

Optional Health Care Services

TDSHS-established Optional Health Care Services

	<u>Payment Method</u>
• Advanced Practice Nurse Services	NP/CNS/
• Ambulatory Surgical Center (Freestanding) Services ...	ASC Fee Schedule
• Colostomy Medical Supplies and Equipment	DME Fee Schedule
• Counseling Services	Psychologist Fee Schedule
• Dental Care	Dentist-Orthodontist Fee Schedules
• Diabetic Medical Supplies and Equipment	DME Fee Schedule
• Durable Medical Equipment	DME Fee Schedule
• Emergency Medical Services	Ambulance Fee Schedule
• Home and Community Health Care Services	Rate Per Visit
• Physician Assistant Services	Physician Assistant Fee Schedule
• Vision Care, including Eyeglasses	Optometrist & Optician Fee Schedules
• FQHC (Federally Qualified Health Center) Services ..	Rate Per Visit
• Occupational Therapy Services	Occupational Therapist Fee Schedule
• Physical Therapy Services	Physical Therapist Fee Schedule
• Other medically necessary services or supplies	Fee Schedule or negotiable rate

Negotiate rates with providers for optional service procedure codes not listed in the Fee Schedules. For additional information on claim payment, the User's Guide to Fee Schedules is provided at the end of Section Four, Service Delivery.

Advanced Practice Nurse (APN) Services

An APN must be licensed as a registered nurse (RN) within the categories of practice, specifically, a nurse practitioner, a clinical nurse specialist, a certified nurse midwife (CNM), and a certified registered nurse anesthetist (CRNA), as determined by the Board of Nurse Examiners. APN services must be medically necessary and provided within the scope of practice of the APN.

The Medicaid rate for NPs and CNSs reflect 92% of the rate paid to a physician for the same service and 100 % of the rate paid to physicians for laboratory, X-ray, and injections.

Payment Standard for a Nurse Practitioner, a Clinical Nurse Specialist, and a CNM. Use the Fee Schedule for Texas Medicaid Nurse Practitioner and Clinical Nurse Specialist at www.tmhp.com and proceed as follows:

1. Use the amount listed in the age appropriate Facility or Non-Facility Adjusted Fee for Report Date Column.
2. If the Adjusted Fee for Report Date Column is blank and the Note Code is 5 or blank, DSHS does not have a payable amount; however, a payment amount may be negotiated with the provider.

(APN Payment Standard continued on next page)

Optional HealthCare Services

APN Services
(continued)

Payment Standard for a CRNA. Use the Fee Schedule for Texas Medicaid Certified Registered Nurse Anesthetist at www.tmhp.com.

For Anesthesia, use the number of Relative Value Units (RVUs) listed in the Total RVUs column, the conversion factor listed in the Conversion Factor column, and the calculation instructions below.

1. Calculate the anesthesia units of time by using the following formula.

$$\frac{\text{total anesthesia time in minutes}}{15} = \text{anesthesia units of time}$$

2. Calculate the reimbursement for anesthesia services by using the following formula.

$$(\text{anesthesia units of time} + \text{RVUs}) \times \text{Conversion Factor} = \text{reimbursement amount}$$

3. Use 92% of this physician amount to reimburse CRNA services.

Reduce the CRNA reimbursement by 2% for services rendered on or after February 1, 2011.

For Medical, Surgery, and Laboratory Services proceed as follows:

1. Use the amount listed in the age appropriate Adjusted Fee for Report Date Column.
2. If the Adjusted Fee for Report Date Column is blank and the Note Code is 5 or blank, DSHS does not have a payable amount; however, a payment amount may be negotiated with the provider.

For additional information on claim payment, the User's Guide to Fee Schedules is provided at the end of Section Four, Service Delivery.

Optional Health Care Services

Ambulatory Surgical Center (ASC) Services

These services must be provided in a freestanding ASC and are limited to items and services provided in reference to an ambulatory surgical procedure. A freestanding ASC service should be billed as one inclusive charge on a CMS-1500. If more than one procedure code is listed, only the code with the highest DSHS Payable amount should be paid.

Payment Standard. Use the Fee Schedule for Texas Medicaid ASC Group Rate Amounts and ASC Group # at www.tmhp.com.

Colostomy Medical Supplies and Equipment

These supplies and equipment must be medically necessary and prescribed by a physician or an APN within the scope of their practice in accordance with the standards established by the Board of Nurse Examiners and published in 22 Texas Administrative Code §221.13. The county may require the supplier to receive prior authorization.

Items covered are: cleansing irrigation kits, colostomy bags/pouches, paste or powder, and skin barriers with flange (wafers).

Payment Standard. For covered items listed above, use the Fee Schedule for Texas Medicaid Durable Medical Equipment/Medical Supplies at www.tmhp.com and proceed as follows:

1. Use the amount listed in the age appropriate Facility or Non-Facility Adjusted Fee for Report Date Column.
2. If the Adjusted Fee for Report Date Column is blank and the Note Code is 5 or blank, DSHS does not have a payable amount; however, a payment amount may be negotiated with the provider.

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Optional Health Care Services

Counseling Services

Behavioral health services must be medically necessary; based on a physician referral; and provided by a licensed clinical social worker (LCSW, previously known as LMSW-ACP), a licensed marriage family therapist (LMFT), licensed professional counselor (LPC), or a Ph.D. psychologist. These services may also be provided based on an APN referral if the referral is within the scope of their practice in accordance with the standards established by the Board of Nurse Examiners and published in 22 Texas Administrative Code §221.13.

Payment Standard for LCSW, LMFT, and LPC. The following procedure codes are covered for TOS 1 counseling services provided by these providers: 90806, 90847, and 90853 (CPT codes only copyright 2004 American Medical Association. All Rights Reserved). The DSHS Payable amounts may be accessed in the Texas Medicaid Physician Fee Schedule.

Payment Standard for Ph.D. Psychologist. Use the appropriate Texas Medicaid Outpatient Behavioral Health Fee Schedule at www.tmhp.com and proceed as follows:

1. Use the amount listed in the age appropriate Facility or Non-Facility Adjusted Fee for Report Date Column.
2. If the Adjusted Fee for Report Date Column is blank and the Note Code is 5 or blank, DSHS does not have a payable amount; however, a payment amount may be negotiated with the provider.

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Optional HealthCare Services

Dental Care

These services must be medically necessary and provided by a Doctor of Dental Surgery (DDS), a Doctor of Dental Medicine (DMD), or a Doctor of Dental Medicine (DDM). The county may require prior authorization.

Items covered are: an annual routine dental exam, annual routine cleaning, one set of annual x-rays, and the least-costly service for emergency dental conditions for the removal or filling of a tooth due to abscess, infection or extreme pain.

Payment Standard. For covered items listed above, use the Fee Schedule for Texas Medicaid Dentist-Orthodontist at www.tmhp.com and proceed as follows:

1. Use the amount listed in the age appropriate Facility or Non-Facility Adjusted Fee for Report Date Column.
2. If the Adjusted Fee for Report Date Column is blank and the Note Code is 5 or blank, DSHS does not have a payable amount; however, a payment amount may be negotiated with the provider.

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Optional Health Care Services

**Diabetic
Medical
Supplies and
Equipment**

These supplies and equipment must be medically necessary and prescribed by a physician. These supplies and equipment may also be prescribed by an APN if this is within the scope of their practice in accordance with the standards established by the Board of Nurse Examiners and published in 22 Texas Administrative Code §221.13. The county may require the supplier to receive prior authorization.

Items covered are: test strips, alcohol prep pads, lancets, glucometers, insulin syringes, humulin pens, and needles required for the humulin pens.

Insulin syringes, humulin pens, and the needles required for humulin pens are dispensed with a National Dispensing Code (NDC) number and are paid as prescription drugs; they do not count toward the three prescription drugs per month limitation. Insulin and humulin pen refills are prescription drugs (not optional services) and count toward the three prescription drugs per month limitation.

Payment Standard. For covered items listed above, use the Fee Schedule for Texas Medicaid Durable Medical Equipment/Medical Supplies at www.tmhp.com and proceed as follows:

1. Use the amount listed in the age appropriate Facility or Non-Facility Adjusted Fee for Report Date Column.
2. If the Adjusted Fee for Report Date Column is blank and the Note Code is 5 or blank, DSHS does not have a payable amount; however, a payment amount may be negotiated with the provider.

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Optional Health Care Services

**Durable
Medical
Equipment
(DME)**

This equipment must be medically necessary; meet the Medicare/Texas Title XIX Medicaid requirements; and be provided under a physician's prescription. These supplies and equipment may also be prescribed by an APN if this is within the scope of their practice in accordance with the standards established by the Board of Nurse Examiners and published in 22 Texas Administrative Code §221.13. Items can be rented or purchased, whichever is the least costly. The county may require the supplier to receive prior authorization.

Items covered are: appliances for measuring blood pressure that are reasonable and appropriate, canes, crutches, home oxygen equipment (including masks, oxygen hose, and nebulizers), hospital beds, standard wheelchairs, walkers.

Payment Standard. For covered items listed above, use the Fee Schedule for Texas Medicaid DME at www.tmhp.com and proceed as follows:

1. Use the amount listed in the age appropriate Facility or Non-Facility Adjusted Fee for Report Date Column.
2. If the Adjusted Fee for Report Date Column is blank and the Note Code is 5 or blank, DSHS does not have a payable amount; however, a payment amount may be negotiated with the provider.

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Optional Health Care Services

**Emergency
Medical
Services**

Emergency Medical Services (EMS) services are ground ambulance transport services. When the person's condition is life-threatening and requires the use of special equipment, life support systems, and close monitoring by trained attendants while en route to the nearest appropriate facility, ground transport is an emergency service.

Payment Standard. Use the Fee Schedule for Texas Medicaid Ambulance at www.tmph.com and proceed as follows:

1. Use the amount listed in the age appropriate Facility or Non-Facility Adjusted Fee for Report Date Column.
 2. If the Adjusted Fee for Report Date Column is blank and the Note Code is 5 or blank, DSHS does not have a payable amount; however, a payment amount may be negotiated with the provider.
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Optional Health Care Services

**Home and
Community
Health Care
Services**

These services must be medically necessary; meet the Medicare/Medicaid requirements; and are provided by a certified home health agency.

A plan of care must be recommended, signed, and dated by the recipient's attending physician prior to care being provided.

The county may require prior authorization.

Items covered are: Registered Nurse (RN) visits for skilled nursing observation, assessment, evaluation, and treatment provided a physician specifically requests the RN visit for this purpose. A home health aide to assist with administering medication is also covered.

Visits made for performing household services are not covered.

The skilled nurse visit is also called an SNV, RN, or LVN visit. The CPT code G0154 in the chart below includes \$10 maximum for incidental supplies used during the visit.

The home health aide visit is also called an HHA visit. The CPT code G0156 in the chart below includes incidental supplies used during the visit.

Payment Standard. Use the TDSHS Payable in the chart below.

TOS	Procedure Code
C	G0154 / Visit
C	G0156 / Visit

**Physician
Assistant (PA)
Services**

These services must be medically necessary and provided by a PA under the supervision of a physician and billed by and paid to the supervising physician.

Payment Standard. Use the Fee Schedules for Texas Medicaid Nurse Practitioner, Clinical Nurse Specialist, and Physician Assistant at www.tmhp.com.

The Medicaid rate for PAs reflects 92% of the rate paid to a physician for the same service and 100 % of the rate paid to physicians for laboratory, X-ray, and injections.

Optional Health Care Services

Vision Care, Including Eyeglasses

Every 24 months one examination of the eyes by refraction and one pair of prescribed eyeglasses may be covered. The county may require prior authorization.

Payment Standard for Examination of the Eyes by Refraction. Use the Fee Schedule for Texas Medicaid Optometrist at www.tmhp.com and proceed as follows:

1. Use the amount listed in the age appropriate Facility or Non-Facility Adjusted Fee for Report Date Column.
2. If the Adjusted Fee for Report Date Column is blank and the Note Code is 5 or blank, DSHS does not have a payable amount; however, a payment amount may be negotiated with the provider.

Payment Standard for Prescribed Eyeglasses. Use the Fee Schedule for Texas Medicaid Optician at www.tmhp.com and proceed as follows:

1. Use the amount listed in the age appropriate Facility or Non-Facility Adjusted Fee for Report Date Column.
2. If the Adjusted Fee for Report Date Column is blank and the Note Code is 5 or blank, DSHS does not have a payable amount; however, a payment amount may be negotiated with the provider.

For additional information on claim payment, the User's Guide to Fee Schedules is provided at the end of Section Four, Service Delivery.

Optional Health Care Services

Federally Qualified Health Center (FQHC) Services

These services must be provided in an approved FQHC by a physician, a physician assistant, an advanced practice nurse, a clinical psychologist, or a clinical social worker.

Payment Standard. Use the Rate Per Visit in the “FQHC Rates” included in Appendix B.

Occupational Therapy Services

These services must be medically necessary and may be covered if provided in a physician’s office, a therapist’s office, in an outpatient rehabilitation or free-standing rehabilitation facility, or in a licensed hospital. Services must be within the provider’s scope of practice, as defined by Occupations Code, Chapter 454.

Payment Standard. Use the Fee Schedule for Texas Medicaid Occupational Therapist at www.tmph.com and proceed as follows:

1. Use the amount listed in the age appropriate Facility or Non-Facility Adjusted Fee for Report Date Column.
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Physical Therapy Services

These services must be medically necessary and may be covered if provided in a physician’s office, a therapist’s office, in an outpatient rehabilitation or free-standing rehabilitation facility, or in a licensed hospital. Services must be within the provider’s scope of practice, as defined by Occupations Code, Chapter 453.

1. Payment Standard. Use the Fee Schedule for Texas Medicaid Physical Therapist at www.tmph.com and proceed as follows:
2. Use the amount listed in the age appropriate Facility or Non-Facility Adjusted Fee for Report Date Column.