

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 15 to read: Does the client have a claim for a therapy that indicates the client is profoundly immunocompromised during the RSV season?



Synagis (palivizumab)

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 |



Synagis (palivizumab)

Clinical Criteria Logic

For Initial Requests:

1. Has the client had a dose of Beyfortus (nirsevimab) during the current RSV season? (Manual)
 - ☐ Yes (If yes, date: _____ ; deny)
 - ☐ No (Go to #2) [Provider is required to provide a reason why nirsevimab cannot be administered to the client as shown on the Synagis prior authorization form (Form 1321)]
2. Is the client less than (<) 8 months chronological age and Abrysvo (respiratory syncytial virus vaccine) has been given to the client's mother between 32 and 36 weeks gestational age of pregnancy at least 14 days prior to birth? (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 #23)
 - ☐ 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 #23)
 - ☐ No (Go to #7)
7. Does the client have a severe congenital abnormality of the airway?
 - ☐ Yes (Go to #23)
 - ☐ 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 #23)
[] 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 #23)
[] No (Go to #11)
11. Does the client have a diagnosis of moderate to severe pulmonary hypertension?
[] Yes (Go to #23)
[] No (Go to #12)
12. Does the client have a diagnosis of cyanotic heart disease?
[] Yes (Go to #23)
[] 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 #23)
[] No (Go to #14)
14. Is the client less than (<) 20 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 claim for a therapy that indicates the client is profoundly immunocompromised during the RSV season?
[] Yes (Go to #23)
[] No (Go to #16)
16. Has the client had a solid organ or hematopoietic stem cell transplant during the RSV season?
[] Yes (Go to #23)
[] No (Go to #17)
17. Is the client greater than or equal to (\geq) 8 months chronological age and less than or equal to (\leq) 19 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 #23)
☐ No (Go to #21)
21. Does the client have a diagnosis of cystic fibrosis (CF) with severe lung disease OR weight for length less than the 10th percentile?
☐ Yes (Go to #23)
☐ No (Go to #22)
22. Is the client an American Indian or Alaska Native?
☐ Yes (Go to #23)
☐ No (Deny)
23. Is the claim for 1 vial of either the 50mg or 100mg vials?
☐ Yes (Go to #24)
☐ No (Deny)
24. 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)

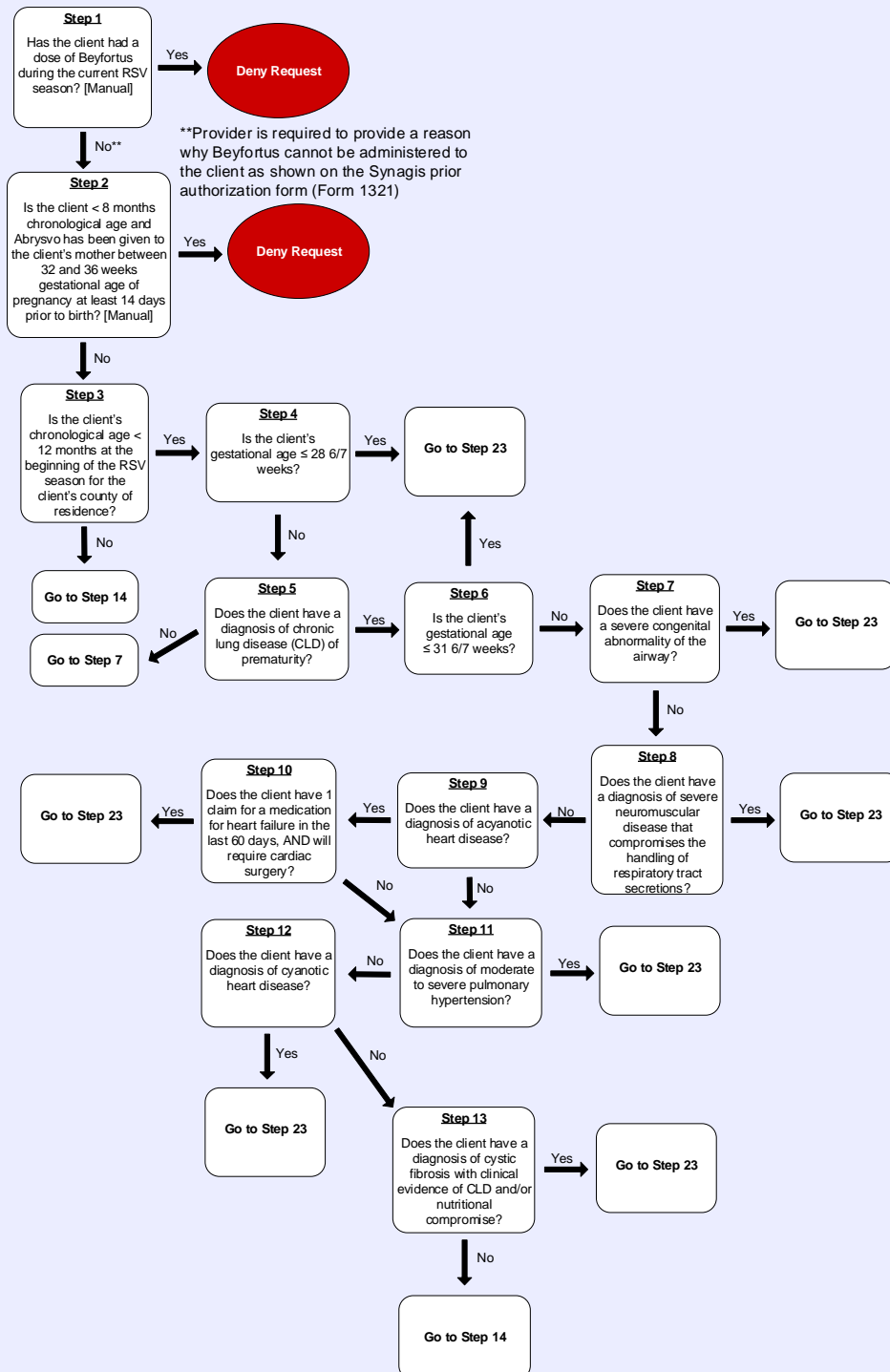
**The 10-day prior authorization (PA) duration is for Fee-For-Service (FFS) system*

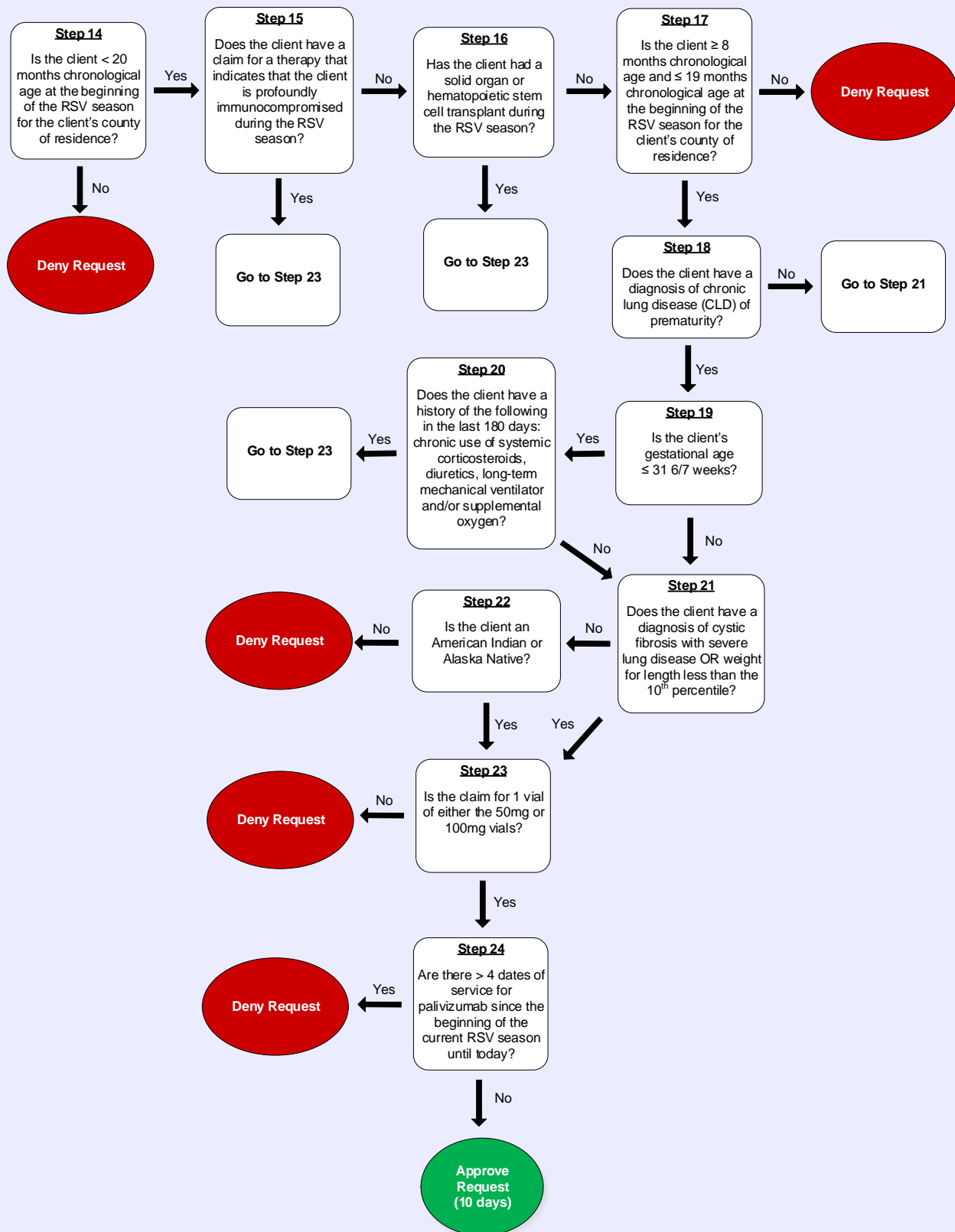


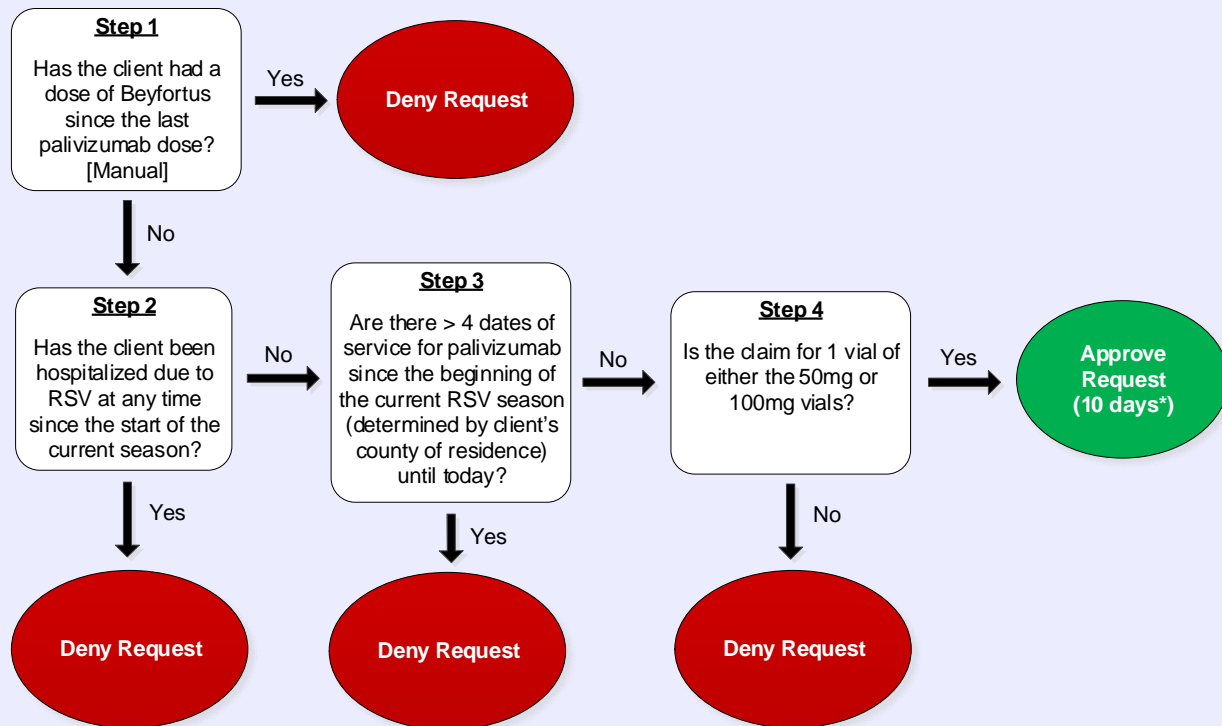
Synagis (palivizumab)

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 | |
|--|---|
| 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 |

| Step 5 (diagnosis of CLD of prematurity) Required diagnosis: 1 | |
|---|--|
| 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 |
| P2421 | NEONATAL ASPIRATION OF BLOOD WITH RESPIRATORY SYMPTOMS |

| Step 5 (diagnosis of CLD of prematurity) | |
|---|--|
| Required diagnosis: 1 | |
| CLD of Prematurity Diagnosis Codes | |
| 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 | |
| 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 | |
| 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 |
| Q313 | LARYNGOCELE |

| Step 7 (diagnosis of severe congenital abnormality of the airway) | |
|--|---|
| Required diagnosis: 1 | |
| 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 | |
| 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 | |
| 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 |
| I425 | OTHER RESTRICTIVE CARDIOMYOPATHY |
| I427 | CARDIOMYOPATHY DUE TO DRUG AND EXTERNAL AGENT |

| Step 9 (diagnosis of acyanotic heart disease) | |
|--|--|
| Required diagnosis: 1 | |
| 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 |
| Q2541 | ABSENCE AND APLASIA OF AORTA |
| Q2542 | HYPOPLASIA OF AORTA |
| Q2543 | CONGENITAL ANEURYSM OF AORTA |

| Step 9 (diagnosis of acyanotic heart disease) Required diagnosis: 1 | |
|--|---|
| 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 | |
|--|---|
| 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 | |
|--|--|
| 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 |
| I280 | ARTERIOVENOUS FISTULA OF PULMONARY VESSELS |
| I281 | ANEURYSM OF PULMONARY ARTERY |
| I288 | OTHER DISEASES OF PULMONARY VESSELS |
| I289 | DISEASE OF PULMONARY VESSELS, UNSPECIFIED |

| Step 12 (diagnosis of cyanotic heart disease) Required diagnosis: 1 | |
|--|--|
| 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 |
| Q241 | LEVOCARDIA |
| Q242 | COR TRIATRIATUM |
| Q243 | PULMONARY INFUNDIBULAR STENOSIS |
| Q244 | CONGENITAL SUBAORTIC STENOSIS |
| Q245 | MALFORMATION OF CORONARY VESSELS |

| Step 12 (diagnosis of cyanotic heart disease) Required diagnosis: 1 | |
|--|--|
| 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 | |
|---|--|
| 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 (claim for a therapy that indicates a client is profoundly immunocompromised) Required quantity: 1 | |
|---|-----------------------------|
| 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 |

| Step 15 (claim for a therapy that indicates a client is profoundly immunocompromised) Required quantity: 1 | |
|---|------------------------------|
| CPT Code | Description |
| 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 |
| 77406 | RADIATION TREATMENT DELIVERY |
| 77407 | RADIATION TREATMENT DELIVERY |
| 77408 | RADIATION TREATMENT DELIVERY |
| 77409 | RADIATION TREATMENT DELIVERY |
| 77411 | RADIATION TREATMENT DELIVERY |

| Step 15 (claim for a therapy that indicates a client is profoundly immunocompromised) Required quantity: 1 | |
|---|------------------------------|
| CPT Code | Description |
| 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 |
| 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 |

| Step 15 (claim for a therapy that indicates a client is profoundly immunocompromised) Required quantity: 1 | |
|---|------------------------------|
| CPT Code | Description |
| 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 |
| J9093 | CYCLOPHOSPHAMIDE LYOPHILIZED |
| J9094 | CYCLOPHOSPHAMIDE LYOPHILIZED |
| J9095 | CYCLOPHOSPHAMIDE LYOPHILIZED |
| J9096 | CYCLOPHOSPHAMIDE LYOPHILIZED |
| J9097 | CYCLOPHOSPHAMIDE LYOPHILIZED |

| Step 15 (claim for a therapy that indicates a client is profoundly immunocompromised) Required quantity: 1 | |
|---|---------------------------|
| CPT Code | Description |
| 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 |
| J9266 | PEGASPARGASE INJECTION |
| J9268 | PENTOSTATIN INJECTION |
| J9280 | MITOMYCIN 5 MG INJ |
| J9290 | MITOMYCIN 20 MG INJ |
| J9291 | MITOMYCIN 40 MG INJ |

| Step 15 (claim for a therapy that indicates a client is profoundly immunocompromised) Required quantity: 1 | |
|---|------------------------------|
| CPT Code | Description |
| 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 | |
|--|-------------------------------|
| 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 |
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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**

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**

| 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 |
|------------------|---|
| | <p>Added information regarding PA duration:</p> <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 | <p>Initial request:</p> <ul style="list-style-type: none"> ▪ 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?" |
| 09/11/2024 | <p>Initial request:</p> <ul style="list-style-type: none"> ▪ Added to question 1: Provider is required to provide a reason why nirsevimab cannot be administered to the client as shown on the Synagis prior authorization form (Form 1321) ▪ Updated question 2 to read: Is the client less than (<) 8 months chronological age and Abrysvo (respiratory syncytial virus vaccine) has been given to the client's mother between 32 and 36 weeks gestational age of pregnancy at least 14 days prior to birth? (Manual) ▪ Updated question 14 to read: Is the client less than (<) 20 months chronological age at the beginning of the RSV season for the client's county of residence? ▪ Updated question 17 to read: Is the client greater than or equal to (\geq) 8 months chronological age and less than or equal to (\leq) 19 months chronological age at the beginning of the RSV season for the client's county of residence ▪ Added question 22: Is the client an American Indian or Alaska Native? |
| 11/14/2024 | <ul style="list-style-type: none"> • Initial request: Updated question 15 to read: Does the client have a claim for a therapy that indicates the client is profoundly immunocompromised during the RSV season? |