



Texas Medicaid Provider Procedures Manual

March 2018

Volume
2

Provider Handbooks

Telecommunication Services Handbook

The Texas Medicaid & Healthcare Partnership (TMHP) is the claims administrator for Texas Medicaid under contract with the Texas Health and Human Services Commission.

TELECOMMUNICATION SERVICES HANDBOOK

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1 General Information

This handbook contains information about Texas Medicaid fee-for-service benefits. For information about managed care benefits, refer to the *Medicaid Managed Care Handbook (Vol. 2, Provider Handbooks)*.

Managed care carve-out services are administered as fee-for-service benefits. A list of all carve-out services is available in section 8, “Carve-Out Services” in the *Medicaid Managed Care Handbook (Vol. 2, Provider Handbooks)*.

The information in this handbook is intended for home health agencies, hospitals, nurse practitioners (NP), clinical nurse specialists (CNS), certified nurse midwives (CNM), licensed professional counselors (LPC), licensed marriage and family therapists (LMFT), licensed clinical social workers (LCSW), physicians, physician assistants (PA), psychologists, licensed psychological associates, provisionally licensed psychologists, and licensed dietitians.

Important: *All providers are required to read and comply with “Section 1: Provider Enrollment and Responsibilities” (Vol. 1, General Information). In addition to required compliance with all requirements specific to Texas Medicaid, it is a violation of Texas Medicaid rules when a provider fails to provide health-care services or items to Medicaid clients in accordance with accepted medical community standards and standards that govern occupations, as explained in Title 1 Texas Administrative Code (TAC) §371.1659. Accordingly, in addition to being subject to sanctions for failure to comply with the requirements that are specific to Texas Medicaid, providers can also be subject to Texas Medicaid sanctions for failure, at all times, to deliver health-care items and services to Medicaid clients in full accordance with all applicable licensure and certification requirements including, without limitation, those related to documentation and record maintenance.*

Referto: “Section 1: Provider Enrollment and Responsibilities” (Vol. 1, General Information).

2 Enrollment

Providers may provide telecommunication services for Texas Medicaid clients under the provider’s Texas Medicaid provider identifier. No additional enrollment is required to provide telemedicine or telehealth services.

Home health agency and hospital providers who wish to provide telemonitoring services must notify the Texas Medicaid & Healthcare Partnership (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 must indicate whether they provide telemonitoring services during the enrollment process.

Referto: Subsection 3.1, “Provider Enrollment” in the *Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook (Vol. 2, Provider Handbooks)* for information about CNM provider enrollment.

Subsection 8.1, “Enrollment” in the *Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook (Vol. 2, Provider Handbooks)* for information about NP and CNS provider enrollment.

Subsection 9.1, “Enrollment” in the *Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook (Vol. 2, Provider Handbooks)* for information about physician provider enrollment.

Subsection 10.1, “Enrollment” in the *Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook (Vol. 2, Provider Handbooks)* for information about PA provider enrollment.

Subsection 4.1, “Provider Enrollment” in the *Behavioral Health and Case Management Services Handbook (Vol. 2, Provider Handbooks)* for information about mental health services provider enrollment.

Subsection 4.1, “Provider Enrollment” in the *Behavioral Health and Case Management Services Handbook (Vol. 2, Provider Handbooks)* for information about psychologist and licensed psychological associate provider enrollment.

Subsection 2.10.1, “Enrollment” in the *Children’s Services Handbook (Vol. 2, Provider Handbooks)* for information about licensed dietitian enrollment.

3 Services, Benefits, Limitations, and Prior Authorization

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. 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.

Use of telemedicine and telehealth services within Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) or State Supported Living Centers is subject to the policy established by the Department of State Health Services (DSHS) and the Texas Department of Aging and Disability Services (DADS) established policies.

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.

All confidentiality and Health Insurance Portability and Accountability Act (HIPAA) standards apply to telemedicine and telehealth transmissions.

Referto: Subsection 1.6.4, “Release of Confidential Information” in “Section 1: Provider Enrollment and Responsibilities” (*Vol. 1, General Information*) for more information about confidentiality standards.

3.1 Patient Health Information Security

If a patient site presenter is not required for the telehealth or telemedicine visit, the software system used by the distant site provider must allow secure authentication of the distant site provider and the client.

If a patient site presenter is required for the telehealth or telemedicine visit, the software system used by both the distant and patient site providers must allow secure authentication of the distant site provider and the client.

The physical environments of the client and the distant site provider must ensure that the client's protected health information remains confidential. A parent or responsible adult may be physically located in the patient site or distant site environment during a telehealth or telemedicine visit with a child.

A parent or responsible adult must provide written or verbal consent to the distant site provider to allow any other individual, other than the distant site provider, the patient site presenter, or a representative of the distant site provider or patient site presenter, to be physically present in the distant or patient site environment during a telehealth or telemedicine visit with a child.

An adult client must also provide written or verbal consent to the distant site provider to allow any other individual, other than the distant site provider, the patient site presenter, or a representative of the distant site provider or patient site presenter, to be physically present in the distant or patient site environment during a telehealth or telemedicine visit.

Providers of telehealth or telemedicine services must maintain the confidentiality of protected health information (PHI) as required by Federal Register 42, Code of Federal Regulations (CFR) Part 2, 45 CFR Parts 160 and 164, Chapters 111 and 159 of the Texas Occupations Code, and other applicable federal and state law.

Providers of telehealth or telemedicine services must also comply with the requirements for authorized disclosure of PHI relating to clients in state mental health facilities and residents in state supported living centers, which are included in, but not limited to, 42 CFR Part 2, 45 CFR Parts 160 and 164, Texas Health and Safety Code §611.004, and other applicable federal and state law.

All client health information generated or utilized during a telehealth or telemedicine visit must be stored by the distant site provider in a client health record using software that complies with Health Insurance Portability and Accountability Act (HIPAA) confidentiality and data encryption requirements, as well as with the United States Health and Human Services (HHS) rules implementing HIPAA.

Providers may not disclose any medical information revealed by the client or discovered by a provider in connection with the treatment of the client through telemedicine or telehealth without proper authorization from the patient.

3.2 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.

3.2.1 Distant Site

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

- Physician
- CNS
- NP
- PA
- CNM

A distant site provider is the physician, or PA, NP, or CNS who is supervised by and has delegated authority from a licensed Texas physician, who uses telemedicine to provide health-care services to a client in Texas. Hospitals may also serve as the distant site provider.

If the distant site provider is unable to obtain all pertinent clinical information necessary for the practice of medicine at an acceptable level of safety through a telemedicine visit, the distant site provider must inform the client before the conclusion of the telemedicine visit. The distant site provider must also advise the client to obtain an additional in-person medical evaluation to meet the client's medical needs.

Distant site providers that communicate with clients through email or other electronic method must provide clients with written notification of the physician's privacy practices prior to evaluation and treatment. A good faith effort must be made to obtain the client's written acknowledgment of the notice, including by email response.

Before providing services, distant site providers who use telemedicine medical services must give their clients notice regarding telemedicine medical services, including the risks and benefits of being treated via telemedicine, how to receive follow-up care or assistance in the event of an adverse reaction to the treatment or in the event of an inability to communicate as a result of a technological or equipment failure. A signed and dated notice, including an electronic acknowledgment, by the client establishes a presumption of notice.

Procedure codes that indicate remote (telemedicine) delivery in the 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 telemedicine providers:

Procedure Codes									
90791	90792	90832	90833	90834	90836	90837	90838	90951	90952
90954	90955	90957	90958	90960	90961	99201	99202	99203	99204
99205	99211	99212	99213	99214	99215	99241	99242	99243	99244
99245	99251	99252	99253	99254	99255	99354	99355	99356	99357
G0406*	G0407*	G0408*	G0425	G0426	G0427	G0459			
*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 Subsection 4.2, "Services, Benefits, Limitations" in the Behavioral Health and Case Management Services Handbook (Vol. 2, Provider Handbooks) 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.

Preventive health visits under Texas Health Steps (THSteps) are not benefits if performed using telemedicine medical services. Health care or treatment using telemedicine medical services after a THSteps preventive health visit for conditions identified during a THSteps preventive health visit is a benefit. Services provided through telemedicine for abnormalities identified during these preventive health visits may be reimbursed separately to the distant site provider if an acute care evaluation and management procedure code is billed.

Referto: Subsection 5.3.6, “THSteps Medical Checkups” in the *Children’s Services Handbook (Vol. 2, Provider Handbooks)* for information about THSteps preventive health visits.

3.2.2 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. Telemedicine medical services provided at an established medical site may be used for all client visits, including initial evaluations to establish a defined physician-client relationship between a distant site provider and a client.
- *State mental health facility*—A hospital with an inpatient component funded or operated by DSHS.
- *State-supported living center*—A state-supported and structured residential facility operated by DADS to provide individuals with intellectual and developmental disabilities a variety of services, including medical treatment, specialized therapy, and training in the acquisition of personal, social, and vocation skills, as defined in Health and Safety Code §431.002(17).

Patient-site providers that are enrolled in Texas Medicaid may only be reimbursed for the facility fee using procedure code Q3014. Procedure code Q3014 is payable to NP, CNS, PA, physicians, and out-patient hospital providers. Charges for other services that are performed at the patient site may be submitted separately. Procedure code Q3014 is not a benefit if the patient site is the client’s home.

A patient-site presenter introduces the client to the distant-site provider for examination and performs any tasks and activities that are delegated by the distant-site provider. A patient-site provider must be at least 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 new conditions, the patient site presenter must be readily available on site at the established medical site to assist with care.

Note: *Readily available means the patient site presenter is in the same room as the client or at the discretion of the licensed or certified professional providing the service, is not in the same room as the client but within the proximity determined by the licensed or certified professional providing the telemedicine service.*

A distant site provider delegating tasks to a patient site presenter must ensure that the patient site presenter is properly supervised.

It is at the discretion of the distant site provider if a patient site presenter is necessary for follow-up evaluation or treatment of a previously diagnosed condition.

If the only services provided are related to mental health services, a patient site presenter is not required, except in cases of behavioral emergencies, as defined by Title 25 TAC §415.253.

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

3.2.2.1 Private Home

A client's private home is not considered an established medical site, except when the medical services provided in the home (including a group or institutional setting where the client is a resident) are limited to mental health services.

For medical services other than mental health services to be provided in the client's home, including a group or institutional setting where the client is a resident, the following requirements must be met:

- A patient site presenter is present
- There is a defined physician-client relationship as defined in Title 22 Texas Administrative Code (TAC) 174.8
- The patient site presenter has sufficient communication and remote medical diagnostic technology to allow the physician to carry out an adequate physical examination that is appropriate for the client's presenting condition, while seeing and hearing the client in real time. The following communications do not meet this requirement:
 - An online questionnaire
 - Questions and answers exchanged through email, electronic text, or chat
 - Telephonic evaluation or consultation with a client
- The physical examination will be held to the same standard of acceptable medical practices as those in traditional clinical settings

3.2.2.2 School-Based Setting

Telemedicine medical services provided in a school-based setting by a physician, even if the physician is not the client's primary care physician or provider, are benefits if all of the following criteria are met:

- The physician is an authorized health-care provider enrolled in Texas Medicaid
- The client is a child who is receiving the service in a primary or secondary school-based setting
- The parent or legal guardian of the client provides consent before the service is provided
- A health professional is present with the client during treatment

Telemedicine services provided in a school-based setting are also a benefit if the physician delegates provision of services to a nurse practitioner, clinical nurse specialist, or physician assistant, as long as the nurse practitioner, clinical nurse specialist, or physician assistant is working within the scope of their professional license and within the scope of their delegation agreement with the physician.

3.2.2.3 Other Site

For telemedicine medical services provided at a site other than an established medical site, the following will apply:

- Patient-site presenters are not required for pre-existing conditions previously diagnosed by a physician through a face-to-face visit
- All clients must be seen by a physician for an in-person evaluation at least once a year
- Telemedicine medical services may not be used to treat chronic pain with scheduled drugs

A distant site provider may treat an established client's new symptoms that are unrelated to the client's pre-existing condition. The client must be advised to see a physician in a face-to-face visit within 72 hours. A distant site provider may not provide continuing telemedicine medical services for these new

symptoms if the client has not seen a physician within 72 hours. If the client's symptoms are resolved within 72 hours, and continuing treatment for the acute symptoms is no longer necessary, then a follow-up face-to-face visit is not required.

A distant site provider who provides telemedicine medical services at a site other than an established medical site for a previously diagnosed medical condition must do one of the following:

- See the client one time in a face-to-face visit before providing telemedicine medical care
- See the client without an initial face-to-face visit, as long as the client has received an in-person evaluation by another physician who has referred the client for additional care and the referral is documented in the medical record

3.2.3 Documentation Requirements for Telemedicine

Distant site providers must document in the medical record an adequate and complete medical history for the client before providing treatment. Medical records must be maintained for all telemedicine medical services.

Medical records must include copies of all relevant client-related electronic communications, including relevant client-physician email, prescriptions, laboratory and test results, evaluations and consultations, and records of past care and instructions. When possible, telemedicine encounters that are recorded electronically must also be included in the medical record.

Documentation for a service provided via telemedicine must be the same as for a comparable in-person service.

If a client has a primary care provider and the client, or their parent or legal guardian, provides consent to a notification, a telemedicine provider must notify the client's primary care provider of any telemedicine services provided.

For telemedicine services provided to a child in a school-based setting, the notification provided by the telemedicine physician to the child's primary care provider must include a summary of the service, exam findings, prescribed or administered medications, and client instructions. If the child does not have a primary care provider, the notification must be provided to the child's parent or legal guardian. In addition to providing treatment information, the notification must include a list of primary care providers from which the child's parent or legal guardian may select a primary care provider.

3.3 Telehealth Services

Telehealth is defined as health services, other than telemedicine, 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 initial evaluation for the same diagnosis or condition by a physician or other qualified health-care professional licensed in Texas. A required initial evaluation must be performed in-person or as a telemedicine visit that conforms to Title 22 Texas Administrative Code (TAC) 174 (relating to Telemedicine). If the client is receiving the telehealth services to treat a mental health diagnosis or condition, the client is not required to receive an initial evaluation by a physician or other qualified health-care professional licensed in Texas.

A client receiving telehealth services must be evaluated at least annually by a physician or other health-care professional that is licensed in Texas and qualified to determine if the client has a continued need for services. The evaluation must be performed in-person or as a telemedicine visit that conforms to 22 TAC 174. This evaluation requirement does not apply to a patient receiving telehealth services for the treatment of a mental health diagnosis or condition from a qualified behavioral health provider licensed in Texas.

Telehealth services are reimbursed in accordance with 1 TAC Chapter 355.

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

3.3.1 Distant Site

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

- Licensed professional counselor
- LMFT
- LCSW
- Psychologist
- Licensed psychological associate
- Provisionally licensed psychologist
- Licensed dietitian

Procedure codes that indicate remote (telehealth) delivery in the 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 telehealth providers:

Procedure Codes									
90791	90792	90832*	90833*	90834*	90836*	90837*	90838*	90951	90952
90954	90955	90957	90958	90960	90961	97802	97803	97804	99201
99202	99203	99204	99205	99211	99212	99213	99214	99215	99241
99242	99243	99244	99245	99251	99252	99253	99254	99255	S9470

*Services may be performed for or include family members.

Note: Procedure codes for behavioral health services are subject to the benefits and limitations outlined in subsection 4.2, “Services, Benefits, Limitations” in the Behavioral Health and Case Management Services Handbook (Vol. 2, Provider Handbooks).

Note: 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.

Preventive health visits under Texas Health Steps (THSteps) are not benefits if performed using telehealth medical services. Health care or treatment using telehealth medical services after a THSteps preventive health visit for conditions identified during a THSteps preventive health visit is a benefit.

Services provided through telehealth for abnormalities identified during these preventive health visits may be reimbursed separately to the distant site provider if an acute care evaluation and management procedure code is billed.

Referto: Subsection 5.3.6, “THSteps Medical Checkups” in the *Children’s Services Handbook (Vol. 2, Provider Handbooks)* for information about THSteps preventive health visits.

3.3.2 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 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.
- *State mental health facility*—A hospital with an inpatient component funded or operated by DSHS.
- *State-supported living center*—A state-supported and structured residential facility operated by DADS to provide individuals with intellectual and developmental disabilities a variety of services, including medical treatment, specialized therapy, and training in the acquisition of personal, social, and vocation skills, as defined at Health and Safety Code 431.002(17).

The facility fee (procedure code Q3014) is not a benefit for telehealth services.

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 at least 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 professional 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 himself/herself or to others.

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

3.4 Telemonitoring Services

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 HIPAA.

Data parameters are established as ordered by a physician’s plan of care.

Data must be reviewed by a registered nurse (RN), NP, CNS, or PA, who is responsible for reporting data to the prescribing physician in the event of a measurement outside the established parameters.

Online evaluation and management for home telemonitoring services (procedure code 99444) is a benefit in the office or outpatient hospital setting when services are provided by an NP, CNS, PA, or physician provider. Procedure code 99444 is limited to once per seven days and is denied if it is 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 reporting 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. Telemonitoring 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 any day of the week, according to the client's plan of care.

The physician who orders home telemonitoring services has a responsibility to ensure the following:

- The client has a choice of home telemonitoring providers.
- The client has the right to discontinue home telemonitoring services at any time.

Although Texas Medicaid supports the use of home telemonitoring, clients are not required to use this service.

3.4.1 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 is not reimbursed unless there is a documented new episode of care or unless the provider submits documentation of extenuating circumstances that require another installation of telemonitoring equipment.

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.

3.5 Prior Authorization

Prior authorization is not required for telemedicine or telehealth services; however, it may be required for the individual procedure codes billed.

3.5.1 Prior Authorization of Telemonitoring Services

Procedure code 99090 with or without modifier GQ requires 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.

Requests for additional home telemonitoring services that are received after the current prior authorization expires will be denied for dates of service that occurred before the date the submitted request was received.

To be eligible for home telemonitoring services, clients who are diagnosed with diabetes or hypertension 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 6-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

A completed Home Telemonitoring Services Prior Authorization Request form must be submitted to request home telemonitoring services.

If the prior authorization form is not signed and dated by the physician, the form must be accompanied by a written order or prescription that is signed and dated by the physician, or a documented verbal order from the physician that includes the date that the verbal order was received. The verbal order may be documented on a plan of care or treatment plan.

Note: *A verbal order is considered current when the date received is on, or no more than, 30 days before the start of home telemonitoring services. A written order or prescription is considered current when it is signed and dated on, or no more than, 30 days before the start of home telemonitoring services.*

A request received without a physician's signature, documented verbal order, or written prescription will not be processed and will be returned to the provider.

The request must include the physician-ordered frequency of the clinical data transmission and 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 initial request for prior authorization must be received no more than three business days from the date that the home telemonitoring services are initiated. Requests that are received after the three business-day period will be denied for dates of service that occurred before the date that the request was received.

3.6 Documentation Requirements

Documentation for a telecommunication service must be the same as for a comparable in-person service.

3.6.1 Documentation Requirements for Telemonitoring Providers

The home health agency or hospital must maintain documentation of all of the following in the client's medical record:

- The telemonitoring equipment meets all of the following requirements:
 - Capable of monitoring any data parameters included in the plan of care
 - Food and Drug Administration (FDA) Class II hospital-grade medical device
 - Capable of measuring and transmitting client glucose or blood pressure data
- The provider's staff is qualified to install the needed telemonitoring equipment and to monitor the client data, which will be transmitted according to the client's care plan.
- Clinical data will be provided to the client's primary care 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 HHSC 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 is 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 client.)

4 Claims Filing and Reimbursement

4.1 Claims Information

Claims for 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 and itemized statements are not accepted as claim supplements.

Referto: “Section 3: TMHP Electronic Data Interchange (EDI)” (*Vol. 1, General Information*) for information on electronic claims submissions.

“Section 6: Claims Filing” (*Vol. 1, General Information*) for general information about claims filing.

Subsection 6.5, “CMS-1500 Paper Claim Filing Instructions” in “Section 6: Claims Filing” (*Vol. 1, General Information*) for instructions on completing paper claims. Blocks that are not referenced are not required for processing by TMHP and may be left blank.

Subsection 6.6, “UB-04 CMS-1450 Paper Claim Filing Instructions” in “Section 6: Claims Filing” (*Vol. 1, General Information*) for instructions on completing paper claims. Blocks that are not referenced are not required for processing by TMHP and may be left blank.

4.1.1 Telemonitoring Services

Providers may submit claims for home telemonitoring services that were provided to Medicaid Qualified Medicare Beneficiary (MQMB) clients directly to TMHP without first submitting a claim to Medicare.

Home telemonitoring services are not a benefit of Medicare, so the requirement that claims for MQMB clients be submitted to Medicare first does not apply. Since claims for home telemonitoring services are not submitted to Medicare first, they are subject to the standard 95-day claim-filing deadline from the date of service.

4.2 Reimbursement

For fee information, providers can refer to the Online Fee Lookup (OFL) on the TMHP website at www.tmhp.com.

Texas Medicaid implemented mandated rate reductions for certain services. The OFL and static fee schedules include a column titled “Adjusted Fee” to display the individual fees with all mandated percentage reductions applied. Additional information about rate changes is available on the TMHP website at www.tmhp.com/pages/topics/rates.aspx.

Referto: Subsection 2.2, “Fee-for-Service Reimbursement Methodology” in “Section 2: Texas Medicaid Fee-for-Service Reimbursement” (*Vol. 1, General Information*) for more information about reimbursement.

5 Claims Resources

Resource	Location
Acronym Dictionary	“Appendix D: Acronym Dictionary” (<i>Vol. 1, General Information</i>)
Automated Inquiry System (AIS)	Subsection A.10, “TMHP Telephone and Fax Communication” in “Appendix A: State, Federal, and TMHP Contact Information” (<i>Vol. 1, General Information</i>)
CMS-1500 Paper Claim Filing Instructions	Subsection 6.5, “CMS-1500 Paper Claim Filing Instructions” in “Section 6: Claims Filing” (<i>Vol. 1, General Information</i>)
State, federal, and TMHP contact information	“Appendix A: State, Federal, and TMHP Contact Information” (<i>Vol. 1, General Information</i>)
TMHP electronic claims submission information	Subsection 6.2, “TMHP Electronic Claims Submission” in “Section 6: Claims Filing” (<i>Vol. 1, General Information</i>)
TMHP Electronic Data Interchange (EDI) information	“Section 3: TMHP Electronic Data Interchange (EDI)” (<i>Vol. 1, General Information</i>)
UB-04 CMS-1450 Paper Claim Filing Instructions	Subsection 6.6, “UB-04 CMS-1450 Paper Claim Filing Instructions” in “Section 6: Claims Filing” (<i>Vol. 1, General Information</i>)

6 Contact TMHP

The TMHP Contact Center at 1-800-925-9126 is available Monday–Friday from 7 a.m. to 7 p.m., Central Time.

7 Forms

The following linked form can also be found on the [Forms](#) page of the Provider section of the TMHP website at www.tmhp.com:

Form
Home Telemonitoring Services Prior Authorization Request