Home Telemonitoring Services to Be a Benefit for the CSHCN Services Program October 1, 2013

Information posted August 16, 2013

Note: For the purposes of this article, “advanced practice registered nurse (APRN)” includes nurse practitioner (NP) clinical nurse specialist (CNS) providers only.

Effective for dates of services on or after October 1, 2013, home telemonitoring services will be a benefit of the Children with Special Health Care Needs (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 physician assistant (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) will be a benefit in the office or outpatient hospital setting when services are provided by an APRN, PA, or physician 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. 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 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.

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 will be 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.

Daily home monitoring (procedure code 99090 with modifier GQ) will be 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 procedure code 99090.

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 will be 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

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 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 Program, now known as the Wellness Program, 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 the Disease Management Program, now known as the Wellness Program.
- Monitoring of the client’s clinical data is not duplicated by any other provider.

**Limitations**

Procedure code 99090 will be 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.

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

Procedure code 99444 will be 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.

For more information, call TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.