

Telemedicine Benefits to Change for Texas Medicaid in 2018

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Note: *Texas Medicaid managed care organizations must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.*

Senate Bill (SB) 1107, 85th Texas Legislature, Regular Session, 2017, passed earlier this year. SB 1107 made statutory changes to the practice of telemedicine in Texas. The Texas Health and Human Services Commission will be completing the following major implementation activities related to SB 1107:

- Amending the telemedicine Texas Medicaid medical benefit policy
- Amending the *Texas Medicaid Provider Procedures Manual Volume 2: Telecommunication Services Handbook*
- Amending HHSC's telemedicine administrative rules in [1 Texas Administrative Code \(TAC\) §§354.1430, "Definitions,"](#) and [354.1432, "Telemedicine and Telehealth Benefits and Limitations"](#)
- Submitting a State Plan Amendment to update the Physicians' and Dentists' Services Section of the Texas Medicaid State Plan

Additional implementation activities may be required. Some implementation activities are contingent upon rule adoption by the Texas Medical Board, the Texas Board of Nursing, the Texas Physician Assistant Board, and the Texas State Board of Pharmacy.

The targeted implementation is late summer 2018. Providers should monitor future provider notifications for the exact implementation dates.

Overview of Future Benefit Changes Related to SB 1107 Requirements

Major changes to the telemedicine benefits will include the following:

- Updated delivery modalities acceptable for reimbursement
- Updated patient and distant site guidelines, as specified by TMB
- Updated patient site presenter requirements, as specified by TMB
- Updated guidelines for valid prescriptions generated from a telemedicine visit, as specified by TMB, BON, TPAB, and TSBP
- Updated guidelines concerning the practitioner-patient relationship required for a telemedicine visit

Future Reimbursement Differences between Fee-for-Service Medicaid and Medicaid Managed Care

Fee-for-Service Delivery Modalities

SB 1107 specifies that the following delivery modalities constitute a telemedicine service:

- Synchronous audiovisual interaction between the practitioner and the patient in another location.
- Asynchronous store and forward technology, including asynchronous store and forward technology in conjunction with synchronous audio interaction between the practitioner and the patient in another location, as long as the practitioner uses clinical information from:
 - Clinically relevant photographic or video images, including diagnostic images; or
 - The patient's relevant medical records, such as the relevant medical history, laboratory and pathology results, and prescriptive histories; or
 - Another form of audiovisual telecommunication technology that allows the practitioner to comply with the standard of care.

Once policy benefit changes have been implemented sometime next year, these delivery modalities will be acceptable for use when delivering telemedicine or telehealth services to Medicaid fee-for-service clients.

Medicaid Managed Care Delivery Modalities

SB 1107 does not require health benefit plans, including the Medicaid managed care plans, to provide reimbursement for telemedicine or telehealth services provided by only synchronous or asynchronous audio interaction, including:

- An audio-only telephone consultation; and
- A text-only email message; or
- A facsimile transmission.

Once policy benefit changes have been implemented sometime next year, telemedicine and telehealth service providers will need to contact their Medicaid managed care plans to determine whether the plan will offer reimbursement for telemedicine or telehealth services provided by only synchronous or asynchronous audio interactions.

Additional Information

Implementation activities will include informal and formal public comment periods. To receive continuous information about the implementation activities, providers can register for government delivery updates available through the 'Subscribe' link on the top right corner of the HHSC homepage at hhs.texas.gov.