



Health Care Service	Instruction	Transportation Eligible	
		Covered Service	Non-Covered Service
Abortions	Medically necessary abortions performed (on the basis of a physician's professional judgement, the life of the mother is endangered if the fetus were carried to term), or abortions provided for pregnancy related to rape or incest must have a signed and dated physician certification statement. Elective abortions are not benefits of Texas Medicaid. Refer to TMPPM, Section 6.4.2.8 Attachments to Claims		X
Alcoholics Anonymous Meetings, and 12 Step Programs			X
Apnea Monitors	Covered under CCP; may require prior authorization.	X	
Anger Management Programs			X
Autopsies			X
Care and Treatment under Workers' Compensation	Any treatment related to any condition for which benefits are provided or available under Workers' Compensation laws		X
Cellular Therapy			X
Chemolase Injection	Chymodiactin, chymopapain		X
Chiropractic Services	A maximum of 12 visits in a consecutive 12-month period, and a maximum of one visit per day. The 12-month period consists of 12 consecutive months, beginning with the date the client receives the first treatment. If the condition persists more than 180 days from the start of therapy, the condition is considered chronic, and treatment is no longer considered acute. Refer to TMPPM Section 2, Chiropractic Manipulative Treatment (CMT).	X	
Deceased Client	If the client was CSHCN eligible, the Department of State Health Services may provide assistance with the transport of a deceased CSHCN client.		X
Dentures	This includes endosteal implants for adults		X
Dialysis (End Stage Renal Disease ESRD)	Medicaid client residing in a nursing facility needing transportation to and from dialysis services is eligible for NEMT.	X	
Early Periodic Screening, Diagnosis and Treatment (EPSDT)	Referred in Texas as Texas Health Steps. Program benefits limited to ages 0 - 20.	X	
Emergency or non-emergency ambulance service	Emergency and nonemergency ambulance transport services are a benefit of Texas Medicaid when the client meets the definition		X

	<p>of emergency medical condition or meets the requirements for nonemergency transport.</p> <p>All emergency out-of-state (air, ground, and water) transports require authorization before the transport is considered for payment.</p> <p>Clients who do not meet medical necessity requirements for nonemergency ambulance transport may be able to receive transport through the Medical Transportation Program (MTP).</p> <p>Non-emergency Ambulance Prior Authorization Request, Texas Medicaid and CSHCN Services Program, request are faxed to 1-512-514-4205.</p>		
Ergonovine Provocation Test			X
Experimental or Investigational Procedures			X
Fabric wrapping of abdominal aneurysms			X
Facility to Facility transfers			X
Gastric Bypass Surgery	<p>Bariatric surgery is considered medically necessary when used as a means to treat covered medical conditions that are caused or significantly worsened by the client's obesity in cases where those comorbid conditions cannot be adequately treated by standard measures unless significant weight reduction takes place.</p> <p>Bariatric surgery is not a benefit when the primary purpose of the surgery is any of the following:</p> <ul style="list-style-type: none"> <li>• For weight loss for its own sake</li> <li>• For cosmetic purposes</li> <li>• For reasons of psychological dissatisfaction with personal body image</li> <li>• For the client's or provider's convenience or preference</li> </ul>	X	
Hair analysis			X
Hippotherapy			X
Histamine therapy–intravenous			X
Hyperthermia			X
Hysteroscopy for infertility			X

Hospital Admission	As long as the service does not require emergency or nonemergency ambulance transport.	X	
Hospital Discharge	MTP does provide same day transport.	X	
Immunizations	Influenza shots, Pertussis, and Tetanus are immunizations available to adults. Children qualify for immunizations as prescribed in the TMPPM.	X	
Immunotherapy for malignant diseases			X
Intragastric balloon for obesity			X
Laboratory services		X	
Laetrile			X
Mammoplasty for gynecomastia			X
Medical Nutrition Services	Covered under CCP; may require prior authorization.	X	
Nurse Midwife Services		X	
Nurse Practitioner		X	
Obsolete diagnostic tests			X
Occupational Therapy	See Physical Therapy	X	
Optometric services	Includes eyeglasses	X	
Orthopedics (except CCP)			X
Outpatient behavioral health services performed by a licensed chemical dependency counselor (LCDC), psychiatric nurse, mental health worker, non-LCSW social worker, or psychological associate (excluding a Masters-level licensed psychological associate [LPA]) regardless of physician or licensed psychologist supervision			X
Oxygen (except CCP and home health)			X
Parenting skills	This does not include when a parent needs training on how to care for an ill child.		X

Pharmacy		X	
Physical Therapy	<p>Physical and Occupational Therapy - Home Health</p> <ul style="list-style-type: none"> <li>* For an acute condition or an exacerbation of a chronic condition</li> <li>* Benefit for ages 0-999</li> <li>* For clients birth through 20 years of age who do not meet criteria through Texas Medicaid and Title XIX Home Health Services, therapies can be considered through the Comprehensive Care Program (CCP).</li> </ul> <p>Physical, Occupational, and Speech Therapy - CCP</p> <ul style="list-style-type: none"> <li>* Therapy services beyond the limitations of Texas Medicaid and Title XIX Home Health are benefits of the Comprehensive Care Program (CCP) for clients: <ul style="list-style-type: none"> <li>* who are birth through 20 years of age, and</li> <li>* who are CCP eligible when: <ul style="list-style-type: none"> <li>* it is prescribed by a licensed physician, and when documentation of medical necessity supports a condition requiring ongoing therapy or rehabilitation in the usual course, treatment, and management of the client's condition, and</li> <li>* therapy services are provided by a licensed therapist.</li> </ul> </li> <li>* Therapy is provided in one of the following places of services: <ul style="list-style-type: none"> <li>* Comprehensive outpatient rehabilitation facility (CORF)/Outpatient rehabilitation facility (ORF)</li> <li>* Free-standing Rehabilitation Facility</li> <li>* Home</li> <li>* Licensed hospital</li> <li>* Medicaid-enrolled private therapist's office</li> <li>* Physician's office</li> </ul> </li> </ul> </li> </ul> <p>Physical, Occupational, and Speech Therapy - Traditional Medicaid</p> <ul style="list-style-type: none"> <li>* Benefit for ages 0-999</li> <li>* For an acute condition or an exacerbation of a chronic condition</li> <li>* For services provided in an office or outpatient hospital</li> </ul> <p>These are services for adults are not limited to CBA or age.</p>	X	
Prosthetic and orthotic devices	Covered under CCP; may require prior authorization.		X
Psychologist		X	
Psychotherapy and Counseling Services		X	
Quest test (infertility)			X

Recreational therapy			X
Services or supplies provided in connection with cosmetic surgery	Except: (1) As required for the prompt repair of accident injury (2) For improvement of the functioning of a malformed body member (3) When prior authorization		X
Sex change operations			X
Speech-language pathology (SLP) services for nonacute conditions	Covered under CCP; may require prior authorization.	X	
Speech Therapy	See Physical Therapy	X	
Sterilization reversal			X
Sterilizations (including vasectomies)	Unless the client has given informed consent 30 days before surgery, is mentally competent, and is 21 years of age or older at the time of consent (This policy complies with 42 CFR §441.250, Subpart F.)		X
Substance Abuse Services		X	
Transplants	Medicaid program covers organ transplants: Kidney, Cornea, Heart, Liver, and Bone Marrow. Require prior authorization from Texas Medicaid Claims Administrator.	X	
Veteran Hospitals or Clinics	Except if the VA hospital/clinic provides community resources or mileage reimbursement.	X	