

Gynecological and Reproductive Health Benefits to Change for Texas Medicaid

Information posted November 14, 2014

Note: This article applies to claims submitted to TMHP for processing. For claims processed by a Medicaid managed care organization (MCO), providers must refer to the MCO for information about benefits, limitations, prior authorization, and reimbursement.

Effective for dates of services on or after January 1, 2015, some gynecological and reproductive health benefits will change for Texas Medicaid.

Hysterectomy

Hysterectomy Acknowledgment Statement

The Hysterectomy Acknowledgment Form has been revised. Providers must use the new Texas Medicaid – Title XIX Acknowledgment of Hysterectomy Information form beginning January 1, 2015.

The Texas Medicaid – Title XIX Acknowledgment of Hysterectomy Information form will be required for all hysterectomies. The client's signature and date on the form is not required if the performing physician certifies one of the following exceptions:

- The client was already sterile prior to the hysterectomy.
- The client required a hysterectomy due to a life-threatening situation.

For clients with retroactive Medicaid coverage, one of the following must be submitted with the acknowledgment form:

- A copy of the client's Your Texas Benefits Medicaid Card, which covers the date of the hysterectomy
- A copy of the retroactive approval notice for Medicaid coverage

A client representative signature and signature date will be required for mentally incompetent clients.

A witness signature and signature date will be required for all client or client representative signatures.

The new Texas Medicaid – Title XIX Acknowledgment of Hysterectomy Information form will be available on this website beginning January 1, 2015.

Provider Type and Place of Service Changes

The following procedure codes will be a benefit when performed in the outpatient hospital setting:

Procedure Codes	Type of Service	Provider Type
58150, 58152, 58180, 58200, 58210, 58240, 58275, 58280, 58285, 58548, 58951, 58953, 58954, 58956, 59525	Surgery	Physician
	Assistant surgery	Physician, nurse practitioner (NP), clinical nurse specialist (CNS), and

		physician assistant (PA)
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Procedure code 59135 will be a benefit when performed in the outpatient hospital setting by a physician; however assistant surgery services will no longer be a benefit in any place of service.

Procedure codes 51925, 58553, and 58554 will no longer be a benefit when they are performed in an ambulatory surgical center (ASC).

Procedure code 58293 will no longer be a benefit for a certified nurse midwife (CNM) performing as a surgical assistant in the inpatient or outpatient hospital setting.

Clitoroplasty and Vaginoplasty

Diagnosis codes 25541 and 25542 will be payable diagnoses for procedure codes 56805 and 57335.

Sterilization

Procedure code 58565 will be limited to once per lifetime, any provider. Procedure code 58565 will no longer be a benefit in the outpatient or inpatient hospital setting when it is performed by a family planning clinic.

Procedure code A4264 must be billed for the same date of service by the same provider as procedure code 58565. Procedure code A4264 will be a benefit for hospitals when provided in the outpatient setting, but will no longer be a benefit when it is provided in an ASC.

Procedure codes 58611, 58615, and 58671 will no longer be a benefit in the outpatient setting when they are performed by a family planning clinic.

Contraceptives

Procedure code 11976 will no longer be diagnosis restricted.

The following procedure codes will be a benefit when performed by the following provider types in the specified places of service:

Procedure Code	Place of Service	Provider Type
11976 (surgery), 11981, 11982, 11983	Inpatient hospital, outpatient hospital	NP, CNS, PA
J7303, J7304	Office	Federally qualified health centers (FQHC)
J7307, S4993	Outpatient setting	FQHC

The following procedure codes will no longer be a benefit when performed by the following provider types in the specified places of service:

Procedure Code	Place of Service	Provider Type
58301	Outpatient and inpatient hospital setting	Family planning clinic
11976	Outpatient setting	Family planning clinic, hospital-based rural health

		clinic (RHC)
	Inpatient hospital	FQHC, family planning clinic, hospital-based RHC
J7300	Office	Hospital providers

Other Provider Type and Place of Service Changes

The following procedure codes will be a benefit when performed by the following provider types in the specified places of service:

Procedure Code	Place of Service	Provider Type
58356 (assistant surgery)	Inpatient hospital, outpatient hospital	Physician, NP, CNS, PA
58546	Outpatient hospital	ASC

The following procedure codes will no longer be a benefit when performed by the following provider types in the specified places of service:

Procedure Code	Place of Service	Provider Type
58578, 58579	Outpatient hospital	ASC
59841	Office	Physician
59855	Outpatient hospital	
87480, 87510, 87660, 87797, 87800	Office	Family planning clinic

Prior Authorization

Vulvectomy

Prior authorization is required for a vulvectomy (procedure code 56620). The prior authorization request must include documentation of one of the following conditions:

- Vulvar intraepithelial neoplasia (VIN)
- Labial enlargement that results in abrasion, irritation, or intractable skin infection

A vulvectomy will not be considered for cosmetic reasons.

Salpingostomy

Prior authorization is required for salpingostomy procedure code 58673. The prior authorization request must include documentation of one or more of the following conditions:

- Ectopic pregnancy
- Hydrosalpinx unrelated to infertility
- Salpingitis unrelated to infertility

- Torsion of the fallopian tube
- Abscess of the fallopian tube
- Peritubal adhesions unrelated to infertility
- Cyst or tumor of the fallopian tube unrelated to infertility
- Hematosalpinx

Ovarian Wedge Resection

Prior authorization is required for ovarian wedge resection procedure code 58920. The prior authorization request must include documentation that indicates the client has polycystic ovarian syndrome (PCOS.) Ovarian wedge resection will not be considered for prior authorization if the PCOS leads to infertility and the reason for the surgery is to improve chances of conceiving.

For more information, call the TMHP Contact Center at 1-800-925-9126.