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Healthy Texas Women Program Handbook

The Texas Medicaid & Healthcare Partnership (TMHP) is the claims administrator for Texas Medicaid under contract with the Texas Health and Human Services Commission.

HEALTHY TEXAS WOMEN PROGRAM HANDBOOK

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1 General Information

The information in this handbook is intended for Healthy Texas Women (HTW) program providers. The handbook provides information about Texas Medicaid's HTW benefits, policies, and procedures that are applicable to these service providers.

Important: *All providers are required to read and comply with Section 1: Provider Enrollment and Responsibilities. In addition to required compliance with all requirements specific to Texas Medicaid, it is a violation of Texas Medicaid rules when a provider fails to provide health-care services or items to Medicaid clients, including HTW clients, in accordance with accepted medical community standards and standards that govern occupations, as explained in Title 1 Texas Administrative Code (TAC) §371.1659. Accordingly, in addition to being subject to sanctions for failure to comply with the requirements that are specific to Texas Medicaid, providers can also be subject to Texas Medicaid sanctions for failure, at all times, to deliver healthcare items and services to Medicaid clients in full accordance with all applicable licensure and certification requirements including, without limitation, those related to documentation and record maintenance.*

Refer to: The *Children's Services Handbook* (*Vol. 2, Provider Handbooks*) for more information about providing services to Texas Medicaid and Texas Health Steps (THSteps) clients.

"Section 1: Provider Enrollment and Responsibilities" (*Vol. 1, General Information*).

"Texas Medicaid Administration" in the *Preliminary Information* (*Vol. 1, General Information*).

The Healthy Texas Women website at www.healthytexaswomen.org for information about family planning and the locations of clinics receiving family planning funding from HHSC.

The *Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook* (*Vol. 2, Provider Handbooks*) for information about Texas Medicaid fee-for service and Title XIX family planning benefits for gynecological and reproductive health services.

The *Clinics and Other Outpatient Facility Services Handbook* (*Vol. 2, Provider Handbooks*) for information about services provided in a Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).

2 Healthy Texas Women (HTW) Program Overview

The goal of HTW is to expand access to women's health and family planning services to reduce unintended pregnancies, positively affect the outcome of future pregnancies, and positively impact the health and wellbeing of women and their families in the eligible population.

HTW is established to achieve the following objectives:

- Implement the state policy to favor childbirth and family planning services that do not include elective abortions or the promotion of elective abortions.
- Ensure the efficient and effective use of state funds in support of these objectives and to avoid the direct or indirect use of state funds to promote or support elective abortions.
- Reduce the overall cost of publicly-funded healthcare (including federally-funded healthcare) by providing low-income Texans access to safe, effective services that are consistent with these objectives.
- Enforce Human Resources Code §32.024(c-1).

Refer to: Subsection 1.1, "Family Planning Overview" in the *Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook* (*Vol. 2, Provider Handbooks*) for an overview of family planning funding sources.

The HTW page of the TMHP website at www.tmhp.com for more information about provider certification.

Healthy Texas Women Plus (HTW Plus) is a set of additional physical health, mental health, and substance use disorder benefits that are available to HTW clients during the first 12 months of their eligibility following a pregnancy in addition to all standard HTW benefits. These outpatient services target major health conditions that contribute to maternal mortality and severe morbidity in the extended postpartum period and provide continuity of care for chronic conditions treated during the pregnancy period.

Health-care providers who want to provide HTW Plus services must be enrolled as Texas Medicaid providers and have completed the HTW provider certification process. There are no additional requirements for HTW providers to provide HTW Plus benefits within their scope of education and training, because HTW Plus is not a separate program from HTW.

2.1 Guidelines for HTW Providers

HTW provides family planning services, related preventive health services that are beneficial to reproductive health, and other preventive health services that positively affect maternal health and future pregnancies for women who:

- Are 15 through 44 years of age.

  Note: *Women who are 15 through 17 years of age must have a parent or legal guardian apply on their behalf.*

- Are a United States citizen or eligible immigrant.
- Are a resident of Texas.
- Do not currently receive benefits through another Medicaid program (including Medicaid for Pregnant Women), Children's Health Insurance Program (CHIP), or Medicare Part A or B.
- Have a household income at or below 204.2 percent of the federal poverty level.
- Are not pregnant.
- Do not have other insurance that covers the services that HTW provides.

Exception: *A client who has other private health insurance may be eligible to receive HTW services if a spouse, parent, or other person would cause physical, emotional, or other harm to the client because the client filed a claim on the health insurance.*

HTW medical services are provided by a physician or by another qualified health-care professional operating under physician direction. A physician provides direction for family planning services through written standing delegation orders and medical protocols. The physician is not required to be on the premises for the provision of family planning services by an RN, PA, NP, or CNS. HTW participants may receive services from any provider that participates in HTW.

HTW clients must be allowed freedom of choice in the selection of contraceptive methods as medically appropriate. They must also be allowed the freedom to accept or reject services without coercion. All HTW-covered methods of contraception must be made available to the client, either directly or by referral to another provider of contraceptive services. Services must be provided without regard to age, marital status, race, ethnicity, parenthood, disability, religion, national origin, or contraceptive preference.

Client eligibility can be verified by:

- Using TexMedConnect.
- Accessing the Medicaid Client Portal for Providers.
- Checking an electronic or printed copy of Your Texas Benefits Healthy Texas Women card.
- Calling the Automated Inquiry System at 1-800-925-9126.

Refer to: Subsection 4.4.3, "Client Eligibility Verification" in "Section 4: Client Eligibility" (*Vol. 1, General Information*).

HTW clients will have the following identifiers on the feedback received from the stated source:

- Medicaid Coverage: W - MA - HTW
- Program Type:
  - 68 - MEDICAL ASSISTANCE - HEALTHY TEXAS WOMEN (HTW)
  - 69 - MEDICAL ASSISTANCE - HEALTHY TEXAS WOMEN PLUS (HTW PLUS)
- Program: 100 - MEDICAID
- Benefit Plan: 100 - Traditional Medicaid

HTW clients will receive 12 months of continuous eligibility unless:

- The client dies.
- The client voluntarily withdraws from HTW.
- The client no longer satisfies the HTW eligibility criteria.
- The client is certified for another Medicaid program, such as Medicaid for Pregnant Women, or CHIP.
- State law no longer allows the woman to be covered.
- HHSC or its designee determines the client provided information affecting her eligibility that was false at the time of application.

If a provider suspects that a HTW client has committed fraud on the application, the provider should report the client to the HHSC Office of Inspector General (OIG) at 1-800-436-6184.

2.1.1 Referrals

If a provider identifies a health problem that is not within their scope of practice, the provider must refer the HTW client to another provider or clinic that can treat her. As mandated by Texas Human Resources Code §32.024(c-1), HTW does not reimburse office visits during which clients are referred for elective abortions.

A provider must refer and provide information about the HHSC Primary Health Care Services Program. Additionally, the toll-free Information and Referral hotline 2-1-1 can assist clients and providers with locating low-cost health services for clients in need.

2.1.2 Referrals for Clients Diagnosed with Breast or Cervical Cancer

Medicaid for Breast and Cervical Cancer (MBCC) provides access to cancer treatment through full Medicaid benefits for qualified women diagnosed with breast or cervical cancer. Health facilities that contract with the Breast and Cervical Cancer Screening (BCCS) program are responsible for helping women with the MBCC application.

To find a BCCS provider, call 2-1-1. For questions about the BCCS program, contact the state office at 512-458-7796, or visit www.healthytexaswomen.org/bccs-program.

2.1.3 Abortions

Elective and non-elective abortions are not covered by HTW.

Texas Human Resources Code Section 32.024(c-1) and Title 1 Texas Administrative Code, §382.17 prohibit the participation of a provider that performs or promotes elective abortions or affiliates with an entity that performs or promotes elective abortions.

A provider that performs elective abortions (through either surgical or medical methods) or that is affiliated with an entity that performs or promotes elective abortions for any patient is ineligible to serve HTW clients and cannot be reimbursed for any services rendered to a HTW client. This prohibition only applies to providers delivering services to HTW clients.

"Elective abortion" means the intentional termination of a pregnancy by an attending physician who knows that the female is pregnant, using any means that is reasonably likely to cause the death of the fetus. The term does not include the use of any such means: (A) to terminate a pregnancy that resulted from an act of rape or incest; (B) in a case in which a woman suffers from a physical disorder, physical disability, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy, that would, as certified by a physician, place the woman in danger of death or risk of substantial impairment of a major bodily function unless an abortion is performed; or (C) in a case in which a fetus has a life-threatening physical condition that, in reasonable medical judgment, regardless of the provision of life-saving treatment, is incompatible with life outside the womb.

Certain providers that want to participate in HTW must certify that they do not perform or promote elective abortions and do not affiliate with any entity that does, as directed by HHSC.

Refer to: Subsection 2.2, "HTW Provider Enrollment" in this handbook for more information about certification regarding elective abortions.

2.2 HTW Provider Enrollment

Providers who have completed the Medicaid enrollment process through TMHP, and have certified that they do not perform elective abortions or affiliate with providers that perform elective abortion are eligible to participate. Teaching hospital, independent laboratory, and radiology facility providers are not required to certify.

Refer to: "Section 1: Provider Enrollment and Responsibilities" (*Vol. 1, General Information*) for more information about enrollment procedures.

Certain providers that want to participate in HTW must certify that they do not perform or promote elective abortions and do not affiliate with any entity that does, as directed by HHSC. Providers may complete the Healthy Texas Women Certification and disclose the required information as part of the Medicaid enrollment process, or at any time after completing the Medicaid enrollment process. New providers may use the TMHP website to submit the Healthy Texas Women Certification through the Provider Enrollment and Management System (PEMS). Medicaid-only providers may use the TMHP website to submit the Healthy Texas Women Certification through the PEMS.

The following provider types are not required to certify:

- Teaching hospitals
- Independent laboratories
- Radiology facilities

Information that providers submit through PEMS can be searched by clients who use the Find a Doctor feature on the HTW website at www.healthytexaswomen.org.

2.3 Services, Benefits, Limitations, and Prior Authorization

2.3.1 Prior Authorization Requirements

Prior authorization is required for the following HTW services:

- Magnetic resonance imaging (procedure codes 77046, 77047, 77048, and 77049)
- Non-prescription drugs (procedure code) when submitted for glucose tablets or gel

Medical Nutrition Counseling Services do not require prior authorization for HTW clients up to the following quantities:

Procedure Code	Limitation
97802	4 units per rolling year
97803	12 units per rolling year
97804	8 units per rolling year
S9470	1 visit per rolling year

Prior authorization is required for the following HTW Plus services:

- Computed tomographic angiography (procedure codes 70498, 71275, 73706, 74174, 74175, 75574, and 75635)
- Magnetic resonance angiography (procedure codes 70547 and 70548)
- Computed tomography (procedure code 75571)
- Blood glucose monitor with integrated voice synthesizer (procedure code E2100)

Blood glucose test/reagent strips (procedure code A4253) do not require prior authorization for HTW Plus clients up to the following quantities:

Procedure Code	Limitation
A4253 (Non-insulin dependent)	1 box per month
A4253 (Insulin dependent)	2 boxes per month

Peer specialist services (procedure code H0038) do not require prior authorization for HTW Plus clients for the first 104 units in a rolling six-month period. Prior authorization is required once a person exceeds 104 units of individual or group peer specialist services in a rolling six-month period.

> ***Note:*** *Prior authorization requirements, forms, and documentation requirements for specific services can be found in the appropriate TMPPM handbooks.*

2.3.2 HTW Services

HTW benefits include:

- Annual family planning exam and cervical cancer screening, which may include screening for diabetes, sexually transmitted infections (STIs), high blood pressure, cholesterol, tuberculosis, and other health issues.
- Counseling on specific methods and use of contraception (as part of evaluation and management services), including natural family planning and female sterilization.
- Follow-up visits related to sterilization, including procedures to confirm sterilization.
- Women's health and family-planning services including:
    - Pregnancy tests during a family planning exam.

- STI screenings during a family planning exam.
- Treatment of certain STIs.
- Contraceptive methods.
- Treatment related to diabetes, high blood pressure, and cholesterol.
- Breast cancer screening and cervical cancer screening and treatment of cervical dysplasia.
- Additional preventive health services and screenings.

- Lab services related to a service listed above.
- Self-measured blood pressure monitoring (SMBPM) when used as a diagnostic tool to assist a physician in diagnosing hypertension in individuals whose blood pressure is either elevated, or inconclusive when evaluated in the office alone.
- Health and Behavioral Assessment and Intervention (HBAI) services.

All procedure codes listed in the tables below are subject to the HTWP (Healthy Texas Women Procedure) grouping and are benefits for HTW and HTW Plus clients.

The following family planning services are benefits of HTW:

Contraceptives Procedure Codes									
11976	11981	11982	11983	57170	58300	58301	A4261	A4266	A4267
A4268	A4269	A9150	H1010	J1050	J1410	J3490	J7294	J7295	J7296
J7297	J7298	J7300	J7301	J7304	J7307	S4993			

Drugs and supplies that are dispensed directly to the client must be billed to HTW. Only provider types with an appropriate pharmacy license may be reimbursed for dispensing family planning drugs and supplies. Provider types with an appropriate pharmacy license may be reimbursed for dispensing up to a one-year supply of contraceptives in a 12-month period using procedure codes J7294, J7295, J7304, or S4993.

Pharmacies participating in the Vendor Drug Program are allowed to fill all prescriptions as prescribed. Family planning drugs and supplies are exempt from the three prescriptions-per-month rule for up to a six-month supply.

Providers must use modifier U8 when submitting claims for a contraceptive device purchased through the 340B Drug Pricing Program.

Refer to: Subsection 1.1, "About the Vendor Drug Program" in the *Outpatient Drug Services Handbook (Vol. 2, Provider Handbooks)* for information about this program.

2.3.2.1 Long-Acting Reversible Contraception Products (LARC)

Certain LARC products are available as a pharmacy benefit of HTW and are available through a limited number of specialty pharmacies that work with LARC manufacturers. Providers can refer to the Texas Medicaid/CHIP Vendor Drug Program website at provider.txvdpportal.com/SPContent/DocumentLibrary/Manuals for additional information, including a list of covered products and participating specialty pharmacies.

The following sterilization services are benefits of HTW:

Procedure Codes									
00851	58340	58600	58611	58615	58670	58671	74740		

Sterilizations are considered to be permanent, once-per-lifetime procedures. Denied claims may be appealed with documentation that supports the medical necessity for a repeat sterilization.

The sterilization services that are available to HTW clients include surgical or nonsurgical sterilization, follow-up office visits related to confirming the sterilization, and any necessary short-term contraception.

HTW covers sterilization as a form of birth control. To be eligible for a sterilization procedure through HTW, the client must be 21 years of age or older and must complete and sign a Sterilization Consent Form within at least 30 days of the date of the surgery but no more than 180 days. In the case of an emergency, there must be at least 72 hours between the date on which the consent form is signed and the date of the surgery. Operative reports that detail the need for emergency surgery are required. Providers are required to submit a copy of the Sterilization Consent Form to HTW to be considered for claims reimbursement.

Per federal regulation 42 Code of Federal Regulations (CFR) 50, Subpart B, all sterilization procedures require an approved Sterilization Consent Form.

Note: *The Texas Medicaid - Title XIX Acknowledgment of Hysterectomy Information form is not sterilization consent.*

Refer to: Sterilization Consent Form (English) on the TMHP website at www.tmhp.com.

Refer to: Sterilization Consent Form (Spanish) on the TMHP website at www.tmhp.com.

Refer to: Sterilization Consent Form Instructions on the TMHP website at www.tmhp.com.

The following immunization and vaccination procedure codes are benefits of HTW:

Procedure Codes									
90460	90471	90472	90480	90623	90624	90632	90633	90636	90651
90656	90660	90661	90670	90673	90677	90684	90686	90688	90707
90710	90714	90715	90716	90732	90733	90734	90736	90743	90744
90746	91320	91322							

The following behavioral health services are benefits of HTW:

Procedure Codes									
90791	90792	96156	96158	96159	96167	96168	99000	99078	99406
99407									

The following medical nutritional counseling services are benefits of HTW:

Procedure Codes									
97802	97803	97804	S9470						

The following procedure codes for supplies and services are benefits of HTW:

Procedure Codes									
93000	94760	96372							

The following laboratory and pathology services are benefits of HTW:

Procedure Codes									
80048^	80050	80051^	80053^	80061^	80069^	80074	80076	81000	81001
*** CLIA-waived test** **^ QW modifier**									

Procedure Codes									
81002*	81003^	81005	81015	81025*	81513	81514^	81515^	82166	82270*
82465^	82681	82947^	82948	82950^	82951^	83020	83021	83036^	84443^
84450^	84460^	84478	84479	84702	84703^	85007	85013*	85014^	85018^
85025^	85027	85610^	85660^	85730	86318^	86580	86592	86631	86677
86689	86695	86696	86701^	86702	86703	86704	86706	86762	86780^
86803^	86885	86900	86901	87070	87086	87088	87102	87110	87205
87210	87220	87252	87270	87340	87389^	87480	87490	87491^	87510
87512	87529	87530	87535	87563	87590	87591^	87624	87625	87626
87660	87661	87797	87800	87801^	87810	87850	88150	88164	88175
88305	88307	G0433^							
*** CLIA-waived test** **^ QW modifier**									

For HTW laboratory services, if the provider who obtains the specimen does not perform the laboratory procedure, the provider who obtains the specimen may be reimbursed one lab handling fee per day, per client.

The fee for the handling or conveyance of the specimen for transfer from the provider's office to a laboratory may be reimbursed using procedure code 99000.

More than one lab handling fee may be reimbursed per day if multiple specimens are obtained and sent to different laboratories.

Handling fees are not paid for Pap smears or cultures. When billing for Pap smear interpretations, the claim must indicate that the screening and interpretation were actually performed in the office by using the modifier SU (procedure performed in physician's office).

If more than one of procedure codes 87480, 87510, 87660, 87661, or 87800 are submitted by the same provider for the same client with the same date of service, all of the procedure codes are denied. Only one procedure code (87480, 87510, 87660, 87661, or 87800) may be submitted for reimbursement, and providers must submit the most appropriate procedure code for the test provided.

Providers are reminded to code to the highest level of specificity with a diagnosis to support medical necessity when submitting procedure code 87797.

Procedure code G0433 will deny if billed on the same day by the same provider as procedure code 86703.

Refer to: Subsection 2.1.1, "Clinical Laboratory Improvement Amendments (CLIA)" in the *Radiology and Laboratory Services Handbook (Vol. 2, Provider Handbooks)*.

Appropriate documentation must be kept in the client's record.

Claims may be subject to retrospective review if they are submitted with diagnosis codes that do not support medical necessity.

HTW follows the Medicare categorization of tests for CLIA certificate holders.

Refer to: The CMS website at www.cms.gov/CLIA/10_Categorization_of_Tests.asp for information about procedure code and modifier QW requirements.

For waived tests, providers must use modifier QW as indicated on the CMS website.

The following evaluation and management procedure codes are benefits of HTW:

Procedure Codes									
99202	99203	99204	99205	99211	99212	99213	99214	99215	99242
99243	99244	99384	99385	99386	99394	99395	99396	99417	99473
99474	G0466	G0467	G0468	G0469	G0470	Q3014	T1015		

For new patients, a new patient visit for the annual exam may be reimbursed once every three years following the last evaluation and management (E/M) visit provided to the client by that provider or a provider of the same specialty in the same group. The annual examination must be billed as an established patient visit if E/M services have been provided to the client within the last three years.

Federally Qualified Health Centers (FQHCs) may be reimbursed for three family planning encounters per HTW client, per year.

Procedure codes J7296, J7297, J7298, J7300, J7301, and J7307 may be reimbursed in addition to the FQHC encounter payment.

When seeking reimbursement for an intrauterine device (IUD) or implantable contraceptive capsule, providers must submit on the same claim the procedure code for the contraceptive device along with the procedure code for the encounter. The contraceptive device is not subject to FQHC limitations. Reimbursement for services payable to an FQHC is based on an all-inclusive rate per visit.

Refer to: Section 4, "Federally Qualified Health Center (FQHC)" in the *Clinics and Other Outpatient Facility Services Handbook (Vol. 2, Provider Handbooks)* for more information about FQHC services.

Outpatient visits for non-family planning-related encounters provided by FQHCs for HTW and/or HTW Plus covered physical and behavioral health services may be reimbursed when medically necessary.

An E/M procedure code will not be reimbursed when it is billed with the same date of service as the removal of an IUD (procedure code 58301) unless the E/M visit is a significant, separately identifiable service from the removal of the IUD. If the E/M visit occurs on the same date of service as the removal of the IUD, modifier 25 may be used to indicate that the E/M visit was a significant, separately identifiable service from the procedure.

Self-measured blood pressure monitoring (SMBPM) patient education and device calibration (procedure code 99473) is limited to one service per year, any provider.

SMBPM patient education and device calibration (procedure code 99473) may be considered for more than once per year when documentation of medical necessity is submitted with the claim.

SMBPM patient education and device calibration (procedure code 99473) must be billed within 12 rolling months of collection of data and communication of treatment plan (procedure code 99474).

SMBPM collection of data and communication of treatment plan (procedure code 99474) is limited to four services per year, any provider.

2.3.2.2 * Family Planning History Check

HTW clients must receive family planning services annually, but no later than the third visit as an established client. These services must include family planning counseling and education, including natural family planning and abstinence. In order to receive reimbursement, all existing HTW clients must have received family planning services and/or counseling within the past rolling year.

The following HTW clients do not require a family planning history check:

- New clients
- Women who are sterilized

- Women who have a long-acting reversible contraception (LARC)

The following table summarizes the uses for the E/M procedure codes and the corresponding billing requirements for the annual examination:

Billing Criteria	Frequency
New patient: Most appropriate E/M procedure code	One new patient E/M code every three years following the last E/M visit provided to the client by that provider or a provider of the same specialty in the same group

Refer to: The Family Planning section of the HHSC website for information about the HHSC Family Planning Program.

The following imaging services are benefits of HTW:

Procedure Codes									
71045	71046	73060	74018	74019	76098	76700	76705	76770	76830
76856	76857	76881	76882						

The following breast cancer screening services are benefits of HTW:

Procedure Codes									
76641	76642	76942	77046	77047	77048	77049	77053	77063	77065
77066	77067	G0279							

The following diagnostic procedure codes are benefits of HTW:

Procedure Codes									
00400	19000	19081	19082	19083	19084	19100	19101	19120	19125
19126	19281	19282	19283	19284	19285	19286			

The following cervical cancer screening services are benefits of HTW:

Procedure Codes									
88141	88142	88143	88155	88160	88161	88165	88167	88172	88173
88174									

The following gynecological procedures are benefits of HTW:

Procedure Codes									
00940	56405	56420	56501	56515	56605	56606	56820	57023	57061
57100	57421	57452	57454	57455	57456	57460	57461	57500	57505
57511	57520	57522	58100	58110	58562				

The following procedure codes are Clinician-Administered Drug (CAD) benefits for HTW:

[Revised] Procedure Codes									
J0131	J0134	J0136	J0137	J0138	J0278	J0281	J0290	J0291	J0295
J0360	J0528	J0558	J0561	J0616	J0665	J0666	J0668	J0670	J0687
J0688	J0689	J0690	J0696	J0699	J0713	J0714	J0736	J0737	J1271

[Revised] Procedure Codes									
J1460	J1580	J1800	J1805	J1806	J1808	J1812	J1814	J1815	J1836
J1920	J1921	J1938	J1939	J1941	J2010	J2249	J2250	J2251	J2252
J2305	J2371	J2372	J2373	J2401	J2540	J2597	J2598	J2599	J2601
J2675	J2700	J2795	J3000	J3260	J7177	J7178	J7354	J7682	S5550
S5551	S5553								

2.3.3 Other Family Planning Office or Outpatient Visits

HTW does not cover office visits during which clients are referred for elective abortions.

A provider is allowed to bill clients for services that are not a benefit of HTW.

Refer to: Subsection 1.7.12.1, "Client Acknowledgment Statement" in "Section 1: Provider Enrollment and Responsibilities" (*Vol. 1, General Information*) for the requirements for billing clients.

2.3.4 Treatment for Sexually Transmitted Infections (STIs)

HTW covers treatment for the following conditions:

- Gardnerella
- Trichomoniasis
- Candida
- Chlamydia
- Gonorrhea
- Herpes
- Syphilis

2.3.5 Immunizations and Vaccinations

HTW covers the following immunizations and vaccinations:

- HPV
- Hep A
- Hep B
- Chicken pox
- MMR
- Tdap
- Flu

2.3.6 Telemedicine and Telehealth Services

Certain telemedicine and telehealth services may be provided for HTW clients if clinically appropriate and safe, as determined by the provider, and agreed to by the person receiving services. Whenever possible, HHSC encourages face-to-face interactions, such as an in-person visit, as well as the use of synchronous audio-visual technology over synchronous telephone (audio-only) technology of telemedicine and telehealth services. Therefore, providers must document in the person's medical record the reason(s) for why services were delivered by synchronous telephone (audio-only) technology.

2.3.6.1 Synchonous Audiovisual Technology

2.3.6.1.1 Telemedicine

The following HTW services are authorized for telemedicine delivery using synchronous audiovisual technology:

HTW Telemedicine Evaluation and Management Services									
99202	99203	99204	99205	99211	99212	99213	99214	99215	99242
99243	99244	99417	Q3014						

HTW Telemedicine Behavioral Health Services									
90791	90792	96156	96158	96159	96167	96168			

HTW Telemedicine Medical Nutritional Counseling Services			
97802	97803	97804	S9470

2.3.6.1.2 Telehealth

The following HTW services are authorized for telehealth delivery using synchronous audiovisual technology:

HTW Telehealth Behavioral Health Services									
90791	90792	96156	96158	96159	96167	96168			

HTW Telehealth Medical Nutritional Counseling Services									
97802	97803	97804	S9470						

Medical Nutrition Counseling Services (procedure codes 97802, 97803, 97804, and S9470) are authorized only during certain public health emergencies. New patient and established client services provided by synchronous audiovisual technology must be billed using modifier 95. Procedure codes that indicate remote (telemedicine medical and telehealth services) delivery in the description do not need to be billed with the 95 modifier.

2.3.6.2 Synchronous Telephone (Audio-Only) Technology

The following HTW services are authorized for telemedicine and telehealth delivery using synchronous telephone (audio-only) technology:

Procedure Codes									
99211	99212	99213	99214	99215					

Established patient services for non-behavioral health conditions provided by synchronous telephone (audio-only) technology must be billed using modifier 93.

Note: *Established client service (procedure code 99211) is only during certain public health emergencies.*

HTW Behavioral Health Services									
90791	90792	96156	96158	96159	96167	96168			

Established patient services for behavioral health or substance use conditions provided by synchronous telephone (audio-only) technology must be billed using modifier FQ.

2.3.6.3 FQHC and RHC Telemedicine and Telehealth Services

FQHCs and RHCs that provide telemedicine and telehealth services using synchronous audiovisual and synchronous telephone (audio-only) technology may be reimbursed for the following HTW services:

HTW Distant Site Telemedicine and Telehealth Services									
G0466	G0467	G0468	G0469	G0470	T1015				

FQHCs and RHCs may be reimbursed for telemedicine and telehealth in the following manner:

- The distant site provider fee is reimbursable as a prospective payment system (PPS), alternative prospective payment system (APPS), or AIR (All Inclusive Rate) PPS.
- The facility fee (procedure code Q3014) is an add-on procedure code that should not be included in any cost reporting that is used to calculate a FQHC PPS, APPS, or the RHC AIR (All Inclusive Rate) PPS per visit encounter rate.

Services delivered using synchronous audiovisual technologies must be billed using modifier 95. Procedure codes that indicate remote (telemedicine medical and telehealth services) delivery in the description do not need to be billed with the 95 modifier.

Refer to the appropriate handbooks in this manual for more information about telemedicine and telehealth benefits and restrictions.

2.3.7 HTW Plus Services, Benefits, and Limitations

HTW Plus Services are enhanced postpartum services available to eligible HTW clients in addition to all HTW services. The targeted health conditions and the services covered to treat them are as follows:

- Behavioral health conditions
  - Individual, family, and group psychotherapy services
  - Peer specialist services
- Cardiovascular and coronary conditions
  - Cardiovascular evaluation imaging and laboratory studies
  - Blood pressure monitoring equipment
  - Anticoagulant, antiplatelet, and antihypertensive medications
- Substance use disorders
  - Screening, brief intervention, and referral for treatment
  - Outpatient substance use counseling
  - Smoking and tobacco use cessation counseling
  - Medication-assisted treatment
  - Peer specialist services
- Diabetes
  - Laboratory studies
  - Additional injectable insulin options
  - Blood glucose testing supplies
  - Voice-integrated glucometers for women with diabetes who are visually impaired
  - Glucose monitoring supplies

- Asthma
    - Medications and supplies

All procedure codes listed in the tables below are subject to the HTWH (Healthy Texas Women Plus) procedure grouping and are benefits for HTW Plus clients only.

The following behavioral health services are benefits of HTW Plus:

Procedure Codes									
90832	90833	90834	90836	90837	90838	90847	90853	90870	96130
96131	96136	96137	H0038						

The following cardiovascular and coronary services are benefits of HTW Plus:

Procedure Codes									
37187	37211	37212	70498	70547	70548	71275	73706	74174	74175
75571	75574	75635	75716	75736	93005	93010	93015	93016	93017
93018	93041	93042	93224	93225	93226	93227	93241	93242	93243
93244	93245	93246	93247	93248	93306	93307	93308	93312	93319
93320	93321	93325	93350	93351	93660	93893	93923	93970	93971
94619	A4663	A4670							

The following substance use disorder services are benefits of HTW Plus:

Procedure Codes									
99408	H0001	H0004	H0005	H0020	H0049				

The following diabetes services are benefits of HTW Plus:

Procedure Codes									
83037	A4253	A4258	A4259	E2100					

The following asthma services are benefits of HTW Plus:

Procedure Codes									
94150	94617	A4614	A4627	E0570	S8101				

The following laboratory services are benefits of HTW Plus:

Procedure Codes									
81240	81241	81291	82530	82533	82550	82553	82945	82946	82955
82960	82985	83050	83525	83527	83605	83615	83625	84144	84146
84206	85004	85041	85044	85045	85048	85049	85130	85210	85220
85250	85302	85303	85305	85306	85362	85370	85378	85379	85380
85384	85385	85390	85396	85520	85525	86147	86337	86340	86341
86905	86906								

The following gynecological services are benefits of HTW Plus:

Procedure Codes									
19020									

The following procedure codes are Clinician-Administered Drug (CAD) benefits for HTW Plus:

Procedure Codes									
J0570	J0577	J0578	J0702	J1010	J1100	J1437	J1439	J1643	J1644
J1645	J1650	J1652	J1720	J1750	J1756	J2312	J2313	J2315	J2916
J2919	J3301	J3304	J3535	J7611	J7612	J7613	J7614	J7620	J7644
J8541	Q0138	Q9991	Q9992						

Refer to: The relevant handbooks for detailed coverage information of HTW Plus benefits.

2.3.7.1 HTW Plus Telemedicine and Telehealth Services

Certain telemedicine and telehealth services may be provided for HTW Plus clients if clinically appropriate and safe, as determined by the provider, and agreed to by the person receiving services. Whenever possible, HHSC encourages face-to-face interactions, such as an in-person visit, as well as the use of synchronous audio-visual technology over synchronous telephone (audio-only) technology of telemedicine and telehealth services. Therefore, providers must document in the person's medical record the reason(s) for why services were delivered by synchronous telephone (audio-only) technology.

During a Declaration of State of Disaster, HHSC may issue direction to providers regarding the use of telemedicine or telehealth services to include the use of a synchronous telephone (audio-only) platform to provide covered services outside of the allowances described herein to the extent permitted by Texas law. A Declaration of State of Disaster is when an executive order or proclamation is issued by the governor declaring a state of disaster in accordance with Section 418.014 of the Texas Government Code.

2.3.7.1.1 Synchronous Audiovisual Technology

The following HTW Plus services are authorized for delivery using synchronous audiovisual technologies:

Behavioral Health Services									
90832	90833	90834	90836	90837	90838	90847	90853	96130	96131
96136	96137	H0038							

HTW Plus Substance Use Disorder Services									
99408	H0001	H0004	H0005	H0049					

Services delivered using synchronous audiovisual technologies must be billed using the 95 modifier.

2.3.7.1.2 Synchronous Telephone (Audio-Only) Technology

The following HTW Plus services are authorized for delivery using synchronous telephone (audio-only) technology:

HTW Plus Behavioral Health Services									
90832	90833	90834	90836	90837	90838	90847	90853	H0038	

HTW Plus Substance Use Disorder Services									
99408	H0001	H0004	H0005	H0049					

Procedure code H0001 is authorized for delivery by synchronous telephone (audio-only) technology only during certain public health emergencies or natural disasters; to the extent allowed by federal law (assessments for withdrawal management services are excluded); and the 'existing clinical relationship' requirement is waived.

Behavioral health services using synchronous telephone (audio-only) technologies must be billed using the FQ modifier.

Note: *Procedure codes 90833, 90836, and 90838 are add-on codes and must be billed with a primary procedure code in order to be reimbursed.*

Refer to: The *Behavioral Health and Case Management Services Handbook (Vol. 2, Provider Handbooks)* for information on restrictions for behavioral health services delivered by synchronous audiovisual and synchronous telephone (audio-only) technologies.

2.3.8 Modifiers

The following are modifiers to be used for HTW and HTW Plus services:

Modifier	Description
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System Service provided as part of the Family Planning Program
FQ	The service was furnished using audio-only communication technology
QW	CLIA waived test
SU	Procedure performed in physician's office (to denote use of facility and equipment)
U8	U8 denotes a contraceptive device purchased through the 340B Drug Pricing Program

2.4 Documentation Requirements

All services require documentation to support the medical necessity of the service rendered.

HTW services are subject to retrospective review and recoupment if documentation does not support the service billed.

Documentation requirements for a telemedicine or telehealth service are the same as for an in-person visit and must accurately reflect the services rendered. Documentation must identify the means of delivery when provided by telemedicine or telehealth.

Refer to: The *Telecommunication Services Handbook* (*Vol. 2, Provider Handbooks*) for information on restrictions for services delivered by synchronous audiovisual and synchronous telephone (audio-only) technologies.

Additional documentation requirements apply for certain behavioral health services delivered by synchronous audiovisual technology and synchronous telephone (audio-only) technology.

2.5 HTW Claims Filing and Reimbursement

2.5.1 Claims Information

HTW and HTW Plus benefits are subject to the same restrictions and limitations applied to Texas Medicaid's coverage for the same procedure codes. Please refer to the relevant subsections in this handbook for detailed coverage information of HTW and HTW Plus benefits.

Providers must use the appropriate claim form to submit HTW claims to TMHP.

Refer to: Subsection 2.4, "Claims Filing and Reimbursement" in the *Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook* (*Vol. 2, Provider Handbooks*) for more information about filing family planning claims.

2.5.1.1 HTW and Third Party Liability

Federal and state regulations mandate that family planning client information be kept confidential.

Because seeking information from third party insurance may jeopardize the client's confidentiality, third party billing for HTW is not allowed.

2.5.2 Reimbursement

Providers can refer to the Online Fee Lookup (OFL) or the applicable fee schedule on the TMHP website at www.tmhp.com.

2.5.3 National Drug Code

Refer to: Subsection 6.3.4, "National Drug Code (NDC)" in "Section 6: Claims Filing" (*Vol. 1, General Information*).

2.5.4 NCCI and MUE Guidelines

The Health Care Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes included in the Texas Medicaid Provider Procedures Manual are subject to NCCI relationships, which supersede any exceptions to NCCI code relationships that may be noted in the manual. Providers should refer to the CMS NCCI web page for correct coding guidelines and specific applicable code combinations.

In instances when Texas Medicaid limitations are more restrictive than NCCI MUE guidance, Texas Medicaid limitations prevail.

3 Claims Resources

Resource	Location
Acronym Dictionary	"Appendix C: Acronym Dictionary" (*Vol. 1, General Information*)
Automated Inquiry System (AIS)	Subsection A.10, "TMHP Telephone and Fax Communication" in "Appendix A: State, Federal, and TMHP Contact Information" (*Vol. 1, General Information*)
2017 Claim Form Instructions	Subsection 6.8, "Family Planning Claim Filing Instructions" in "Section 6: Claims Filing" (*Vol. 1, General Information*)

4 Contact TMHP

The TMHP Contact Center at 1-800-925-9126 is available Monday-Friday from 7 a.m. to 7 p.m., Central Time.

5 Forms

The following linked forms can also be found on the Forms page of the Provider section of the TMHP website at www.tmhp.com:

Forms
Sterilization Consent Form Instructions
Sterilization Consent Form (English)
Sterilization Consent Form (Spanish)
2017 Claim Form
Healthy Texas Women Certification