Blue Cross
Blue Shield
of Texas

Tom L. Beauchamp, Jr.
President

Main at North Central Expressway
Dallas, Texas 75222
214/741-8111

August 17, 1973

TO: All Texas Physicians

FROM: Ernest A. Maxwell, M.D.
Medical Director

SUBJECT: BLUE SHIELD WORKSHOPS

This will announce the 1973 - 1974 Blue Shield Workshops to be held at various locations as indicated on the enclosed schedule.

You, your secretary and/or medical assistants are all cordially invited to attend. Registration begins at 6:30 p.m. with refreshments; the meeting will start at 7 p.m. and should be concluded no later than 9:30 p.m.

Regular Blue Shield, Title XVIII and Title XIX will be discussed, with time allotted for a question and answer session. Subjects of interest to both new and seasoned personnel will be discussed.

Reservations are not necessary -- just mark your calendar for the date and location most convenient to you. We look forward to a good attendance and hope your office will be represented.

EAM/bb

Enclosure

Medicaid Newsletter

TEXAS MEDICAL ASSISTANCE PROGRAM
OF THE
STATE DEPARTMENT OF PUBLIC WELFARE

GROUP HOSPITAL SERVICE, INC. / P.O. BOX 5891 / DALLAS, TEXAS 75222 / 638-8300

August 20, 1973

Medicaid Physician Newsletter No. 9

SUBJECT: Family Planning Services

The Texas Medical Assistance Program, Title XIX, has been expanded to include benefits for those family planning services provided by physicians and approved family planning clinics directed by physicians. The benefits cover examinations by physicians and the usual laboratory tests needed before starting patients on oral contraceptives or other methods of birth control. The benefits also include abortions and voluntary sterilization procedures. Attached is a list of the services covered and the duration and conditions under which they are payable under the scope of family planning benefits. Any Medicaid recipient who is offered family planning assistance may accept or reject contraceptive services and supplies under this program with complete freedom from coercion or pressure of mind and conscience. Patients who elect a method of birth control, including rhythm, must do so as a voluntary decision between doctor and patient. Individuals must have complete freedom of choice in a contraceptive method. Conversely, the medical judgment of the physician and the dictates of good medical practice must be given equal consideration. Where consent of parent or guardian is required prior to treatment, it must always be obtained with complete understanding on the part of the individuals involved.

Physicians and any independent laboratories filing claims for family planning services should complete the existing Medicaid Request for Payment Claim Form. Item 9F, Nature or Illness Requiring Service, should be completed by entering "FAMILY PLANNING." In those cases where a patient receives services for family planning as well as other medically indicated services, the family planning services should be individually filed on a separate Medicaid claim form.

Physicians are encouraged to use the procedure descriptions and code numbers shown on the attached list. Payment to physicians for covered family planning services will be on the basis of the present Medicaid reasonable charge allowances for the listed services. Payment to Medicaid approved hospitals for the cost of inpatient or outpatient services considered by the physician to be necessary for family planning surgical procedures can also be made when the claim is identified by the hospital as "family planning."

The State Department of Public Welfare Vendor Drug Program will also provide benefit payments to approved vendors for prescription drugs as well as contraceptive devices (condoms, foams, creams, jellies and diaphragms) when they have a prescription that has been prescribed by a practitioner licensed to prescribe or dispense legend drugs.

Any claims for services after April 1, 1973, the effective date of family planning benefits, which may not have been submitted or may have been denied should be resubmitted with a letter of explanation.

Attachment.

Medicaid Newsletter

TEXAS MEDICAL ASSISTANCE PROGRAM
OF THE
STATE DEPARTMENT OF PUBLIC WELFARE

GROUP HOSPITAL SERVICE, INC. / P.O. BOX 5891 / DALLAS, TEXAS 75222 / ~~XXX-XXXX~~
741-8080

June 1, 1973

Medicaid Physician Newsletter No. 8

SUBJECT: Reimbursement for Obstetrical Services

The various ways physicians describe obstetrical services has been researched and discussed with the Texas Association of Obstetricans & Gynecologists and other interested physician groups. It has been agreed that additional descriptions and procedure codes should be made available to all Texas physicians. Attached is a listing of all obstetrical codes. One asterisk indicates a procedure for which a new code has been added. Two asterisks indicates a change in the description of the service and the codes and descriptions without any asterisks are those where no change was involved.

If professional care is rendered to the patient only on an antepartum or postpartum basis and the physician does not attend the delivery, the codes 2-4822 and/or 2-4823 should be utilized with a short narrative indicating the reason for only the antepartum and/or postpartum care. Normally, antepartum and postpartum care would be considered an accumulation of the office visits, laboratory work and other services rendered during these periods of time.

All physicians performing obstetrical services are encouraged to use these descriptions and procedure code numbers in order that we may accumulate valid data to develop future reasonable charge profiles.

Attachment.