

PACT Administration Crosswalk:

The differences in administration between PACT, Texas Medicaid, and the CSHCN Services Program

Important: All services that are available through PACT will also be available through Texas Medicaid and the CSHCN Services Program to appropriately-enrolled providers. The administration process may differ between programs. Providers are encouraged to review the FAQs frequently for updates and instructions.

DSHS-PACT	Texas Medicaid	CSHCN Services Program
Provider Enrollment and Client Eligibility		
Enrolls audiologists and otologists as PACT providers	Enrolls audiologists, hearing aid fitters and dispensers, and otologists and otorhinolaryngologists (ENTs) as separate provider types Note: Otologists and ENTs are enrolled as physicians	Enrolls audiologists, hearing aid fitters and dispensers, and otologists and ENTs as separate provider types Note: Otologists and ENTs are enrolled as physicians
Clients 0-20 years of age with potential or confirmed permanent hearing loss	Texas Medicaid clients of any age with demonstrated medical necessity according to Texas Medicaid policy	CSHCN Services Program clients of any age with demonstrated medical necessity according to CSHCN Services Program policy
Services		
Hearing aid devices and accessories Testing, fitting, and dispensing services	Audiologists: Audiology and audiometry evaluation and diagnostic services Hearing aid providers: Hearing aid devices and accessories, fitting and dispensing visits, and revisits Otologists/ENTs: Physician otology and otorhinolaryngology services	
Forms		
Application (M-70) Risk Factor Checklist	Physician's Examination Report (completed by the physician before referring the client to the audiologist for further testing and maintained in the client's medical record)	Medical necessity documentation included by the physician in the client's medical record before referring the client to the audiologist for further testing
Request for Hearing Aids (M-77) Otologic Examination (M-76) Request for Repair (M-80)	Submit the appropriate claim form to TMHP for reimbursement after the services are rendered. Prior authorization is required only for those services provided outside of benefit limitations. Providers will be informed of specific benefit limitations and prior authorization procedures in future notifications. Important: TMHP does not provide the hearing aids and accessories. Providers must purchase hearing aids and accessories directly from the manufacturers and submit claims to TMHP for reimbursement.	
Receipt for Hearing Aid (M-79)	Hearing Evaluation, Fitting, and Dispensing Report (Form 3503) A client-signed statement acknowledging receipt and a 30-day trial period certification statement (both created by the provider) Note: These forms are maintained in the client's medical record and not submitted to TMHP.	Medical necessity documentation included by the audiologist and the fitter/dispenser in the client's medical record A client-signed statement acknowledging receipt and a 30-day trial period certification statement (both created by the provider) Note: These forms are maintained in the client's medical record and not submitted to TMHP.
State of Texas Purchase Voucher (M-72)	Submit the appropriate claim form to TMHP using the most applicable procedure code(s) for services rendered.	Submit the appropriate claim form to TMHP using the most applicable procedure code(s) for services rendered.