

March 28, 2025

## REMINDER TO PROVIDERS – BENEFIT LIMITATIONS

Texas Medicaid Provider Procedures Manual (TMPPM) should be used as a guide for all benefit limitations in the Medicaid population.

- If a service is not listed on the prior authorization list, please check the TMPPM to verify benefit limitations.
- If a service is medically necessary beyond the TMPPM benefit limitation, an authorization is required.
- **NOTE: INDICATE ON THE TEXAS STANDARD PRIOR AUTHORIZATION FORM (TSPA) THAT YOUR REQUEST IS FOR “OVER THE LIMIT BENEFITS”.** If it is not documented that the request is for over the limit benefits, this may delay the authorization process.

Below are examples of services that require authorization after the benefit limitation has been met. This is not an exhaustive list.

- **New benefit:** Certified Family Partner (CFP) Services (code S9482) are limited to 104 units in a rolling 6-month period.
- Psychotherapy is limited to 30 visits per calendar year.
- Neuropsychological testing is limited to 8 hours per calendar year.
- Durable medical equipment and supplies that exceed TMPPM quantity limitations.