY VALVE STENOSIS
Q233	CONGENITAL MITRAL INSUFFICIENCY
Q251	COARCTATION OF AORTA
Q2521	INTERRUPTION OF AORTIC ARCH
Q2529	OTHER ATRESIA OF AORTA
Q253	SUPRAVALVULAR AORTIC STENOSIS
Q2540	CONGENITAL MALFORMATION OF AORTA UNSPECIFIED

Step 9 (diagnosis of acyanotic heart disease)	
Required diagnosis: 1	
Look back timeframe: 24 months	
Q2541	ABSENCE AND APLASIA OF AORTA
Q2542	HYPOPLASIA OF AORTA
Q2543	CONGENITAL ANEURYSM OF AORTA
Q2544	CONGENITAL DILATION OF AORTA
Q2545	DOUBLE AORTIC ARCH
Q2546	TORTUOUS AORTIC ARCH
Q2547	RIGHT AORTIC ARCH
Q2548	ANOMALOUS ORIGIN OF SUBCLAVIAN ARTERY
Q2549	OTHER CONGENITAL MALFORMATIONS OF AORTA

Step 11 (diagnosis of pulmonary hypertension)	
Required diagnosis: 1	
Look back timeframe: 24 months	
ICD-10 Code	Description
I2609	OTHER PULMONARY EMBOLISM WITH ACUTE COR PULMONALE
I270	PRIMARY PULMONARY HYPERTENSION
I2720	PULMONARY HYPERTENSION, UNSPECIFIED
I2721	SECONDARY PULMONARY ARTERIAL HYPERTENSION
I2722	PULMONARY HYPERTENSION DUE TO LEFT HEART DISEASE
I2723	PULMONARY HYPERTENSION DUE TO LUNG DISEASES AND HYPOXIA
I2724	CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION
I2729	OTHER SECONDARY PULMONARY HYPERTENSION
I2789	OTHER SPECIFIED PULMONARY HEART DISEASES
P2930	PULMONARY HYPERTENSION OF NEWBORN

Step 12 (diagnosis of cyanotic heart disease)	
Required diagnosis: 1	
Look back timeframe: 24 months	
ICD-10 Code	Description
I360	NONRHEUMATIC TRICUSPID (VALVE) STENOSIS
I080	RHEUMATIC DISORDERS OF BOTH MITRAL AND AORTIC VALVES
I088	OTHER RHEUMATIC MULTIPLE VALVE DISEASES
I089	RHEUMATIC MULTIPLE VALVE DISEASE, UNSPECIFIED

Step 12 (diagnosis of cyanotic heart disease)	
Required diagnosis: 1	
Look back timeframe: 24 months	
I280	ARTERIOVENOUS FISTULA OF PULMONARY VESSELS
I281	ANEURYSM OF PULMONARY ARTERY
I288	OTHER DISEASES OF PULMONARY VESSELS
I289	DISEASE OF PULMONARY VESSELS, UNSPECIFIED
I340	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY
I348	OTHER NONRHEUMATIC MITRAL VALVE DISORDERS
I368	OTHER NONRHEUMATIC TRICUSPID VALVE DISORDERS
P2938	OTHER PERSISTENT FETAL CIRCULATION
Q200	COMMON ARTERIAL TRUNK
Q201	DOUBLE OUTLET RIGHT VENTRICLE
Q202	DOUBLE OUTLET LEFT VENTRICLE
Q203	DISCORDANT VENTRICULOARTERIAL CONNECTION
Q204	DOUBLE INLET VENTRICLE
Q205	DISCORDANT ATRIOVENTRICULAR CONNECTION
Q208	OTHER CONGENITAL MALFORMATIONS OF CARDIAC CHAMBERS AND CONNECTIONS
Q208	OTHER CONGENITAL MALFORMATIONS OF CARDIAC CHAMBERS AND CONNECTIONS
Q209	CONGENITAL MALFORMATION OF CARDIAC CHAMBERS AND CONNECTIONS, UNSPECIFIED
Q212	ATRIOVENTRICULAR SEPTAL DEFECT
Q213	TETRALOGY OF FALLOT
Q218	OTHER CONGENITAL MALFORMATIONS OF CARDIAC SEPTA
Q219	CONGENITAL MALFORMATION OF CARDIAC SEPTUM, UNSPECIFIED
Q224	CONGENITAL TRICUSPID STENOSIS
Q225	EBSTEIN'S ANOMALY
Q226	HYPOPLASTIC RIGHT HEART SYNDROME
Q229	CONGENITAL MALFORMATION OF TRICUSPID VALVE, UNSPECIFIED
Q231	CONGENITAL INSUFFICIENCY OF AORTIC VALVE
Q232	CONGENITAL MITRAL STENOSIS
Q234	HYPOPLASTIC LEFT HEART SYNDROME
Q238	OTHER CONGENITAL MALFORMATIONS OF AORTIC AND MITRAL VALVES
Q240	DEXTROCARDIA

Step 12 (diagnosis of cyanotic heart disease)	
Required diagnosis: 1	
Look back timeframe: 24 months	
Q241	LEVOCARDIA
Q242	COR TRIATRIATUM
Q243	PULMONARY INFUNDIBULAR STENOSIS
Q244	CONGENITAL SUBAORTIC STENOSIS
Q245	MALFORMATION OF CORONARY VESSELS
Q246	CONGENITAL HEART BLOCK
Q248	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF HEART
Q249	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED
Q255	ATRESIA OF PULMONARY ARTERY
Q256	STENOSIS OF PULMONARY ARTERY
Q2571	COARCTATION OF PULMONARY ARTERY
Q2572	CONGENITAL PULMONARY ARTERIOVENOUS MALFORMATION
Q2579	OTHER CONGENITAL MALFORMATIONS OF PULMONARY ARTERY
Q260	CONGENITAL STENOSIS OF VENA CAVA
Q261	PERSISTENT LEFT SUPERIOR VENA CAVA
Q262	TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION
Q263	PARTIAL ANOMALOUS PULMONARY VENOUS CONNECTION
Q268	OTHER CONGENITAL MALFORMATIONS OF GREAT VEINS
Q269	CONGENITAL MALFORMATION OF GREAT VEIN, UNSPECIFIED

Step 13 (diagnosis of cystic fibrosis)	
Required diagnosis: 1	
Look back timeframe: 24 months	
ICD-10 Code	Description
E840	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS
E8411	MECONIUM ILEUS IN CYSTIC FIBROSIS
E8419	CYSTIC FIBROSIS WITH OTHER INTESTINAL MANIFESTATIONS
E848	CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS
E849	CYSTIC FIBROSIS, UNSPECIFIED

Step 15 (diagnosis of profoundly immunocompromised)	
Required diagnosis: 1	
Look back timeframe: 24 months	
CPT Code	Description
77261	RADIATION THERAPY PLANNING
77262	RADIATION THERAPY PLANNING
77263	RADIATION THERAPY PLANNING
77280	SET RADIATION THERAPY FIELD
77285	SET RADIATION THERAPY FIELD
77290	SET RADIATION THERAPY FIELD
77295	SET RADIATION THERAPY FIELD
77299	RADIATION THERAPY PLANNING
77300	RADIATION THERAPY DOSE PLAN
77301	RADIOTHERAPY DOS PLAN, IMRT
77305	RADIATION THERAPY DOSE PLAN
77310	RADIATION THERAPY DOSE PLAN
77315	RADIATION THERAPY DOSE PLAN
77321	RADIATION THERAPY PORT PLAN
77326	RADIATION THERAPY DOSE PLAN
77327	RADIATION THERAPY DOSE PLAN
77328	RADIATION THERAPY DOSE PLAN
77331	SPECIAL RADIATION DOSIMETRY
77332	RADIATION TREATMENT AID(S)
77333	RADIATION TREATMENT AID(S)
77334	RADIATION TREATMENT AID(S)
77336	RADIATION PHYSICS CONSULT
77338	DESIGN MLC DEVICE FOR IMRT
77370	RADIATION PHYSICS CONSULT
77371	SRS, MULTISOURCE
77372	SRS, LINEAR BASED
77373	SBRT DELIVERY
77399	EXTERNAL RADIATION DOSIMETRY
77401	RADIATION TREATMENT DELIVERY
77402	RADIATION TREATMENT DELIVERY
77403	RADIATION TREATMENT DELIVERY
77404	RADIATION TREATMENT DELIVERY

Step 15 (diagnosis of profoundly immunocompromised)	
Required diagnosis: 1	
Look back timeframe: 24 months	
CPT Code	Description
77406	RADIATION TREATMENT DELIVERY
77407	RADIATION TREATMENT DELIVERY
77408	RADIATION TREATMENT DELIVERY
77409	RADIATION TREATMENT DELIVERY
77411	RADIATION TREATMENT DELIVERY
77412	RADIATION TREATMENT DELIVERY
77413	RADIATION TREATMENT DELIVERY
77414	RADIATION TREATMENT DELIVERY
77416	RADIATION TREATMENT DELIVERY
77417	RADIOLOGY PORT FILM(S)
77418	RADIATION TX DELIVERY, IMRT
77421	STEREOSCOPIC X-RAY GUIDANCE
77422	NEUTRON BEAM TX, SIMPLE
77423	NEUTRON BEAM TX, COMPLEX
77427	RADIATION TX MANAGEMENT, X5
77431	RADIATION THERAPY MANAGEMENT
77432	STEREOTACTIC RADIATION TRMT
77435	SBRT MANAGEMENT
77470	SPECIAL RADIATION TREATMENT
77499	RADIATION THERAPY MANAGEMENT
77520	PROTON TRMT, SIMPLE W/O COMP
77522	PROTON TRMT, SIMPLE W/COMP
77523	PROTON TRMT, INTERMEDIATE
77525	PROTON TREATMENT, COMPLEX
96401	CHEMO, ANTI-NEOPL, SQ/IM
96402	CHEMO HORMON ANTINEOPL SQ/IM
96405	CHEMO INTRALESIONAL, UP TO 7
96406	CHEMO INTRALESIONAL OVER 7
96409	CHEMO, IV PUSH, SNGL DRUG
96411	CHEMO, IV PUSH, ADDL DRUG
96413	CHEMO, IV INFUSION, 1 HR
96415	CHEMO, IV INFUSION, ADDL HR

Step 15 (diagnosis of profoundly immunocompromised)	
Required diagnosis: 1	
Look back timeframe: 24 months	
CPT Code	Description
96416	CHEMO PROLONG INFUSE W/PUMP
96417	CHEMO IV INFUS EACH ADDL SEQ
96420	CHEMO, IA, PUSH TECHNIQUE
96422	CHEMO IA INFUSION UP TO 1 HR
96423	CHEMO IA INFUSE EACH ADDL HR
96425	CHEMOTHERAPY INFUSION METHOD
96440	CHEMOTHERAPY, INTRACAVITARY
96445	CHEMOTHERAPY, INTRACAVITARY
96450	CHEMOTHERAPY, INTO CNS
96521	REFILL/MAINT, PORTABLE PUMP
96542	CHEMOTHERAPY INJECTION
96549	CHEMOTHERAPY, UNSPECIFIED
J9000	DOXORUBICIN HCL INJECTION
J9001	DOXORUBICIN HCL LIPOSOME INJ
J9010	ALEMTUZUMAB INJECTION
J9015	ALDESLEUKIN INJECTION
J9020	ASPARAGINASE INJECTION
J9027	CLOFARABINE INJECTION
J9033	BENDAMUSTINE INJECTION
J9040	BLEOMYCIN SULFATE INJECTION
J9041	BORTEZOMIB INJECTION
J9045	CARBOPLATIN INJECTION
J9050	CARMUSTINE INJECTION
J9055	CETUXIMAB INJECTION
J9060	CISPLATIN 10 MG INJECTION
J9062	CISPLATIN 50 MG INJECTION
J9065	INJ CLADRIBINE PER 1 MG
J9070	CYCLOPHOSPHAMIDE 100 MG INJ
J9080	CYCLOPHOSPHAMIDE 200 MG INJ
J9090	CYCLOPHOSPHAMIDE 500 MG INJ
J9091	CYCLOPHOSPHAMIDE 1.0 GRM INJ
J9092	CYCLOPHOSPHAMIDE 2.0 GRM INJ

Step 15 (diagnosis of profoundly immunocompromised)	
Required diagnosis: 1	
Look back timeframe: 24 months	
CPT Code	Description
J9093	CYCLOPHOSPHAMIDE LYOPHILIZED
J9094	CYCLOPHOSPHAMIDE LYOPHILIZED
J9095	CYCLOPHOSPHAMIDE LYOPHILIZED
J9096	CYCLOPHOSPHAMIDE LYOPHILIZED
J9097	CYCLOPHOSPHAMIDE LYOPHILIZED
J9098	CYTARABINE LIPOSOME INJ
J9100	CYTARABINE HCL 100 MG INJ
J9110	CYTARABINE HCL 500 MG INJ
J9120	DACTINOMYCIN INJECTION
J9130	DACARBAZINE 10 MG INJ
J9140	DACARBAZINE 200 MG INJ
J9150	DAUNORUBICIN INJECTION
J9151	DAUNORUBICIN CITRATE INJ
J9155	DEGARELIX INJECTION
J9160	DENILEUKIN DIFTITOX INJ
J9170	DOCETAXEL INJECTION
J9171	DOCETAXEL INJECTION
J9178	INJ, EPIRUBICIN HCL, 2 MG
J9181	ETOPOSIDE INJECTION
J9182	ETOPOSIDE 100 MG INJ
J9185	FLUDARABINE PHOSPHATE INJ
J9190	FLUOROURACIL INJECTION
J9200	FLOXURIDINE INJECTION
J9201	GEMCITABINE HCL INJECTION
J9206	IRINOTECAN INJECTION
J9207	IXABEPILONE INJECTION
J9208	IFOSFOMIDE INJECTION
J9211	IDARUBICIN HCL INJECTION
J9261	NELARABINE INJECTION
J9263	OXALIPLATIN
J9264	PACLITAXEL PROTEIN BOUND
J9265	PACLITAXEL INJECTION

Step 15 (diagnosis of profoundly immunocompromised)	
Required diagnosis: 1	
Look back timeframe: 24 months	
CPT Code	Description
J9266	PEGASPARGASE INJECTION
J9268	PENTOSTATIN INJECTION
J9280	MITOMYCIN 5 MG INJ
J9290	MITOMYCIN 20 MG INJ
J9291	MITOMYCIN 40 MG INJ
J9303	PANITUMUMAB INJECTION
J9305	PEMETREXED INJECTION
J9320	STREPTOZOCIN INJECTION
J9328	TEMOZOLOMIDE INJECTION
J9330	TEMSIROLIMUS INJECTION
J9340	THIOTEPA INJECTION
J9350	TOPOTECAN INJECTION
J9355	TRASTUZUMAB INJECTION
J9357	VALRUBICIN INJECTION
J9360	VINBLASTINE SULFATE INJ
J9370	VINCRISTINE SULFATE 1 MG INJ
J9375	VINCRISTINE SULFATE 2 MG INJ
J9380	VINCRISTINE SULFATE 5 MG INJ
J9390	VINORELBINE TARTRATE INJ
J9600	PORFIMER SODIUM INJECTION
J9999	CHEMOTHERAPY DRUG

Step 16 (history of transplant)	
Required diagnosis: 1	
Look back timeframe: N/A	
ICD-10 Code	Description
Z940	KIDNEY TRANSPLANT STATUS
Z941	HEART TRANSPLANT STATUS
Z942	LUNG TRANSPLANT STATUS
Z944	LIVER TRANSPLANT STATUS
Z9481	BONE MARROW TRANSPLANT STATUS
Z9484	STEM CELLS TRANSPLANT STATUS

Step 18 (diagnosis of CLD of prematurity)**Required diagnosis: 1****Look back timeframe: 24 months**

For the list of diagnosis codes that pertain to this step, see the **CLD of Prematurity Diagnosis Codes** table.

Step 19 (gestational age less than or equal to 31 6/7 weeks)**Required diagnosis: 1****Look back timeframe: N/A**

For the list of diagnosis codes that pertain to this step, see the **Gestational Age ≤ 31 6/7 Weeks Diagnosis Codes** table.

Step 21 (history of cystic fibrosis)**Required diagnosis: 1****Look back timeframe: N/A**

ICD-10 Code	Description
E840	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS
E8411	MECONIUM ILEUS IN CYSTIC FIBROSIS
E8419	CYSTIC FIBROSIS WITH OTHER INTESTINAL MANIFESTATIONS
E848	CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS
E849	CYSTIC FIBROSIS, UNSPECIFIED

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/31/2011	Initial publication and posting to website
09/10/2013	<ul style="list-style-type: none"> ▪ Updated criteria logic and criteria logic diagram for the 2013-2014 season ▪ Added supporting tables for Steps 3, 4, and 10
08/30/2014	<ul style="list-style-type: none"> ▪ Updated criteria logic and criteria logic diagram for the 2014-2015 season ▪ Added supporting tables for steps 3, 4, 8, 17, 19, and 20
09/09/2015	<ul style="list-style-type: none"> ▪ Updated criteria logic and logic diagram for the 2015-16 season
09/06/2016	<ul style="list-style-type: none"> ▪ Reviewed for the 2016-17 season
09/06/2017	<ul style="list-style-type: none"> ▪ Reviewed for the 2017-18 season ▪ Removed ICD-9 codes
12/11/2017	<ul style="list-style-type: none"> ▪ Updated table 7, pages 14-15. Removed ICD-10 codes for patent ductus arteriosus (Q250) and ventricular septal defect (Q210)
08/14/2018	<ul style="list-style-type: none"> ▪ Reviewed for the 2018-19 season ▪ Removed bronchodilator therapy from question 19, criteria logic and logic diagram ▪ Clarified question 19, now reads 'chronic use of systemic corticosteroids', criteria logic and logic diagram
11/16/2018	<ul style="list-style-type: none"> ▪ Added the following ICD-10 codes: Severe congenital abnormalities of the airways: J986, Q315 and Q320 Neuromuscular disorders: G319 and G801 Acyanotic heart disease: I429 and Q212 Pulmonary hypertension: P2930 Cyanotic heart disease: Q202 and Q226
03/29/2019	<ul style="list-style-type: none"> ▪ Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table
08/08/2019	<ul style="list-style-type: none"> ▪ Reviewed for 2019-20 season
10/04/2019	<ul style="list-style-type: none"> ▪ Added 'and will require cardiac surgery' to question 8 in criteria logic and logic diagram
10/21/2019	<ul style="list-style-type: none"> ▪ Updated Table 7 (acyanotic heart disease) ▪ Updated Table 9 (pulmonary hypertension) ▪ Updated Table 10 (cyanotic heart disease)
08/11/2020	<ul style="list-style-type: none"> ▪ Reviewed for 2020-21 season ▪ Removed specialist requirement for cyanotic heart disease on criteria logic, page 4 and logic diagram
06/01/2022	<ul style="list-style-type: none"> ▪ Reviewed for 2022 season

Publication Date	Notes
	Added information regarding PA duration: <ul style="list-style-type: none"> ▪ "The 10-day prior authorization (PA) duration is for Fee-For-Service (FFS) system."
09/15/2022	<ul style="list-style-type: none"> ▪ Removed check for client's weight and date of last dose from renewal requests
11/01/2023	<ul style="list-style-type: none"> ▪ Added check for dose of Beyfortus during the current season to initial and renewal requests ▪ Removed ICD-10 code P0735 from Table 5 (Gestational age greater than or equal to 31 6/7 weeks)
01/11/2024	<ul style="list-style-type: none"> ▪ Initial request: ▪ Updated question 1 to read: "Has the client had a dose of Beyfortus during the current RSV season? (Verification is required) (Manual)" ▪ Added question 2: "Has Abrysvo been given to the patient's mother during 32 through 36 weeks gestational age of pregnancy? (Verification is required) (Manual)" ▪ Renewal request: ▪ Updated question 2 to read: "Has the client been hospitalized due to RSV at any time since the start of the current season?"