

## Case Management for Children and Pregnant Women Services (CPW) CPW Provider FAQ

### Who can be a CPW (Children and Pregnant Women) Provider?

- **A Registered Nurse (RN)** with either an associate's, bachelor's, or advanced degree in nursing whose license is not temporary or provisional in nature. The RN must attend and complete Health and Human Services Commission (HHSC) Case Management Training.

**NOTE:** An RN with an associate degree in nursing must also possess two years of cumulative, paid, full-time work experience or two years of supervised, full-time educational internship/practicum experience in the last 10 years with children up to age 21 and/or pregnant women. Experience must include assessing the psychological and health needs of and making community referrals for these populations.

- **A Licensed Social Worker (LSW)** with licensure appropriate to practice, including the practice of Independent Social Work, and whose license is not temporary or provisional in nature. The LSW must attend and complete HHSC Management Training.

### What are the responsibilities of a CPW Provider?

Medicaid-enrolled CPW Providers who render Texas Medicaid CPW services as an individual provider or as a performing provider with a group are responsible for complying with all Texas Medicaid requirements and Provider responsibilities, including:

- Timely submission of appropriate and accurate forms and information
- Timely and accurate billing
- Licensing
- Registration
- Certification

### Can Federally Qualified Health Centers (FQHCs) provide CPW services?

FQHCs may also provide CPW services but must obtain HHSC approval, and FQHC Case Managers must complete HHSC Case Management Training. FQHC Case Managers must meet the RN or LSW requirements described under the "Who can be a CPW Provider?" section of the [Case Management for Children and Pregnant Women Services Provider Enrollment in Texas Medicaid | Quick Reference Guide](#).

FQHCs that provide CPW services will use their FQHC number and should not apply for an additional Provider number for CPW.

### How do I enroll in Texas Medicaid to provide CPW services?

A group or a Case Manager must obtain an individual National Provider Identifier (NPI) regardless of whether they are enrolling in Texas Medicaid as an individual or a performing Provider with a group. **If the group, individual, or performing Provider already has an NPI, they must have a case management taxonomy associated with their NPI.**

To enroll in Texas Medicaid as a group, individual, or performing CPW Provider, the provider must:

- Submit an application to HHSC and obtain an HHSC approval letter. To learn about the steps to start the process, email [askCM@hhs.texas.gov](mailto:askCM@hhs.texas.gov).
- Complete the HHSC Case Management Training before enrolling as a Medicaid CPW Provider. All Case Managers must attend this training.
- Obtain the appropriate NPI from the Center for Medicare and Medicaid Services (CMS).  
**NOTE:** After September 1, 2022, a provider must complete the HHSC Case Management Training before starting the CPW Provider enrollment process through Texas Medicaid and Healthcare Partnership (TMHP).

For additional information regarding enrollment, please reference [Case Management for Children and Pregnant Women Services Provider Enrollment in Texas Medicaid | Quick Reference Guide](#).

### How do I start the enrollment process through TMHP?

After obtaining an NPI, visit [TMHP Provider Enrollment](#) and click on “How to Apply” to begin enrollment in Texas Medicaid. Providers may want to reference the [TMHP Provider Enrollment Step-by-Step Guide](#) for assistance.

The enrollment process may take up to 30 business days to complete after the Provider submits an enrollment application with no deficiencies. Performing Providers must hold a current and active license from their respective licensing board and meet all other eligibility requirements.

**NOTE:** When enrolling, check the box to enroll as a **Case Management for Children and Pregnant Women Provider**. Do not check enrollment as a CCP Social Worker.



Enroll as soon as HHSC approves you. If HHSC approves you as a group, click “Group Enrollment.” If HHSC approves you as an individual Provider, click “Individual Provider.” This information will be designated on your HHSC approval letter.

For help completing the enrollment application or general information regarding Provider enrollment, call the TMHP Contact Center at 1-800-925-9126, option 3. The Contact Center is open from 7:00 a.m. to 7:00 p.m.

### **How do I contract and credential with a Texas Medicaid Managed Care Organization (MCO)?**

After enrollment in Texas Medicaid through TMHP, CPW Providers need to reach out to individual MCOs to contract and become credentialed to provide CPW services for the MCO.

To find MCOs in your area, review [HHSC’s map of managed care service areas](#).

If Community First Health Plans, Inc. (Community First) is an MCO in your area, please fill out a [Letter of Interest](#) online to begin the process. Staff will contact you directly to advise the next steps.

### **Who is eligible for CPW services?**

To be eligible for services, a person must:

- Be eligible for Texas Medicaid.
- Be a pregnant woman who has a high-risk condition or a child (birth through 20 years of age) who has a health condition or health risk.\*
- Need assistance accessing necessary medical, social, educational, and other services related to their health condition, health risk, or high-risk condition.
- Want to receive case management services.

\*Pregnant women who have a high-risk condition are defined as those who have a medical or psychosocial condition that places them and their fetus at greater-than-average risk for complications, either during pregnancy, delivery, or following birth.

Children with a health condition are defined as children who have a health condition or health risk or children who have or are at risk for a medical condition, illness, injury, or disability that results in the limitation of function, activities, or social roles in comparison with healthy, same-age peers in the general areas of physical, cognitive, emotional, or social growth and development.

## How do I bill an MCO once I am contracted and credentialed?

Procedure code **G9012** is to be used for all CPW services. Modifiers are used to identify which service component is provided.

The place of service (POS) identifies where services are performed. Indicate the POS by using the appropriate code for each service identified on the claim. For example, POS 12 would be the home setting. Some other applicable place of service codes may be:

- **50** | Federally Qualified Health Center (FQHC)
- **72** | Rural Health Center (RHC)
- **03** | School
- **11** | Office

For an extensive place of service (POS) list, please refer to the [Place of Service Codes for Professional Claims Database](#).

Service Code (G9012)	Required Modifiers	Place of Service Codes
Comprehensive Visit (in person)	U2 and U5	Use appropriate POS
Comprehensive visit (synchronous audiovisual)	U2, U5, and 95	02 or 10
Follow-up visit (in person)	U5, TS	Use appropriate POS
Follow-up visit (synchronous audiovisual)	U5, TS, and 95	02 or 10
Follow-up visit by telephone (audio only)	TS and 93	02 or 10

Providers must adhere to CPW program rules, policies, and procedures. Claims submitted with incorrect modifiers or incorrect CPT codes will be denied. For the most up-to-date information, providers should refer to the [Texas Medicaid Provider Procedures Manual \(TMPPM\)](#).

**NOTE:** CPW Providers are not required to file claims with other health insurance before filing with Medicaid. CPW services are not billable when a person is an inpatient at a hospital or other treatment facility. **Reimbursement will be denied for services rendered by Providers who have not been approved by HHSC.**

CPW services are limited to **one contact per day per person**. Additional Provider contacts on the same day are denied as part of another service rendered on the same day.



**Claim submissions must be filed with Community First within 95 days from the date of service and can be submitted in various ways. Below are clearinghouses Community First currently receives claims from. We have also included a sample claim form to simplify the filing process.**

PAYER NAME	ELECTRONIC CLEARINGHOUSE	PAYER ID	SUPPORTED TRANSACTION
COMMFIRST	Availity LLC	COMMF	837P
CFHP	Claim.MD	CFHP	837P

**Are Prior Authorizations Required?**

- Prior authorizations are not required for CPW services.
- Provider referrals for CPW services are not required for CPW services. Members may self-refer to a CPW network provider.
- If Provider is out of network, Community First will provide continuity of care for 90 days until the Member can be transferred to another participating Provider, or Network Management may contract with said out-of-network Provider.

**Whom Can I Contact For More Information?**

Community First has a dedicated email and phone number to help answer questions related to CPW. Please email [chelp@cfhp.com](mailto:chelp@cfhp.com) or call 210-413-8649.

For general inquiries or assistance, email [ProviderRelations@cfhp.com](mailto:ProviderRelations@cfhp.com) or call 210-358-6294.