

Procedure Codes		
9-B4153	9-B4154	9-B4155
9-B4157		

Modifier	Fee Per Unit
U1	\$0.30
U2	\$0.50
U3	\$0.70
U4	\$0.85
U5	\$1.05
U6	\$1.70
U7	\$2.00
U8	\$2.50
U9	\$3.00
UA	\$4.00
UB	\$5.00
UC	\$6.00
UD	Manually priced

**Note:** TMHP Home Health Services will not issue authorization of enteral products/supplies/equipment if the client is receiving TPN/hyperalimentation. TPN/Hyperalimentation is reimbursed as a daily global fee to cover visits by a registered nurse for teaching and monitoring the client, customary and routine laboratory work, and enteral supplies and equipment.

**Refer to:** "In-Home Total Parenteral Hyperalimentation Supplier" on page 27-1.

### 24.5.26 Limitations, Exclusions

Payment cannot be made for any service, supply or equipment for which FFP is not available.

For clients who are younger than 21 years of age and who are eligible to receive THSteps services, refer to "THSteps-Comprehensive Care Program (CCP)" on page 43-33 to find which of these items are covered for THSteps CCP.

Texas Medicaid (Title XIX) Home Health Services does not cover the following:

- Adaptive strollers, travel seats, push chairs, car seats
- Administration of non-FDA-approved medications/treatments or the supplies and equipment used for administration
- Aids for daily living, such as toothpaste, spoons, forks, knives, and reachers
- Allergy injections
- Any services, equipment, or supplies furnished to a client who is a resident of a public institution or a client in a hospital, SN facility, or intermediate care facility
- Any services or supplies furnished to a client before the effective date of Medicaid eligibility as certified by HHSC or after the date of termination of Medicaid eligibility
- Any services or supplies furnished without prior approval by TMHP, except as listed
- Any supplies or equipment used in a physician's office, or inserted by a physician (for example, low profile gastrostomy tube)
- Apnea monitors
- Blood products (the administration or the supplies and equipment used to administer blood products)
- Cardiac telemetry monitoring
- Chemotherapy administration or the supplies and equipment used to administer chemotherapy
- Developmental therapy
- Diapers and wipes for clients younger than 4 years of age
- Drugs or biologicals (except as specifically provided for in this manual)
- Dynamic Orthotic Cranioplasty (DOC)
- Environmental equipment, supplies, or services, such as room dehumidifiers, air conditioners, heater/air conditioner filters, space heaters, fans, water purification systems, vacuum cleaners, treatments for dust mites, rodents, and insects
- Homemaker services. Clients requiring this type of care should contact their local DSHS office for information about community-based programs for primary home care, day activities, or other related services
- Home whirlpool baths, spas, home exercisers/gym equipment, hemodialysis equipment, safety wall rails, toys/therapy equipment
- Inpatient rehabilitation
- Medical social services
- Mental health psychiatric services
- Nursing visits to administer long-term SQ/SC, IM, oral, or topical medications, such as insulin, vitamin B<sub>12</sub>, or deferoxamine, or to set up medications such as prefill insulin syringes or medication boxes, on a long-term basis
- Nutritional counseling
- Orthotics, braces, prosthetics
- Pain management, such as a Transcutaneous Electrical Nerve Stimulator (TENS)
- Parapodiums
- Pneumocardiograms
- Private duty nursing
- Respite care (caregiver relief)
- Seat lift mechanisms and seat lift chairs