Telecommunication Services

37.1 Enrollment ................................................................. 37-2
37.2 Benefits, Limitations, and Authorization Requirements .......................... 37-2
  37.2.1 Telemedicine Services ........................................... 37-3
    37.2.1.1 Distant Site ............................................... 37-3
    37.2.1.2 Patient Site ............................................... 37-4
  37.2.2 Telehealth Services .............................................. 37-4
    37.2.2.1 Distant Site ............................................... 37-5
    37.2.2.2 Patient Site ............................................... 37-5
  37.2.3 Telemonitoring Services ........................................ 37-6
    37.2.3.1 Facility Services ......................................... 37-6
    37.2.3.2 Prior Authorization Guidelines ......................... 37-7
37.3 Claims Information ..................................................... 37-8
37.4 Reimbursement .......................................................... 37-8
37.5 TMHP-CSHCN Services Program Contact Center ............................... 37-9
37.1 Enrollment

To enroll in the CSHCN Services Program, telecommunication providers must be actively enrolled in Texas Medicaid, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state providers must meet all these conditions, and be located in the United States, within 50 miles of the Texas state border, and be approved by the Department of State Health Services (DSHS).

Home health agency and hospital providers who wish to provide telemonitoring services must notify TMHP as follows:

• Current providers must use the Provider Information Management System (PIMS) to indicate that they provide telemonitoring services.

• Newly enrolling or re-enrolling home health agency or outpatient hospital providers will indicate whether they provide telemonitoring services during the enrollment process.

Important: CSHCN Services Program providers are responsible for knowing, understanding, and complying with the laws, administrative rules, and policies of the CSHCN Services Program and Texas Medicaid.

By enrolling in the CSHCN Services Program, providers are charged not only with knowledge of the adopted CSHCN Services Program agency rules published in Title 25 Texas Administrative Code (TAC), but also with knowledge of the adopted Medicaid agency rules published in 1 TAC, Part 15, and specifically including the fraud and abuse provisions contained in Chapter 371.

CSHCN Services Program providers also are required to comply with all applicable laws, administrative rules, and policies that apply to their professions or to their facilities. Specifically, it is a violation of program rules when a provider fails to provide health-care services or items to recipients in accordance with accepted medical community standards and standards that govern occupations, as explained in 1 TAC §371.1659 for Medicaid providers, which also applies to CSHCN Services Program providers as set forth in 25 TAC §38.6(b)(1). Accordingly, CSHCN Services Program providers can be subject to sanctions for failure to deliver, at all times, health-care items and services to recipients in full accordance with all applicable licensure and certification requirements. These include, without limitation, requirements related to documentation and record maintenance, such that a CSHCN Services Program provider can be subject to sanctions for failure to create and maintain all records required by his or her profession, as well as those required by the CSHCN Services Program and Texas Medicaid.

Refer to: Section 2.1, “Provider Enrollment,” on page 2-2 for more detailed information about CSHCN Services Program provider enrollment procedures.

37.2 Benefits, Limitations, and Authorization Requirements

Authorization is not required for telemedicine or telehealth services, however prior authorization may be required for the individual procedure codes billed.

Telemedicine and telehealth services must be provided in compliance with standards established by the respective licensing or certifying board of the professional providing the services.

Only those services that involve direct face-to-face interactive video communication between the client and the distant-site provider constitute a telemedicine or telehealth service. No separate reimbursement will be made for the cost of telemedicine and telehealth hardware or equipment, electronic documentation, and transmissions. Telephone conversations, chart reviews, electronic mail messages, and fax transmissions alone do not constitute a telemedicine or telehealth interactive video service and will not be reimbursed as telemedicine or telehealth services.

Emergency room care, critical care, home care, preventive care, newborn care, and care provided in a nursing home, skilled nursing facility, or client’s home, are not approved telemedicine or telehealth services. Consultative, but not routine, inpatient care, is included as a telemedicine or telehealth service.

Documentation for a service provided via telemedicine or telehealth must be the same as for a comparable in-person service.
The audio and visual fidelity and clarity, and field of view of the telemedicine or telehealth service must be functionally equivalent to an evaluation performed on a client when the provider and client are both at the same physical location or the client is at an established medical site.

More than one medically necessary telemedicine or telehealth service may be reimbursed for the same date and same place of service if the services are billed by providers of different specialties.

### 37.2.1 Telemedicine Services

Telemedicine is defined as a health-care service that is either initiated by a physician who is licensed to practice medicine in Texas or provided by a health professional who is acting under physician delegation and supervision. Telemedicine is provided for the purpose of the following:

- Client assessment by a health professional
- Diagnosis, consultation, or treatment by a physician
- Transfer of medical data that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including the following:
  - Compressed digital interactive video, audio, or data transmission.
  - Clinical data transmission using computer imaging by way of still-image capture and store-and-forward.
  - Other technology that facilitates access to health-care services or medical specialty expertise.

#### 37.2.1.1 Distant Site

A distant site is the location of the provider rendering the service. Distant-site benefits include services that are performed by the following providers, who must be enrolled as a CSHCN Services Program provider:

- Physician
- Advanced Practice Registered Nurse (APRN)
- Physician assistant (PA)

Procedure codes that indicate remote (telemedicine or telehealth) delivery in their description do not need to be billed with the 95 modifier. The following procedure codes, when billed with the 95 modifier, are a benefit for distant-site providers:

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<thead>
<tr>
<th>Procedure Codes</th>
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<tbody>
<tr>
<td>90791</td>
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<tr>
<td>90837</td>
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<td>90957</td>
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<tr>
<td>99203</td>
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<td>99354</td>
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<td>G0426</td>
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*Procedure codes are limited to one service per day.

Note: Procedure codes for behavioral health services are subject to the benefits and limitations outlined in Chapter 29, “Outpatient Behavioral Health.” Procedure codes 90833, 90836, and 90838 are add-on codes and must be billed with a primary E/M procedure code in order to be reimbursed.

Electronic documentation of the telemedicine consultation must be kept on file at the distant site location and must be available for review upon request by DSHS or its designee.
### 37.2.1.2 Patient Site

A patient site is where the client is physically located while the service is rendered. The patient-site must be one of the following:

- **Established medical site** - A location where clients will present to seek medical care. There must be a patient-site presenter and sufficient technology and medical equipment to allow for an adequate physical evaluation, as appropriate for the client’s presenting complaint. A defined physician-client relationship is required. A client’s private home is not considered an established medical site.

- **Established health site** - A location where clients will present to seek a health service. There must be a patient-site presenter and sufficient technology and medical equipment to allow for an adequate physical evaluation or assessment, as appropriate for the client’s presenting complaint. A defined health provider-client relationship is required. A client’s private home is not considered an established health site.

Patient-site providers enrolled in the CSHCN Services Program may only be reimbursed for the facility fee using procedure code Q3014. Procedure code Q3014 is payable to advanced practice registered nurses, physician assistants, and physicians in the office and outpatient hospital settings and to hospitals in the outpatient hospital setting. Charges for other services that are performed at the patient site may be submitted separately.

All patient sites must maintain documentation for each service, including:

- The date of the service.
- The name of the client.
- The name of the distant-site provider.
- The name of the patient-site presenter.

A patient-site presenter must introduce the client to the distant-site provider for examination and must perform any tasks and activities that are delegated by the distant-site provider. A patient-site provider must be one of the following:

- An individual who is licensed or certified in Texas to perform health-care services and who presents or is delegated tasks and activities only within the scope of the individual’s licensure or certification

- A qualified mental health professional-community services (QMHP-CS) as defined in Title 25 Texas Administrative Code (TAC) 412.303

The patient-site presenter must maintain the records created at the distant site unless the distant site provider maintains the records in an electronic-health-record format.

### 37.2.2 Telehealth Services

Telehealth is defined as health services, other than telematics, that:

- Are delivered by licensed or certified health professionals who are acting within the scope of their license or certification.

- Require the use of advanced telecommunications technology, other than telephone or facsimile technology, including the following:
  - Compressed digital interactive video, audio, or data transmission.
  - Clinical data transmission using computer imaging by way of still-image capture and store-and-forward.
  - Other technology that facilitates access to health care services or medical specialty expertise.

Before receiving a telehealth service, the client must receive an in-person evaluation for the same diagnosis or condition. An in-person evaluation is a client evaluation that is conducted by a provider who is at the same physical location as the client.

**Exception:** Clients who have a mental health diagnosis or condition may receive a telehealth service without an in-person evaluation if the purpose of the initial telehealth appointment is to screen and refer the client for additional services. The referral must be documented in the medical record.
To continue receiving telehealth services, the client must have had an in-person evaluation by a person who is qualified to determine a need for services at least once in the 12 months before the telehealth service.

Written policies and procedures must be maintained and evaluated at least annually by both the distant-site provider and the patient-site presenter and must address all of the following:

- Client privacy, to assure confidentiality and integrity of client telehealth services
- Archival and retrieval of client service records
- Quality oversight mechanisms

### 37.2.2.1 Distant Site

A distant site is the location of the provider rendering the service. Distant-site benefits include services that are performed by the following providers, who must be enrolled as a CSHCN Services Program provider:

- Licensed professional counselor
- Licensed marriage and family therapist
- Licensed clinical social worker
- Psychologist
- Licensed dietician

The following procedure codes, when billed with the 95 modifier, are a benefit for distant-site providers:

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<thead>
<tr>
<th>Procedure Codes</th>
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<tbody>
<tr>
<td>90791</td>
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<tr>
<td>90832</td>
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<td>90834</td>
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*Procedure codes are limited to one service per day.

Note: Procedure codes for behavioral health services are subject to the benefits and limitations outlined in Chapter 29, “Outpatient Behavioral Health.” Procedure codes 90833, 90836, and 90838 are add-on codes and must be billed with a primary E/M procedure code in order to be reimbursed.

Electronic documentation of the telehealth consultation must be kept on file at the distant site location and must be available for review upon request by DSHS or its designee.

### 37.2.2.2 Patient Site

A patient site is where the client is physically located while the service is rendered. The patient-site must be one of the following:

- **Established medical site** - A location where clients will present to seek medical care. There must be a patient-site presenter and sufficient technology and medical equipment to allow for an adequate physical evaluation, as appropriate for the client’s presenting complaint. A defined physician-client relationship is required. A client’s private home is not considered an established medical site.

- **Established health site** - A location where clients will present to seek a health service. There must be a patient-site presenter and sufficient technology and medical equipment to allow for an adequate physical evaluation or assessment, as appropriate for the client’s presenting complaint. A defined health provider-client relationship is required. A client’s private home is not considered an established health site.

The facility fee (procedure code Q3014) is not a benefit for telehealth services. Charges for other services that are performed at the patient site may be submitted separately.

All patient sites must maintain documentation for each service, including:

- The date of the service.
- The name of the client.
- The name of the distant-site provider.
• The name of the patient-site presenter.
A patient-site presenter must introduce the client to the distant-site provider for examination and
must perform any tasks and activities that are delegated by the distant-site provider. A patient-site
provider must be one of the following:
• An individual who is licensed or certified in Texas to perform health-care services and who
presents or is delegated tasks and activities only within the scope of the individual’s licensure or
certification
• A qualified mental health professional-community services (QMHP-CS) as defined in Title 25
Texas Administrative Code (TAC) 412.303
For telehealth services, the patient-site presenter must be readily available.

**Note:** Readily available means in the same room or (at the discretion of the licensed or certified profes-
sional that is providing the service) not in the same room as the client but within a proximity
determined by the licensed or certified professional who is providing the telehealth service.

If the telehealth services relate only to mental health, a patient-site presenter does not have to be
readily available unless the client is a danger to the client or to others.

The patient-site presenter must maintain the records created at the distant site unless the distant
site provider maintains the records in an electronic-health-record format.

### 37.2.3 Telemonitoring Services

Home telemonitoring services are a benefit of the CSHCN Services Program.

Home telemonitoring is a health service that requires scheduled remote monitoring of data
related to a client’s health, and transmission of the data from the client’s home to a licensed home
health agency or a hospital. The data transmission must comply with standards set by the **Health
Insurance Portability and Accountability Act** (HIPAA).

Data parameters are established as ordered by a physician’s plan of care. Data must be reviewed
by a registered nurse (RN), APRN, or PA, who is responsible for reporting data to the prescribing
physician in the event of a measurement outside the established parameters.

Online evaluation for home telemonitoring services (procedure code 99444) is a benefit in the
office or outpatient hospital setting when services are provided by an APRN, PA, or physician
provider. Procedure code 99444 is limited to once per seven days and will be denied if submitted
within the postoperative period of a previously completed procedure or within seven days of a
related evaluation and management service by the same provider.

Scheduled periodic transmission of the client data to the physician is required, even when there
have been no readings outside the parameters established in the physician’s orders. Telemoni-
toring providers must be available 24 hours a day, 7 days a week. Although transmissions are
generally at scheduled times, they can occur any time of the day or day of the week, according to
the client’s plan of care.

The physician who orders home telemonitoring services has a responsibility to ensure that the
client has the right to discontinue home telemonitoring services at any time.

Although the CSHCN Services Program supports the use of home telemonitoring, clients are not
required to use this service.

### 37.2.3.1 Facility Services

The provision and maintenance of home telemonitoring equipment is the responsibility of the
home health agency or the hospital. The initial setup and installation (procedure code 99090) of
the equipment in the client’s home is a benefit when services are provided by a home health
agency or an outpatient hospital. Hospital providers must submit revenue code 780 or 789 with
procedure code 99090.

Procedure code 99090 is limited to once per episode of care even if monitoring parameters are
added after initial setup and installation. A claim for a subsequent set up and installation will not
be reimbursed unless there is a documented new episode of care.
Daily home monitoring (procedure code 99090 with modifier GQ) is a benefit when services are provided by a home health agency or an outpatient hospital. The home health agency or hospital may submit a claim for the daily rate each day the telemonitoring equipment is used to monitor and manage the client’s care. Hospital providers must submit revenue code 780 or 789 with the procedure code for daily home monitoring.

Procedure code 99090 with modifier GQ is limited to once per day, regardless of the number of transmissions, for the length of the prior authorization period.

### 37.2.3.2 Prior Authorization Guidelines

Procedure codes 99090 and 99090 with modifier GQ require prior authorization. Home telemonitoring services may be approved for up to 60 days per prior authorization request. If additional home telemonitoring services are needed, the home health agency or hospital must request prior authorization before the current prior authorization period ends.

Home telemonitoring services are a benefit only for clients who are diagnosed with diabetes or hypertension. Clients must exhibit two or more of the following risk factors:

- Two or more hospitalizations in the previous 12-month period
- Frequent or recurrent emergency department visits
- A documented history of poor adherence to ordered medication regimens
- Documented history of falls in the previous six-month period
- Limited or absent informal support systems
- Living alone or being home alone for extended periods of time
- A documented history of care access challenges

Documentation that supports the prior authorization request must be maintained in the client’s medical record.

A completed Home Telemonitoring Services Prior Authorization Request form must be submitted to request home telemonitoring services. The request must include all of the following:

- An order for telemonitoring services, signed and dated by the prescribing physician who is familiar with the client
- A plan of care, signed and dated by the prescribing physician, that includes home telemonitoring transmission frequency
- The client’s diagnoses and risk factors that qualify the client for home telemonitoring services

Providers can also request prior authorization online through the secure TMHP provider portal. The home health agency or hospital must attest to all of the following on the prior authorization request:

- The telemonitoring equipment meets all the following requirements:
  - Capable of monitoring any data parameters included in the plan of care
  - Food and Drug Administration Class II hospital-grade medical device
  - Capable of measuring and transmitting client blood glucose or blood pressure data
- The provider’s staff is qualified to install the needed telemonitoring equipment and to monitor the client data transmitted according to the client’s care plan.
- Clinical data will be provided to the prescribing physician or his/her designee.
- Services are not duplicated under the disease management programs described in Texas Human Resources Code, Section 32.057.
- Monitoring of the client’s clinical data is not duplicated by any other provider.
- Written protocols, policies and procedures on the provision of home telemonitoring services are available to the Department of State Health Services (DSHS) or its designee upon request. Written protocols must address all of the following:
  - Authentication and authorization of users
  - Authentication of the origin of client data transmitted
• Prevention of unauthorized access to the system or information
• System security, including the integrity of information that is collected, program integrity, and system integrity
• Maintenance of documentation about system and information usage
• Information storage, maintenance, and transmission
• Synchronization and verification of patient profile data

The client’s prescribing physician must attest to all of the following on the prior authorization request:
• The client is sufficiently cognitively intact and able to operate the equipment or has a willing and able person to assist in completing electronic transmission of data. (Not required if the equipment does not require active participation from the recipient.)
• The client is not currently receiving duplicate services via disease management services.
• Monitoring of the client’s clinical data is not duplicated by any other provider.

Refer to: Refer to: Section 4.3, “Prior Authorizations,” on page 4-7 for detailed information about prior authorization requirements.

Home Telemonitoring Services Prior Authorization Request Form

37.3 Claims Information
Telecommunication services must be submitted to TMHP in an approved electronic format or on the CMS-1500 paper claim form or the UB-04 CMS-1450 paper claim form. Providers may purchase CMS-1500 paper claim forms or UB-04 CMS-1450 paper claim forms from the vendor of their choice. TMHP does not supply the forms.

When completing a CMS-1500 paper claim form or a UB-04 CMS-1450 paper claim form, all required information must be included on the claim, as information is not keyed from attachments. Superbills, or itemized statements, are not accepted as claim supplements.

The Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes included in policy are subject to National Correct Coding Initiative (NCCI) relationships. Exceptions to NCCI code relationships that may be noted in CSHCN Services Program medical policy are no longer valid. Providers should refer to the Centers for Medicare & Medicaid Services (CMS) NCCI web page for correct coding guidelines and specific applicable code combinations. In instances when CSHCN Services Program medical policy quantity limitations are more restrictive than NCCI Medically Unlikely Edits (MUE) guidance, medical policy prevails.

Refer to: Section 40, “TMHP Electronic Data Interchange (EDI),” on page 40-1 for information about electronic claims submissions.

Section 5, “Claims Filing, Third-Party Resources, and Reimbursement,” on page 5-1 for general information about claims filing.

Section 5.7.2.4, “CMS-1500 Paper Claim Form Instructions,” on page 5-25 and Section 5.7.2.7, “Instructions for Completing the UB-04 CMS-1450 Paper Claim Form,” on page 5-30 for instructions on completing paper claims. Blocks that are not referenced are not required for processing by TMHP and may be left blank.

37.4 Reimbursement
Telecommunication services may be reimbursed the lower of the billed amount or the amount allowed by Texas Medicaid.

For fee information, providers can refer to the Online Fee Lookup (OFL) on the TMHP website at www.tmhp.com.
The CSHCN Services Program implemented rate reductions for certain services. The OFL includes a column titled “Adjusted Fee” to display the individual fees with all percentage reductions applied. Additional information about rate changes is available on the TMHP website at [www.tmhp.com/pages/topics/rates.aspx](http://www.tmhp.com/pages/topics/rates.aspx).

**Note:** Certain rate reductions including, but not limited to, reductions by place of service, client type program, or provider specialty may not be reflected in the Adjusted Fee column.

### 37.5 TMHP-CSHCN Services Program Contact Center

The TMHP-CSHCN Services Program Contact Center at 1-800-568-2413 is available Monday through Friday from 7 a.m. to 7 p.m., Central Time, and is the main point of contact for the CSHCN Services Program provider community.