This drafted policy is open for a two-week public comment period. This box is not part of the drafted policy language itself and is intended for use only during the comment period to provide readers with a summary of what has changed.

As mandated by House Bill 4, 87th Legislature, Regular Session, 2021, HHSC is performing a targeted review of the following Medicaid medical policy to add language to allow the delivery of services by telemedicine or telehealth for Medicaid clients:

* Gynecological and Reproductive Health Services.

The following is a summary of changes in scope for this policy review:

* Added telemedicine or telehealth language to Medicaid medical policy under this targeted review to allow the use of telemedicine or telehealth when appropriate.

Some policy language that is out of scope for this review is included in this document for context. New policy language has been underlined and deleted language has been struck-through to highlight proposed policy changes.

Note: The current language regarding the Gynecological and Reproductive Health Services benefit can be found in the Texas Medicaid Provider Procedures Manual (TMPPM), Vol 2: Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook, Section 2.2.2 Other Family Planning Office or Outpatient Visits.

**Texas Medicaid**

# Gynecological and Reproductive Health Services

## Statement of Benefits

Not Applicable

## Policy Overview/Scope

Not Applicable

## Authorization Requirements

Not Applicable

## Reimbursement/Billing Guidelines

### Family Planning Examination

1. Family planning services are preventive health, medical, counseling and educational services that support reproductive and general health.

****NOTE:**** Providers may be reimbursed for family planning services through Texas Medicaid. This policy does not refer to the Family Planning Program (Titles V, X, and XX) or the Healthy Texas Women’s (HTW) program.

1. All family planning E/M visits must be billed with the most appropriate E/M procedure code regardless of the reason for the visit (i.e., both general family planning visits and the annual family planning examination).
2. Evaluation and management (E/M) procedure codes are also allowed for routine contraceptive surveillance, family planning counseling/education, contraceptive problems, suspicion of pregnancy, genitourinary infections, and evaluation of other reproductive system symptoms.
   1. New and established patient evaluation and management services for general family planning visits (procedure codes 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215) may be provided via a telemedicine service or telehealth service delivered using synchronous audiovisual technology, if:
      1. The provider determines the service is clinically appropriate (the provider is able to comply with the standard of care that would apply to the provision of the same service if delivered in-person)
      2. The provider determines delivering the service via synchronous audiovisual technology is safe; and
      3. The provider delivers the telemedicine service or telehealth service in compliance with the requirements and limitations of the Telecommunications Services Handbook (Vol. 2, Provider Handbooks) and standards established by the respective licensing or certifying board of the provider delivering the service.
   2. New and established patient evaluation and management services delivered using synchronous audiovisual technology must be billed using the 95 modifier.
3. 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 service delivery method when provided via a telemedicine or telehealth service.

Refer to the Telecommunication Services Handbook (Vol. 2, Provider Handbooks) for more information about telemedicine and telehealth documentation requirements, including requirements for informed consent.

**51** During a Declaration of State of Disaster, HHSC may issue direction to providers regarding the use of a 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. A Declaration of State of Disaster is when an executive order or proclamation by the governor declaring a state of disaster in accordance with Section 418.014 of the Texas Government Code.

1. The following must occur during any visit for a medical problem or follow-up visit:
   1. An update of the client’s relevant history

**52.2** Physical exam, if indicated

**52.3** Laboratory tests, if indicated

* 1. Treatment and/or referral, if indicated

**52.5** Education or counseling or referral, if indicated

* 1. Scheduling of office or clinic visit if indicated

1. If another condition requiring an evaluation and management office visit beyond the required components for an office visit, family planning visit, or surgical procedure is discovered, the provider may submit a claim for the additional visit using Modifier 25 to indicate that the client’s condition required a significant, separately identifiable E/M service. Documentation supporting the provision of a significant, separately identifiable E/M service must be maintained in the client’s medical record and made available to Texas Medicaid upon request.

## Documentation Requirements

Not Applicable

## Exclusions

Not Applicable