

TABLE OF CONTENTS

CSHCN SERVICES PROGRAM PROVIDER MANUAL

AUGUST 2020



Table of Contents

Introduction

1.1	Program History	3
1.2	About the Provider Manual	3
1.3	Feedback.....	4
1.4	TMHP-CSHCN Services Program Contact Center	5
1.5	Copyright Acknowledgments	5

TMHP and HHSC Contact Information

1.1	TMHP-CSHCN Services Program Contact Information.....	3
1.1.1	CSHCN Services Program Telephone and Fax Communication	3
1.1.2	Written Communication with CSHCN Services Program.....	3
1.1.3	TMHP-CSHCN Services Program Contact Center	4
1.1.4	TMHP-CSHCN Services Program Automated Inquiry System (AIS)	4
1.1.5	TMHP Regional Representatives.....	4
1.2	TMHP Website Information	5
1.2.1	Publications	6
1.2.1.1	Search Capabilities for the CSHCN Services Program Provider Manual	6
1.3	CSHCN Services Program Central and Regional Offices	6
1.3.1	Central Office.....	6
1.3.2	Regional Offices	7
1.3.2.1	Region 1	7
1.3.2.2	Region 2	8
1.3.2.3	Region 3	8
1.3.2.4	Region 4	9
1.3.2.5	Region 5 North	11
1.3.2.6	Regions 5 South and 6	12
1.3.2.7	Region 7	12
1.3.2.8	Region 8	14
1.3.2.9	Regions 9 and 10	14
1.3.2.10	Region 11	15
1.4	DSHS Health Service Regions Map.....	17

Provider Enrollment and Responsibilities

2.1	Provider Enrollment.....	3
2.1.1	Affordable Care Act of 2010 (ACA) Enrollment Requirements.....	5
2.1.1.1	Medical Foods and Hospice Providers	5
2.1.1.2	Enrollment for Ordering and Referring-Only Providers	5
2.1.2	Changes in Enrollment.....	5
2.1.3	Claim Filing	6
2.1.3.1	Provider Identifiers Terminated After 24 Months of No Claim Activity.....	6
2.1.4	Provider Enrollment Determinations	7
2.1.5	Provider Enrollment Application	8
2.1.5.1	Types of Providers	8

2.1.5.2	Provider Information Form (PIF-1), Principal Information Form (PIF-2), and Disclosure of Ownership Form	8
2.1.5.3	Provider Agreement	9
2.1.5.4	Request for Taxpayer Identification Number and Certification.....	9
2.1.5.5	*Franchise Tax Account Status Page.....	9
2.1.5.6	Clinical Laboratory Improvement Amendments (CLIA) of 1988	9
2.1.5.7	Provider's License	9
2.1.6	Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).....	10
2.1.7	Transplant Specialty Centers	10
2.1.8	Pharmacy Enrollment.....	11
2.1.8.1	Blood Factor Products	11
2.1.8.2	Immunizations	11
2.1.9	Out-of-State Providers	11
2.1.10	Substitute Physician.....	12
2.1.11	Providers of Family Support Services	12
2.2	Provider Complaints Process.....	12
2.3	Provider Responsibilities	14
2.3.1	Information Change Requests.....	14
2.3.2	Required Updates	15
2.3.3	General Medical Record Documentation Requirements.....	15
2.3.4	Retention of Records	16
2.3.5	Utilization Review: General Provisions	16
2.3.6	Release of Confidential Information	17
2.3.7	Waste, Abuse, and Fraud.....	17
2.3.8	Provider Certification/Assignment	18
2.3.9	Billing Clients.....	19
2.3.10	Credit Balance and Recovery Vendor	20
2.3.11	Texas Family Code Compliance	20
2.3.11.1	Child Support	20
2.3.11.2	Abuse and Neglect Reporting Requirements.....	20
2.4	TMHP-CSHCN Services Program Contact Center	20

Client Benefits and Eligibility

3.1	Client Benefits	3
3.1.1	Prescription Drug Benefits	4
3.1.2	Respiratory Syncytial Virus (RSV) Prophylaxis	5
3.1.3	Medical Transportation Program (MTP) Benefits	5
3.1.4	Services Provided Outside of Texas.....	5
3.1.5	CSHCN Services Program Services and Supplies Limitations and Exclusions.....	5
3.2	Client Eligibility.....	7
3.2.1	CSHCN Services Program Application Criteria.....	7
3.2.2	Eligibility Criteria	8
3.2.3	Prematurity	8
3.2.4	Program Applicants and Clients Residing in Long-Term Care.....	8
3.2.5	Program Applicants and Clients That Are Incarcerated	9
3.2.6	Sporadic Medicaid, MBIC, MBI, or CHIP Coverage	9
3.2.7	Eligibility Date for Program Health Care Benefits.....	9
3.2.8	Financial Eligibility Criteria.....	10
3.2.9	Medical Eligibility Criteria and the Physician/Dentist Assessment Form (PAF)	10

3.2.9.1	Medical Certification Definition	10
3.2.9.2	Primary and Secondary Diagnoses	11
3.2.9.3	Important Considerations When Completing the PAF.....	11
3.3	CSHCN Services Program Notice of Eligibility	12
3.3.1	Eligibility Restrictions.....	13
3.3.2	CSHCN Services Program Notice of Eligibility Sample	14
3.4	Clients Eligible for Medicaid and CSHCN Services Program Benefits	15
3.5	Clients Eligible for CHIP and CSHCN Services Program Benefits.....	15
3.6	Clients Eligible for Medicaid and Comprehensive Care Program (CCP) Benefits.....	15
3.7	Medically Needy Program (MNP)	16
3.7.1	MNP Spend Down Processing.....	16
3.7.2	Provider Assistance to Clients with Spend Down.....	17
3.7.3	Claims Filing Involving a Medicaid Spend Down	18
3.8	Renal Dialysis.....	18
3.9	Waiting List Information.....	19
3.10	TMHP-CSHCN Services Program Contact Center.....	20

Prior Authorizations and Authorizations

4.1	General Information	3
4.1.1	Extension of Filing Deadlines for Holidays	3
4.1.2	Limitations.....	3
4.1.3	Signature Requirements	3
4.1.3.1	Electronic Signatures	4
4.1.3.1.1	<i>Authority and Definitions</i>	4
4.1.3.1.2	<i>Electronic Signature Requirements</i>	5
4.1.4	Requests for Procedures That Are Pending a Rate Hearing	5
4.1.5	Requests for Procedures That Are Manually Priced.....	6
4.1.6	Clients with Third Party Resources.....	6
4.2	Authorizations.....	7
4.2.1	Services that Require Authorization	7
4.2.2	How To Submit an Authorization Request.....	9
4.3	Prior Authorizations.....	9
4.3.1	Services that Require Prior Authorization	10
4.3.2	Prior Authorization for Inpatient Admission After Business Hours.....	14
4.3.3	Specialty Team or Center Services.....	14
4.3.4	Retroactive Prior Authorizations	14
4.3.5	How to Submit a Prior Authorization Request.....	15
4.3.6	Prior Authorization Electronic Submissions through the TMHP Prior Authorization (PA) on the Portal	16
4.3.7	Browser Compatibility and System Requirements.....	18
4.3.8	Electronic Attachments	18
4.3.9	Maintaining Complete Documentation.....	18
4.3.10	Sending Prior Authorization Requests via Fax.....	19
4.4	Authorization and Prior Authorization Denials.....	19
4.4.1	Denied Authorization and Prior Authorization Requests Resubmission	20
4.4.2	Closing a Prior Authorization.....	20
4.4.3	Administrative Review for Authorization and Prior Authorization Denials.....	20

4.4.4	Fair Hearing	21
4.5	TMHP-CSHCN Contact Center	21

Claims Filing, Third-Party Resources, and Reimbursement

5.1	TMHP Claims Information	4
5.1.1	Claims Processed by TMHP.....	4
5.1.2	Claims Processed by the CSHCN Services Program.....	4
5.1.3	CPT and HCPCS Claims Auditing Guidelines	5
5.1.4	CMS NCCI and MUE Guidelines for All Claims	5
5.1.5	TMHP Processing Procedures	5
5.1.6	Claims Processed by Date of Service.....	6
5.1.7	Inactive Provider Termination.....	6
5.1.8	Claims Filing Deadlines	6
5.1.9	Exception to Claim Filing Deadline	7
5.1.10	Fiscal Agent Payment Deadline	9
5.2	Third-Party Resource (TPR)	9
5.2.1	Health Maintenance Organization (HMO).....	10
5.2.2	CSHCN Services Program Notice of Eligibility	11
5.2.3	Claims Filing Involving a TPR.....	11
5.2.4	Verbal Denials by a TPR	11
5.2.5	Filing Deadlines Involving a TPR.....	12
5.2.6	Blue Cross Blue Shield (BCBS) Nonparticipating Physicians	12
5.2.7	Refunds	13
5.2.8	Refunds to TMHP Resulting From Other Insurance	13
5.2.9	Accident-Related Claims	14
5.2.9.1	Accident Resources and Refunds Involving Claims for Accidents	14
5.2.9.2	Third-Party Liability for Claims Involving Accidents	15
5.3	Multipage Claim Forms	15
5.4	Tips on Expediting Paper Claims	17
5.4.1	General requirements	17
5.4.2	Data Fields	17
5.4.3	Attachments	17
5.5	Correction and Resubmission (Appeal) Time Limits.....	17
5.5.1	Claims with Incomplete Information	18
5.5.2	Other Insurance Appeals.....	18
5.5.3	Resubmission of TMHP EDI Rejections.....	18
5.5.3.1	TMHP EDI Batch Numbers, Julian Dates.....	18
5.6	Coding	18
5.6.1	Diagnosis Coding.....	18
5.6.2	Procedure Coding	19
5.6.2.1	Healthcare Common Procedure Coding System (HCPCS).....	19
5.6.2.2	National Correct Coding Initiative (NCCI) Guidelines	20
5.6.2.3	Determining Reimbursement Rates for New HCPCS Procedure Codes	20
5.6.2.4	National Drug Codes (NDC)	21
5.6.2.4.1	Paper Claim Submissions	22
5.6.2.5	Drug Rebate Program.....	23
5.6.2.6	Modifiers.....	24
5.6.2.7	Modifier U8 and the Federal 340B Drug Pricing Program	24

5.6.2.8	Type of Services (TOS)	24
5.6.2.9	Place of Service (POS) Coding	25
5.6.3	Benefit Code	25
5.7	Claims Filing Instructions.....	25
5.7.1	Claim Details	26
5.7.2	Provider Types and Selection of Claim Forms	26
5.7.2.1	Providers and Services Billable on CMS-1500	26
5.7.2.2	CMS-1500 Claim Form Provider Definitions	27
5.7.2.3	CMS-1500 Electronic Billing	28
5.7.2.4	CMS-1500 Paper Claim Form Instructions.....	28
5.7.2.5	UB-04 CMS-1450 Paper Claim Form Instructions	33
5.7.2.6	UB-04 CMS-1450 Electronic Billing.....	34
5.7.2.7	Instructions for Completing the UB-04 CMS-1450 Paper Claim Form.....	34
5.7.2.8	Client Status (for block 17)	42
5.7.2.9	Occurrence Codes (for blocks 31 through 34).....	43
5.7.2.10	POA Indicators (for blocks 67 and 72).....	43
5.7.2.11	Dental Claim Filing	43
5.7.2.12	ADA Dental Claim Electronic Billing	43
5.7.2.13	Instructions for Completing the Paper ADA Dental Claim Form.....	44
5.7.2.14	Electronic Claims Submission	48
5.7.2.15	Taxonomy Codes	48
5.7.2.16	Dates on Claims	48
5.7.2.17	Span Dates	48
5.7.2.18	Hospital Billing	48
5.7.2.19	Group Billing	49
5.7.3	Supervising Physician Provider Number Required on Some Claims	49
5.7.4	Ordering/Referring Provider NPI	49
5.8	Reimbursement.....	49
5.8.1	Electronic Funds Transfer (EFT).....	50
5.8.1.1	Advantages of EFT.....	50
5.8.1.2	Enrollment Procedures	50
5.8.1.3	Payment Window Reimbursement Guidelines for Services Preceding an Inpatient Admission	51
5.8.2	Texas Medicaid Reimbursement Methodology (TMRM)	51
5.8.3	Maximum Allowable Fee Schedule	51
5.8.4	Manual Pricing	51
5.8.5	Physician Services in Hospital Outpatient Setting	52
5.8.6	Inpatient Hospital Reimbursement.....	52
5.8.7	Fees.....	53
5.8.7.1	Provider-Specific Rates for Procedure Codes with Modifiers and Age-Range Criteria	53
5.8.8	CSHCN Services Program Reimbursement Information for Clients	54
5.9	CSHCN Services Program Accounts Receivables (Using Medicaid Funds to Satisfy the AR)	54
5.10	TMHP-CSHCN Services Program Contact Center.....	55

Remittance and Status (R&S) Reports

6.1	R&S Report Information	3
6.1.1	Electronic Remittance and Status (ER&S) Reports	3

6.1.2	Banner Pages.....	4
6.1.3	Explanation of R&S Report Row Headings	4
6.1.4	Explanation of R&S Report Section Headings	6
6.1.4.1	Claims—Paid or Denied.....	6
6.1.4.2	Adjustments to Claims	7
6.1.4.3	Financial Transactions	7
6.1.4.3.1	<i>Accounts Receivable</i>	7
6.1.4.3.2	<i>IRS Levies</i>	8
6.1.4.3.3	<i>Payouts</i>	9
6.1.4.3.4	<i>Claim Reissues</i>	9
6.1.4.3.5	<i>Claim Voids</i>	9
6.1.4.3.6	<i>Claim Refunds</i>	9
6.1.4.4	Financial Transactions/Void and Stop—“Stale-Dated Checks”	10
6.1.5	Claims Payment Summary	10
6.1.5.1	Claims In Process	11
6.1.5.2	EOB and EOPS Codes Section	11
6.1.6	R&S Report Examples	12
6.1.6.1	Physician R&S Report Example: Banner Page.....	13
6.1.6.2	Physician R&S Report Example: Blank Page	14
6.1.6.3	Physician R&S Report Example: Claims – Paid or Denied.....	15
6.1.6.4	Physician R&S Report Example: Blank Page	16
6.1.6.5	Physician R&S Report Example: Payment Summary Page.....	17
6.1.6.6	Physician R&S Report Example: Explanation of Benefits (EOB) Page.....	18
6.1.6.7	Ambulatory Surgical Center (ASC) R&S Report Example: Banner Page.....	19
6.1.6.8	ASC R&S Report Example: Adjustments R&S Report	20
6.1.6.9	ASC R&S Report Example: Blank Page.....	21
6.1.6.10	ASC R&S Report Example: Adjustments R&S Report	22
6.1.6.11	ASC R&S Report Example: Adjustments R&S Report	23
6.1.6.12	ASC R&S Report Example: Adjustments R&S Report	24
6.1.6.13	ASC R&S Report Example: Blank Page.....	25
6.1.6.14	ASC R&S Report Example: Claims in Process R&S Report	26
6.1.6.15	ASC R&S Report Example: Claims in Process R&S Report	27
6.1.6.16	ASC R&S Report Example: Payment Summary Page	28
6.1.6.17	ASC R&S Report Example: Explanation of Benefits (EOB) Page	29
6.2	TMHP-CSHCN Services Program Contact Center	30

Appeals and Administrative Review

7.1	Appeals	3
7.2	Authorization and Prior Authorization Denials.....	3
7.2.1	Administrative Review for Authorization or Prior Authorization Denials.....	3
7.2.2	Fair Hearing Requests for Authorizations or Prior Authorizations	3
7.3	Claim Appeals	4
7.3.1	Electronic Appeal Submission.....	4
7.3.1.1	Advantages of Electronic Appeal Submission.....	4
7.3.1.2	Disallowed Electronic Appeals	5
7.3.1.3	Electronic Rejections.....	5
7.3.2	AIS Claim Correction and Resubmission (Appeals)	5
7.3.3	Paper Appeals.....	6
7.3.3.1	Total Billed Amount Changes	7

7.3.4	Appeals Submitted Incorrectly	7
7.3.5	Administrative Review for Claims	7
7.3.5.1	Administrative Review Requirements.....	8
7.3.6	Fair Hearing for Claims.....	9
7.3.7	National Correct Coding Initiative (NCCI) Claims Appeals.....	9
7.4	Provider Enrollment Appeals	10
7.5	TMHP-CSHCN Services Program Contact Center.....	10
7.6	Authorization and Filing Deadline Calendars	10

Advanced Practice Registered Nurse (APRN [NP/CNS])

8.1	Enrollment	3
8.2	Benefits, Limitations, and Authorization Requirements.....	3
8.2.1	Authorization Requirements	4
8.3	Claims Information.....	4
8.4	Reimbursement.....	4
8.5	TMHP-CSHCN Services Program Contact Center	5

Ambulance

9.1	Enrollment	3
9.2	General Information	3
9.2.1	Origin and Destination Modifiers.....	4
9.2.2	Place of Service.....	4
9.2.3	Diagnosis Coding.....	5
9.2.4	General Documentation Requirements.....	5
9.3	Emergency Ambulance Transports	6
9.3.1	Emergency Prior Authorization.....	6
9.3.2	Levels of Service.....	6
9.3.3	Emergency Medical Conditions	7
9.4	Non-Emergency Ambulance Transports	7
9.4.1	Nonemergency Prior Authorizations	8
9.4.2	Nonemergency Ambulance Exception Request.....	10
9.4.3	Documentation of Medical Necessity.....	10
9.4.3.1	Run Sheets	11
9.5	Types of Transport	11
9.5.1	Multiple Client Transport	11
9.5.2	Specialty Care Transport.....	12
9.5.3	Air or Water Specialized Medical Services Vehicle Transport.....	12
9.5.4	Out-of- Locality Transport.....	12
9.5.5	Extra Attendant	12
9.5.5.1	Extra Attendant - Emergency Ambulance Transports.....	13
9.5.5.2	Extra Attendant - Nonemergency Ambulance Transports	13
9.5.6	Oxygen	13
9.5.7	Ambulance Disposable Supplies	13
9.5.8	Mileage	13
9.5.9	Waiting Time	14

9.6	Relation of Service to Time of Death.....	14
9.7	Ambulance Transport Services That Are Not Benefits.....	14
9.8	Claims Filing and Reimbursement.....	14
9.8.1	Claims Filing	14
9.8.1.1	Emergency Ambulance Claims	15
9.8.1.2	Non-emergency Ambulance Claims	15
9.8.1.3	Billing Mileage with \$0.00.....	16
9.8.1.4	National Correct Coding Initiative (NCCI) Guidelines	16
9.8.2	Reimbursement	16
9.8.2.1	One-day Payment Window Reimbursement Guidelines	16
9.9	TMHP-CSHCN Services Program Contact Center.....	16

Augmentative Communication Devices (ACDs)

10.1	Enrollment	3
10.2	* Benefits, Limitations, and Authorization Requirements	3
10.2.1	Purchases or Rentals.....	4
10.2.1.1	Prior Authorization Requirements for Purchase or Rental.....	5
10.2.2	Modifications.....	6
10.2.2.1	Prior Authorization Requirements for Modifications.....	6
10.2.3	Repairs.....	6
10.2.3.1	Prior Authorization Requirements for ACD Repairs.....	6
10.2.4	Replacement.....	6
10.2.4.1	Prior Authorization Requirements for Replacement	7
10.2.5	Excluded Items	7
10.3	Claims Information.....	7
10.4	Reimbursement.....	8
10.5	TMHP-CSHCN Services Program Contact Center.....	8

Blood Pressure Monitoring and Devices

11.1	Enrollment	3
11.2	Benefits, Limitations, and Authorization Requirements.....	3
11.2.1	Blood Pressure Devices	3
11.2.1.1	Self-Measured Blood Pressure Monitoring and Ambulatory Blood Pressure Monitoring	3
11.2.1.2	Manual and Automated Blood Pressure Devices	4
11.2.1.3	Hospital-Grade Blood Pressure Devices.....	5
11.2.1.4	Blood Pressure Device Components Repair or Replacement.....	6
11.2.2	Authorization Requirements	6
11.2.2.1	Ambulatory Blood Pressure Monitoring	6
11.2.2.2	Manual and Automated Blood Pressure Devices	6
11.2.2.3	Hospital-Grade Blood Pressure Devices.....	6
11.2.2.3.1	Rental	7
11.2.2.3.2	Purchase	7
11.2.2.4	Blood Pressure Device Components Repair or Replacement.....	8
11.3	Documentation of Receipt.....	8
11.4	Claims Information.....	8

11.5 Reimbursement.....	9
11.6 TMHP-CSHCN Services Program Contact Center.....	9

Certified Registered Nurse Anesthetist (CRNA)

12.1 Enrollment	3
12.2 Benefits, Limitations, and Authorization Requirements.....	3
12.2.1 Authorization Requirements	4
12.3 Claims Information.....	4
12.4 Reimbursement.....	5
12.5 TMHP-CSHCN Services Program Contact Center	5

Certified Respiratory Care Practitioner (CRCP)

13.1 Enrollment	3
13.2 Benefits, Limitations, and Authorization Requirements.....	3
13.2.1 Prior Authorization Requirements	4
13.3 Claims Information.....	4
13.4 Reimbursement.....	4
13.5 TMHP-CSHCN Services Program Contact Center	5

Dental

14.1 Enrollment	4
14.2 Benefits, Limitations, and Authorization Requirements.....	4
14.2.1 Prior Authorization Requirements	4
14.2.2 Substitute Dentist	5
14.2.3 Diagnostic Services	6
14.2.3.1 Prior Authorization Requirements	6
14.2.3.2 Clinical Oral Evaluations	7
14.2.3.3 Cone-Beam Imaging	8
14.2.3.4 *First Dental Home	9
14.2.3.5 Radiographs or Diagnostic Imaging	10
14.2.3.6 Tests and Oral Pathology Procedures	11
14.2.4 Orthodontia Services	12
14.2.4.1 Prior Authorization Requirements	12
14.2.4.2 Required Documentation	12
14.2.4.3 Submitting Local Codes for Orthodontic Procedures	13
14.2.5 Preventive Services	17
14.2.5.1 Authorization Requirements	17
14.2.5.2 Oral Hygiene Instruction	17
14.2.5.3 Dental Prophylaxis and Topical Fluoride Treatment	18
14.2.5.4 Dental Sealants	18
14.2.5.5 Space Maintainers	18
14.2.5.6 Noncovered Counseling Services	19
14.2.5.6.1 Dental Nutrition Counseling	19
14.2.5.6.2 Tobacco Counseling	19
14.2.6 Therapeutic Services	19

14.2.6.1	*Prior Authorization Requirements	20
14.2.6.2	*Anesthesia Requirements for Clients who are Six Years of Age or Younger.....	20
14.2.6.3	Interrupted Treatment Plan	21
14.2.6.4	*Restorations.....	21
14.2.6.4.1	* Direct Restorations and Other Restorative Services.....	24
14.2.6.5	Endodontics.....	25
14.2.6.5.1	Prior Authorization	25
14.2.6.5.2	Pulp Caps and Pulpotomy.....	25
14.2.6.5.3	Root Canals.....	26
14.2.6.6	Periodontics.....	28
14.2.6.7	Prosthodontics (Removable) and Maxillofacial Prosthetics	30
14.2.6.7.1	Maxillofacial Prosthetics	32
14.2.6.7.2	Implants.....	33
14.2.6.7.3	Fixed Prosthodontics.....	34
14.2.6.8	*Oral and Maxillofacial Surgery.....	35
14.2.6.9	Adjunctive General Services.....	37
14.2.6.9.1	Emergency Dental Treatment Services.....	38
14.2.6.10	Dental Anesthesia	39
14.2.6.10.1	Anesthesia Permit Levels	39
14.2.6.10.2	Method for Counting Minutes for Timed Procedure Codes	41
14.2.6.11	Dental Behavior Management	41
14.2.6.12	Internal Bleaching of Discolored Tooth	42
14.2.6.13	Noncovered Services	42
14.2.7	Dental Treatment in Hospitals and ASCs.....	42
14.2.7.1	Dental Hospital Calls.....	42
14.2.7.2	Authorization and Prior Authorization Requirements	42
14.2.7.3	Dental General Anesthesia Provided in the Inpatient or Outpatient Setting (Medically Necessary Dental Rehabilitation or Restoration Services)	43
14.2.8	Doctor of Dentistry Services as a Limited Physician	44
14.2.8.1	Authorization Requirements	44
14.2.8.2	Surgery.....	45
14.2.8.3	Cleft/Craniofacial Surgery by a Dentist Physician.....	46
14.2.8.4	Evaluation and Management or Consultation.....	47
14.2.8.5	Radiology and Laboratory Procedures.....	47
14.2.8.6	Other Procedures Payable to a Dentist Physician.....	47
14.2.8.7	Anesthesia by Dentist Physician.....	48
14.3	Claims Information.....	48
14.3.1	Dental Emergency Claims.....	49
14.3.2	Tooth Identification (TID) and Surface Identification (SID) Systems	49
14.3.3	Supernumerary Tooth Identification	49
14.4	Reimbursement.....	50
14.5	TMHP-CSHCN Services Program Contact Center.....	50

Diabetic Equipment and Supplies

15.1	Enrollment	3
15.2	Benefits, Limitations, and Authorization Requirements.....	3
15.2.1	Glucose Monitor and Supplies	3

15.2.1.1	Non Diabetic Diagnosis Codes	5
15.2.1.2	Glucose Monitor	5
15.2.1.3	Glucose Testing Supplies	6
15.2.1.3.1	<i>Insulin-Dependent Clients</i>	6
15.2.1.3.2	<i>Non-Insulin-Dependent Clients</i>	6
15.2.1.4	Glucose Tabs and Gel	7
15.2.1.5	Prior Authorization Requirements.....	7
15.2.2	Therapeutic Continuous Glucose Monitors (CGM)	7
15.2.2.1	Prior Authorization Requirements.....	7
15.2.2.2	Associated Supplies	8
15.2.2.3	Noncovered Services	9
15.2.3	Insulin Pump	9
15.2.3.1	Prior Authorization Requirements.....	10
15.2.4	Insulin and Insulin Syringes	11
15.3	Documentation of Receipt	11
15.4	Claims Information	11
15.5	Reimbursement	12
15.6	TMHP-CSHCN Services Program Contact Center	12

Diagnostic Radiology Services

16.1	Enrollment	3
16.2	Benefits, Limitations, and Authorization Requirements	3
16.2.1	Diagnostic Radiology Services Provided by Hospitals	3
16.2.2	Diagnostic Radiology Services Provided by Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants, and Clinics	3
16.2.3	Cardiac Blood Pool Imaging	4
16.2.4	Computed Tomography (CT) Scan	4
16.2.5	Contrast Material	6
16.2.6	Magnetic Resonance Angiography (MRA)	6
16.2.6.1	MRA Authorization Requirements.....	7
16.2.7	Magnetic Resonance Imaging (MRI)	7
16.2.7.1	MRI Authorization Requirements.....	7
16.2.7.2	MRI Benefits and Limitations	8
16.2.8	Mammography Certification	8
16.2.9	Positron Emission Tomography (PET).....	9
16.2.10	X-ray and Ultrasound Procedures	9
16.2.10.1	Diagnostic Imaging	10
16.2.10.2	Interventional Radiological Procedures.....	10
16.2.10.3	Abdominal Flat Plates (AFPs) and Kidney, Ureter, and Bladder (KUB)	10
16.2.10.4	Reimbursement Information	11
16.2.10.5	X-ray and Ultrasound Prior Authorization Requirements	11
16.2.11	Noncovered Services	11
16.3	Claims Information	11
16.4	Reimbursement	12
16.4.1	One-day Payment Window Reimbursement Guidelines	13
16.5	TMHP-CSHCN Services Program Contact Center	14

Durable Medical Equipment (DME)

17.1 Enrollment	4
17.1.1 Custom DME Requirements.....	4
17.2 Program Overview and Guidelines	5
17.2.1 Custom DME	5
17.2.2 Standard DME.....	5
17.2.3 Program Guidelines	6
17.3 Benefits, Limitations, and Authorization Requirements.....	7
17.3.1 Adaptive Strollers	7
17.3.1.1 Authorization Requirements	7
17.3.2 Ambulation Aids	8
17.3.2.1 Crutches, Walkers, Gait and Ambulation Belts, and Canes	8
17.3.3 Breast Prosthesis	8
17.3.3.1 Breast Prosthesis Prior Authorization Requirements.....	8
17.3.3.1.1 <i>Prior Authorization for Medically Necessary Prostheses Beyond Set Limitations</i>	9
17.3.3.1.2 <i>Prior Authorization for Procedure Codes L8035 and L8039</i>	9
17.3.4 Burn Care Garments	9
17.3.5 Cochlear Implant Device	10
17.3.6 Continuous Passive Motion (CPM) Device	10
17.3.7 Enuresis Alarms	10
17.3.7.1 Prior Authorization Requirements.....	10
17.3.8 Gait Trainers (Supported or Sling Walkers).....	10
17.3.8.1 Authorization Requirements	10
17.3.9 Hospital Beds (Manual and Electric)	10
17.3.9.1 Authorization and Prior Authorization Requirements	11
17.3.9.2 Pressure Reducing Pads.....	11
17.3.9.3 Positional Pillows and Cushions	12
17.3.9.4 Hospital Cribs and Enclosed Beds	12
17.3.9.4.1 <i>Prior Authorization Requirements.....</i>	12
17.3.10 Hygiene Equipment	12
17.3.10.1 Bath or Shower Chair	13
17.3.10.1.1 <i>Levels of Design.....</i>	13
17.3.10.2 Authorization Requirements	14
17.3.10.3 Adaptive Feeder Seats	14
17.3.10.4 Commode Chair	14
17.3.10.4.1 <i>Prior Authorization Requirements for Level 1: Stationary Commode Chair</i>	14
17.3.10.4.2 <i>Prior Authorization Requirements for Level 2: Mobile Commode Chair</i>	15
17.3.10.4.3 <i>Prior Authorization Requirements for Level 3: Custom Commode Chair</i>	15
17.3.10.4.4 <i>Authorization Requirements for Extra-wide and Heavy-Duty Commode Chair</i>	15
17.3.10.4.5 <i>Authorization Requirements for Foot Rest</i>	15
17.3.10.4.6 <i>Authorization Requirements for Replacement Commode Pail or Pan....</i>	15
17.3.10.5 Commode Chair with Integrated Seat Lifts.....	15
17.3.10.6 Commode Seat Lift Mechanism	16
17.3.11 Infusion Pumps.....	17
17.3.12 Portable Paraffin Units	17

17.3.13	Seat Lift Mechanism	17
17.3.14	Special Needs Car Seats and Travel Restraints.....	18
17.3.14.1	Car Seats	18
17.3.14.1.1	<i>Prior Authorization Requirement for Car Seats.....</i>	18
17.3.14.2	Travel Restraints	19
17.3.15	Standers, Prone or Supine	19
17.3.15.1	Authorization Requirements	20
17.3.16	TENS Units	20
17.3.17	Transfer Boards.....	20
17.3.18	Travel Chairs	20
17.3.18.1	Prior Authorization Requirements.....	20
17.3.19	Wheelchairs	20
17.3.19.1	*Seating Evaluation Requirements	21
17.3.19.2	Wheelchair Authorization Requirements	22
17.3.19.3	Manual Wheelchairs	23
17.3.19.4	Custom Manual Wheelchairs.....	24
17.3.19.5	Power Wheelchairs	24
17.3.19.6	Approval Criteria for Power Wheelchairs.....	24
17.3.19.6.1	Age.....	25
17.3.19.6.2	Level of Physical Function	25
17.3.19.6.3	Cognitive Level	25
17.3.19.6.4	Environmental Assessment	25
17.3.19.7	Wheelchair Battery	25
17.3.19.8	Wheelchair Positioning Equipment.....	25
17.3.19.9	Wheelchair Power Elevating Leg Lifts.....	25
17.3.19.10	Wheelchair Power Seat Elevation System	26
17.3.20	Portable Wheelchair Ramps.....	26
17.3.21	Noncovered Rehabilitative and Therapeutic DME.....	27
17.3.22	Repairs and Modifications	27
17.4	Documentation of Receipt	28
17.5	Rental of Equipment	28
17.6	Claims Information.....	28
17.7	Reimbursement.....	29
17.8	TMHP-CSHCN Services Program Contact Center.....	30

Expendable Medical Supplies

18.1	Enrollment	3
18.2	Benefits, Limitations, and Authorization Requirements.....	3
18.2.1	Incontinence Supplies	4
18.2.2	Wound Care Supplies.....	5
18.2.3	Examples of Covered Supplies	6
18.2.4	Diapers, Briefs, Pull-ups, and Liners.....	6
18.2.4.1	Gastrostomy Devices	7
18.2.4.1.1	<i>Authorization Requirements</i>	7
18.2.4.1.2	<i>Nonobturated Gastrostomy Devices.....</i>	7
18.2.4.1.3	<i>Obturated Gastrostomy Devices</i>	7
18.3	Claims Information.....	7
18.4	Reimbursement.....	8

18.5 TMHP-CSHCN Services Program Contact Center	8
--	----------

Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)

19.1 Enrollment	3
19.2 Benefits, Limitations and Authorization Requirements	3
19.2.1 General Medical Services	3
19.2.2 Preventive Care Medical Checkups	4
19.2.3 Telecommunication Services.....	4
19.2.4 Behavioral Health Services	5
19.2.5 Dental Services	5
19.2.6 Vision Services	6
19.3 Claims Filing.....	6
19.4 Reimbursement.....	6
19.5 TMHP-CSHCN Services Program Contact Center	6

Hearing Services

20.1 Enrollment	4
20.1.1 Non-Implantable Hearing Aid Devices and Services.....	4
20.1.2 Implantable Hearing Aid Devices and Services.....	4
20.2 Benefits, Limitations, and Authorization Requirements – Non-Implantable Devices and Services	4
20.2.1 Hearing Screening.....	5
20.2.2 Abnormal Hearing Screens.....	5
20.2.3 Hearing Testing, Examination, and Evaluation Services.....	6
20.2.3.1 Audiometric Testing	6
20.2.3.2 Otological Examination.....	6
20.2.3.3 Vestibular Evaluations	6
20.2.3.4 Authorization/Documentation Requirements.....	7
20.2.3.5 Limitations	7
20.2.4 Hearing Aid Devices and Accessories.....	7
20.2.4.1 Documentation Requirements	10
20.2.4.2 Prior Authorization Requirements.....	10
20.2.4.3 Limitations	11
20.2.5 Hearing Aid Services.....	11
20.2.5.1 Documentation Requirements	12
20.2.5.2 Prior Authorization Requirements.....	13
20.2.5.3 Limitations	13
20.3 Benefits, Limitations, and Authorization Requirements – Implantable Devices and Services	13
20.3.1 Bone-Anchored Hearing Device (BAHD)	13
20.3.1.1 Electromagnetic Bone Conduction Hearing Device	14
20.3.1.2 Prior Authorization Requirements.....	14
20.3.1.3 Limitations	14
20.3.2 Cochlear Implants	14

20.3.2.1	Device, Implantation and Supplies	15
20.3.2.2	Auditory Rehabilitation	15
20.3.2.3	Frequency Modulation (FM) Systems	15
20.3.2.4	Authorization Requirements	16
20.3.2.5	Limitations	16
20.3.2.6	Sound Processor Replacement Guidelines	17
20.4	Claims Information.....	17
20.4.1	Claims Filing for Non-Implantable Hearing Devices and Services	18
20.4.1.1	Claims Filing for Non-implantable Hearing Aid Devices	18
20.4.2	Claims Filing for Implantable Hearing Devices and Services	18
20.5	Reimbursement.....	18
20.5.1	Reimbursement for Hearing Tests	19
20.5.2	Reimbursement for Non-Implantable Hearing Devices and Services	19
20.5.3	Reimbursement for Implantable Hearing Devices and Services	19
20.6	TMHP-CSHCN Services Program Contact Center.....	19

Home Health Services

21.1	Enrollment	3
21.2	Benefits, Limitations, and Authorization Requirements.....	3
21.2.1	Prior Authorization Requirements for Home Health Services	4
21.2.1.1	Authorization Requirements	4
21.2.1.2	Plan of Care (POC)	5
21.3	Home Health Aide (HHA) Services	7
21.3.1	Supervision of Home Health Aides	8
21.3.2	Skilled Nursing and Home Health Aide Services.....	8
21.3.2.1	Medical Necessity.....	9
21.3.3	Skilled Nursing Services.....	9
21.3.3.1	Limitations for Skilled Nursing Services.....	10
21.3.3.2	Extended Skilled Nursing Services.....	11
21.3.4	Occupational Therapy (OT), Physical Therapy (PT), and Speech-Language Pathology (SLP) Services	12
21.3.4.1	Prior Authorization for Occupational Therapy (OT), Physical Therapy (PT), and Speech-Language Pathology (SLP) Services	12
21.3.4.2	Limitations for Occupational Therapy (OT) and Physical Therapy (PT).....	13
21.3.4.3	Limitations for Speech-Language Pathology (SLP)	13
21.3.5	Medical Nutritional Counseling Services.....	14
21.3.5.1	Prior Authorization for Medical Nutritional Counseling Services	14
21.3.6	Social Work Services.....	14
21.3.6.1	Prior Authorization for Social Work Services	14
21.4	Claims Information.....	15
21.5	Reimbursement.....	15
21.6	TMHP-CSHCN Services Program Contact Center.....	16

Home Health (Skilled Nursing) Care

22.1	Enrollment	3
22.2	Benefits, Limitations, and Authorization Requirements.....	3

22.2.1	Authorization Requirements	4
22.3	Claims Information.....	4
22.4	Reimbursement.....	5
22.5	TMHP-CSHCN Services Program Contact Center.....	5

Hospice

23.1	Enrollment	3
23.2	Benefits, Limitations, and Authorization Requirements.....	3
23.2.1	Prior Authorization Requirements.....	4
23.2.1.1	The client's demographic information.....	4
23.2.1.2	The requested services.....	4
23.2.1.3	Required provider information and signature.....	4
23.3	Claims Information.....	5
23.4	Reimbursement.....	6
23.5	TMHP-CSHCN Services Program Contact Center.....	6

Hospital

24.1	Enrollment	4
24.1.1	Continuity of Hospital Eligibility Through Change of Ownership.....	4
24.1.2	Specialty Team or Center	5
24.2	Inpatient/Outpatient Benefits, Limitations, and Authorization Requirements	5
24.2.1	Chemotherapy	6
24.2.2	Cochlear Implants	6
24.2.3	Electrodiagnostic Testing (Electromyography and Nerve Conduction Studies)	6
24.2.4	Fluocinolone Acetonide Intravitreal Implant (<i>Retisert</i>)	6
24.2.5	Laboratory Services	
24.2.6	Magnetoencephalography (MEG) Services	7
24.3	Inpatient Services.....	7
24.3.1	Benefits, Limitations, and Authorization Requirements.....	7
24.3.1.1	Initial Inpatient Prior Authorization Requests	7
24.3.1.2	Emergency Inpatient Hospital Admissions	8
24.3.1.3	Inpatient Behavioral Health	8
24.3.1.3.1	<i>Inpatient Behavioral Health Prior Authorization Requirements</i>	8
24.3.1.4	Inpatient Rehabilitation Services	9
24.3.1.4.1	<i>Inpatient Rehabilitation Prior Authorization Requirements</i>	10
24.3.1.4.2	<i>Treatment for Acute Medical Episodes.....</i>	10
24.3.1.5	Renal (Kidney) Transplants	10
24.3.1.5.1	<i>Reimbursement for Renal Transplants.....</i>	11
24.3.1.5.2	<i>Renal Transplant Authorization Requirements</i>	11
24.3.1.6	Transplants - Nonsolid Organ	12
24.3.1.6.1	<i>Stem Cell Transplant Prior Authorization Requirements.....</i>	13
24.3.1.7	Neonatal Level of Care Designation for Inpatient Services	13
24.3.1.7.1	<i>Hospitals that Do Not Meet Minimum Requirements for Neonatal Level of Care Designation</i>	13
24.3.1.7.2	<i>Other Requirements</i>	13
24.3.1.7.3	<i>Transfers</i>	14

24.3.1.7.4	<i>Texas Provider Identifier Change Due to Split or Merge</i>	14
24.3.2	Hospital Reimbursement	14
24.3.3	Prospective Payment Methodology	14
24.3.4	Client Transfers	15
24.3.4.1	Admission Dates	15
24.3.4.2	Continuous Stays - Client Transfers and Readmissions	15
24.3.5	Observation Status to Inpatient Admission	15
24.3.6	Outlier Ajustments	15
24.3.6.1	24.3.5.1 Day Outliers	16
24.3.7	Payment Window Reimbursement Guidelines	16
24.3.7.1	Exceptions	17
24.3.7.2	Professional and Outpatient Claims for Services Related to the Inpatient Admission	17
24.3.7.3	Professional and Outpatient Claims for Services Unrelated to the Inpatient Admission	18
24.4	Outpatient Services	18
24.4.1	Benefits, Limitations, and Authorization Requirements	18
24.4.1.1	Blood Factor Products	18
24.4.1.2	Hospital-Based Outpatient Behavioral Health Services	20
24.4.1.3	Hospital-Based Emergency Services Department	20
24.4.1.3.1	<i>Hospital-Based Emergency Services Authorization</i>	20
24.4.1.4	Outpatient Observation	20
24.4.1.4.1	<i>Direct Outpatient Observation Admission</i>	21
24.4.1.4.2	<i>Observation Following Emergency Room</i>	22
24.4.1.4.3	<i>Observation Following Outpatient Day Surgery</i>	22
24.4.1.4.4	<i>Observation Following Outpatient Diagnostic Testing or Therapeutic Services</i>	22
24.4.1.4.5	<i>Documentation Requirements for Outpatient Observation</i>	22
24.4.1.4.6	<i>Reporting Hours of Observation</i>	23
24.4.1.4.7	<i>Client Status Change</i>	24
24.4.1.4.8	<i>Outpatient Observation Authorization</i>	24
24.4.1.4.9	<i>Observation Services that are Not a Benefit</i>	25
24.4.1.4.10	<i>Outpatient Observation Authorization</i>	25
24.4.1.5	Sleep Studies	25
24.4.1.6	Hyperbaric Oxygen Therapy (HBOT)	26
24.4.2	Reimbursement Information	26
24.4.2.1	Hospital-Based Emergency Services Department	26
24.4.2.2	One-day Payment Window Reimbursement Guidelines	27
24.5	Ambulatory Surgical Centers	27
24.5.1	Benefits, Limitations, and Authorization Requirements	27
24.5.1.1	Freestanding Surgical Centers	27
24.5.2	Reimbursement Information	28
24.6	Claims Information	28
24.6.1	Inpatient Claims	28
24.6.2	Outpatient Claims	29
24.6.2.1	Revenue Code and Procedure Code Requirements for All Outpatient Services	30
24.6.2.1.1	<i>Revenue Codes That Require a Procedure Code</i>	30
24.6.2.1.2	<i>Clarification for Non-Hospital Facility Claims</i>	31
24.6.3	HASC Claims	32
24.6.4	Inpatient Stays Following Scheduled Day Surgeries	32

24.6.5 Inpatient Stays Following Unscheduled (Emergency) Day Surgeries	33
24.7 TMHP-CSHCN Services Program Contact Center.....	33

Laboratory Services

25.1 Enrollment	3
25.1.1 Clinical Laboratory Improvement Amendments (CLIA) of 1988	4
25.1.1.1 Waiver and Physician-Performed Microscopy Procedure (PPMP) Certificates	5
25.2 Benefits, Limitations, and Authorization Requirements.....	5
25.2.1 Hospital Laboratory Services	5
25.2.2 Independent Laboratory Services	6
25.2.3 Physician-Owned Laboratory Services.....	6
25.2.3.1 Other Physician Laboratory-Related Services	6
25.2.4 Clinical Pathology Services.....	7
25.2.5 Other Laboratory Procedures	7
25.2.5.1 Drug Testing and Therapeutic Drug Assays	7
25.2.5.2 Cytogenetics Testing	9
25.2.5.3 Genetic Testing for Colorectal Cancer	12
25.2.5.3.1 <i>Authorization Requirements</i>	13
25.2.5.3.2 <i>Familial Adenomatous Polyposis (FAP)</i>	13
25.2.5.3.3 <i>Hereditary Nonpolyposis Colorectal Cancer (HNPPC)</i>	14
25.2.5.4 Genetic Testing for Hereditary Breast and Ovarian Cancers.....	14
25.2.5.4.1 <i>Authorization Requirements</i>	15
25.2.6 Cytopathology of Vaginal, Cervical, and Uterine Sites	16
25.2.7 Cytopathology Studies Other Than Vaginal, Cervical, or Uterine.....	16
25.2.8 Evocative and Suppression Testing.....	17
25.2.9 Helicobacter pylori (H. pylori)	17
25.2.10 Hematology and Coagulation.....	18
25.2.11 Microbiology	19
25.2.11.1 Zika Virus Testing.....	20
25.2.12 Human Immunodeficiency Virus (HIV) Drug Resistance Testing.....	20
25.2.13 Organ or Disease-Oriented Panels.....	20
25.2.14 Urinalysis and Chemistry.....	21
25.2.15 Other Laboratory Services	22
25.2.16 Repeated Procedures.....	23
25.2.16.1 Modifier 91	23
25.2.17 Receiving Labs and Lab Handling Fees	23
25.3 Claims Information.....	24
25.3.1 Modifiers To Use When Billing Laboratory Procedures	24
25.4 Reimbursement.....	24
25.4.1 Clinical Laboratory Fee Schedule	25
25.4.2 One-day Payment Window Reimbursement Guidelines	25
25.5 TMHP-CSHCN Services Program Contact Center	25

Medical Nutrition Services

26.1 Enrollment	3
26.2 Vitamins and Minerals.....	3

26.2.1	Enrollment	3
26.2.2	Benefits, Limitations, and Authorization Requirements.....	4
26.2.3	Prior Authorization Requirements.....	8
26.2.4	Claims Information	9
26.2.5	Reimbursement	9
26.3	Medical Foods	9
26.3.1	Enrollment	9
26.3.2	Benefits, Limitations, and Authorization Requirements.....	10
26.3.2.1	Prior Authorization Requirements.....	10
26.3.3	Claims Information	11
26.3.4	Reimbursement	11
26.4	Medical Nutritional Counseling Services.....	12
26.4.1	Enrollment	12
26.4.2	Benefits, Limitations, and Authorization Requirements.....	12
26.4.2.1	Prior Authorization Requirements.....	13
26.4.3	Claims Information	13
26.4.4	Reimbursement	14
26.5	Medical Nutritional Products	14
26.5.1	Enrollment	14
26.5.2	Benefits, Limitations, and Authorization Requirements.....	14
26.5.2.1	Prior Authorization Requirements.....	15
26.5.3	Claims Information	16
26.5.4	Reimbursement	17
26.6	Total Parenteral Nutrition (TPN).....	18
26.6.1	Enrollment	18
26.6.2	Benefits, Limitations, and Authorization Requirements.....	18
26.6.2.1	Prior Authorization	19
26.6.3	Claims Information	19
26.6.4	Reimbursement	20
26.7	TMHP-CSHCN Services Program Contact Center.....	20

Neurostimulators and Neuromuscular Stimulators

27.1	Enrollment	3
27.2	Benefits, Limitations, and Authorization Requirements.....	3
27.2.1	Dorsal Column Neurostimulation (DCN)	4
27.2.2	Intracranial Neurostimulation (ICN).....	5
27.2.3	Neuromuscular Electrical Stimulation (NMES).....	6
27.2.3.1	NMES for Muscle Atrophy	7
27.2.3.2	NMES for Walking in Clients with Spinal Cord Injury.....	7
27.2.4	Percutaneous Electrical Nerve Stimulation (PENS).....	8
27.2.5	Sacral Nerve Stimulation (SNS)	9
27.2.6	Transcutaneous Electrical Nerve Stimulation (TENS)	9
27.2.6.1	TENS Rental	9
27.2.6.2	TENS Purchase.....	10
27.2.7	Pelvic Floor Stimulation.....	10
27.2.8	Vagal Nerve Stimulation (VNS)	10
27.2.9	Electronic Analysis for Implantable Neurostimulators	11
27.2.10	Electrocorticogram	11

27.2.11	Revision or Removal of Implantable Neurostimulators	11
27.2.12	Implantable Neurstimulators and Neuromuscular Stimulators.....	11
27.2.12.1	NMES and TENS Garments	12
27.2.12.2	NMES and TENS Supplies	12
27.3	Claims Information.....	13
27.4	Reimbursement.....	13
27.5	TMHP-CSHCN Services Program Contact Center.....	14

Orthotic and Prosthetic Devices

28.1	Enrollment	4
28.2	Benefits, Limitations, and Authorization Requirements.....	4
28.2.1	General Authorization Requirements.....	5
28.2.2	Orthoses and Prostheses (Not All-Inclusive).....	5
28.2.2.1	Repairs, Replacements, and Modifications to Orthoses and Prostheses	6
28.2.2.2	Mechanical Stretching Devices.....	6
28.2.2.3	Orthoses and Prostheses Training	7
28.3	Orthoses and Related Services	7
28.3.1	Prior Authorization and Documentation Requirements	7
28.3.2	Orthotic and Orthopedic Devices Procedure Codes.....	8
28.3.3	Noncovered Orthotic and Prosthetic Services.....	10
28.3.4	Spinal Orthoses.....	11
28.3.5	Thoracic-Hip-Knee-Ankle (THKA) Orthoses.....	11
28.3.6	Lower-Limb Orthoses.....	11
28.3.6.1	Ankle-Foot Orthoses (AFO).....	11
28.3.6.2	Reciprocating Gait Orthoses (RGO)	11
28.3.7	Foot Orthoses	12
28.3.7.1	*Foot Inserts.....	12
28.3.7.2	Prescription Shoes.....	13
28.3.7.3	Noncovered Shoes or Shoe Inserts	13
28.3.7.4	Wedges and Lifts	13
28.3.8	Upper-Limb Orthoses.....	13
28.3.9	Other Orthopedic Devices	14
28.3.9.1	Protective Helmets	14
28.3.9.2	Cranial Molding Orthosis.....	14
28.3.9.2.1	<i>Definitions of Plagiocephaly</i>	14
28.3.9.2.2	<i>Authorization Requirements</i>	15
28.3.9.3	Static and Dynamic Mechanical Stretching Devices	16
28.4	Prostheses and Related Services	16
28.4.1	Prior Authorization and Documentation Requirements	16
28.4.2	Prostheses Procedure Codes	17
28.4.3	Preparatory or Temporary Prostheses	19
28.4.4	Upper-Limb Prostheses	19
28.4.4.1	Myoelectric Prostheses	19
28.4.5	Lower-Limb Prostheses	19
28.4.5.1	Microprocessor-Controlled Lower-Limb Prostheses	20
28.4.5.2	Foot Prostheses	20
28.4.5.3	Knee Prosthesis.....	20
28.4.5.4	Ankle Prosthesis	21

28.4.5.5	Sockets.....	21
28.4.5.6	Accessories.....	21
28.5	Repairs, Replacements, and Modifications to Orthoses and Prostheses	21
28.5.1	Other Artificial Devices	22
28.6	CSHCN Services Program Documentation of Receipt.....	22
28.7	Claims Information.....	22
28.8	Reimbursement.....	23
28.9	TMHP-CSHCN Services Program Contact Center.....	23

Outpatient Behavioral Health

29.1	Enrollment	3
29.1.1	Provisionally Licensed Psychologist (PLP).....	3
29.2	Benefits, Limitations, and Authorization Requirements.....	3
29.2.1	Authorization Requirements	4
29.2.2	Documentation Requirements	4
29.2.3	Pharmacological Management Services Documentation.....	5
29.2.4	Reimbursement—The 12-Hour System Limitation	5
29.2.5	Procedure Codes Included in the 12-Hour System Limitation.....	6
29.2.6	Psychological Testing, Neuropsychological Testing, and Neurobehavioral Status Exams.....	7
29.2.7	Psychotherapy and Counseling	8
29.2.7.1	Treatment for Alzheimer's and Dementia	8
29.2.8	Psychiatric Diagnostic Evaluations	9
29.2.9	Noncovered Services	9
29.2.10	National Correct Coding Initiative (NCCI) Guidelines	10
29.3	Claims Information.....	10
29.4	* Reimbursement	10
29.5	TMHP-CSHCN Services Program Contact Center.....	11

Physical Medicine and Rehabilitation

30.1	Enrollment	3
30.2	Benefits, Limitations, and Authorization Requirements.....	3
30.2.1	Osteopathic Manipulative Treatment (OMT)	3
30.2.2	Physical Therapy (PT), and Occupational Therapy (OT)	4
30.2.3	Time-based PT and OT Treatment Procedure Codes	5
30.2.4	Untimed PT and OT Treatment Procedure Codes	6
30.2.5	Method for Counting Minutes for Timed Procedure Codes in 15-Minute Units	6
30.2.6	Group Therapy	7
30.2.6.1	Group Therapy Guidelines	7
30.2.6.2	Group Therapy Documentation Requirements.....	7
30.2.7	Noncovered Services	8
30.2.8	Authorization Requirements	8
30.2.8.1	Initial Prior Authorization Requests.....	9

30.2.8.2	Extension of Services Requests	10
30.2.8.3	*Discontinuation of Therapy or Change of Provider	10
30.3	Coordination with the Public School System	11
30.4	Claims Information.....	11
30.5	Reimbursement.....	12
30.6	TMHP-CSHCN Services Program Contact Center.....	12

Physician

31.1	Enrollment	8
31.1.1	Group Practices	9
31.1.2	Changes in Provider Enrollment.....	9
31.1.3	Substitute Physician	9
31.2	Benefits, Limitations, and Authorization Requirements.....	9
31.2.1	Authorization and Prior Authorization Requirements	10
31.2.2	Aerosol Treatments/Inhalation Therapy	11
31.2.3	Allergy Services	13
31.2.3.1	Collagen Skin Tests	14
31.2.3.2	Prior Authorization Requirements.....	14
31.2.4	Ambulatory Blood Pressure Monitoring	15
31.2.5	Anesthesia Services.....	16
31.2.5.1	Medical Direction.....	16
31.2.5.2	Monitored Anesthesia Care	18
31.2.5.3	Anesthesia Modifiers.....	18
31.2.5.3.1	<i>State-Defined Modifiers.....</i>	18
31.2.5.3.2	<i>Anesthesiologist Services and Modifier Combinations</i>	18
31.2.5.3.3	<i>CRNA, AA, or Other Qualified Professional Services</i>	20
31.2.5.3.4	<i>Monitored Anesthesia Care</i>	20
31.2.5.4	Dental General Anesthesia	20
31.2.5.5	Epidural and Subarachnoid Infusion (Not including Labor and Delivery)	20
31.2.5.6	Reimbursement	20
31.2.5.7	Conversion Factor	21
31.2.5.8	Time-Based Fees.....	21
31.2.6	Audiometry/Hearing Services	21
31.2.7	Augmentative Communication Devices (ACDs).....	22
31.2.8	Biofeedback Services	22
31.2.8.1	Medical Record Documentation.....	22
31.2.8.2	Provider Certification	22
31.2.8.3	Authorization Requirements	22
31.2.8.4	Noncovered Services	23
31.2.9	Blood Factor Products	23
31.2.10	Bone Growth Stimulators	24
31.2.10.1	Prior Authorization Requirements for Bone Growth Stimulators	25
31.2.10.1.1	<i>Low-Intensity Ultrasound Bone Growth Stimulators</i>	26
31.2.10.1.2	<i>Non-Invasive Bone Growth Stimulators</i>	26
31.2.10.1.3	<i>Invasive Bone Growth Stimulators</i>	26
31.2.10.2	Authorization Requirements for Bone Growth Stimulation	27
31.2.11	Casting.....	27
31.2.12	Chemotherapy	28

31.2.13	Clinician-Directed Care Coordination Services	29
31.2.13.1	Face-to-Face Clinician-Directed Care Coordination Services	30
31.2.13.2	Non-Face-to-Face Clinician-Directed Care Coordination Services	30
31.2.13.2.1	<i>Care Plan Oversight</i>	32
31.2.13.2.2	<i>Medical Team Conference</i>	32
31.2.13.2.3	<i>Non-Face-to-Face Specialist or Subspecialist Telephone Consultations</i> ..	32
31.2.13.2.4	<i>Non-Face-to-Face Prolonged Services</i>	33
31.2.13.2.5	<i>*Authorization for Non-Face-to-Face Clinician-Directed Care Coordination Services</i>	33
31.2.14	Cochlear Implants	35
31.2.15	Colorectal Cancer Screening	35
31.2.16	Critical Care Services.....	35
31.2.16.1	General Limitations.....	36
31.2.16.2	Critical Care Services.....	37
31.2.16.3	Pediatric Critical Care	38
31.2.16.4	Neonatal Critical Care	38
31.2.16.5	Intensive Care (Noncritical) Services	38
31.2.16.6	Newborn Resuscitation	38
31.2.17	Echoencephalography.....	39
31.2.17.1	<i>Ambulatory Electroencephalogram</i>	41
31.2.18	Evaluation and Management (E/M) Services	42
31.2.18.1	New or Established Patient Visits	42
31.2.18.2	Inpatient Professional Services	43
31.2.18.2.1	<i>Initial and Subsequent Hospital Care (Nonintensive Care)</i>	43
31.2.18.2.2	<i>Hospital Discharge Day Management</i>	43
31.2.18.2.3	<i>Concurrent Inpatient Care</i>	43
31.2.18.3	Emergency Services	44
31.2.18.3.1	<i>Hospital-Based Emergency Department Professional Services</i>	44
31.2.18.4	Consultations.....	45
31.2.18.5	Services Outside of Business Hours	45
31.2.18.6	Prolonged Physician Services	45
31.2.18.7	Observation Room Services	46
31.2.18.8	Preventive Care Services	47
31.2.18.9	Preventive Care Medical Checkups and Developmental Testing	47
31.2.18.9.1	<i>Laboratory Tests</i>	48
31.2.18.9.2	<i>Medical Checkup Follow-up Visit</i>	48
31.2.18.9.3	<i>Denied Medical Checkups</i>	48
31.2.18.9.4	<i>Developmental Screening and Testing</i>	49
31.2.18.9.5	<i>Developmental Screening</i>	49
31.2.18.9.6	<i>Developmental Testing</i>	50
31.2.18.10	Preventive Care Medical Checkup Components.....	50
31.2.18.10.1	<i>Oral Evaluation and Fluoride Varnish in the Medical Home (OEFV)</i>	51
31.2.18.10.2	<i>Mental Health Screening</i>	51
31.2.18.10.3	<i>Postpartum Depression Screening</i>	52
31.2.18.10.4	<i>Sensory Screening</i>	54
31.2.18.11	Teaching Physicians	54
31.2.19	Evoked Response Tests and Neuromuscular Procedures	54
31.2.19.1	Autonomic Function Tests	54
31.2.19.2	Electromyography and Nerve Conduction Studies	55
31.2.19.2.1	<i>EMG</i>	59
31.2.19.2.2	<i>*NCS</i>	60

31.2.19.3	Evoked Potential Procedures.....	61
31.2.19.3.1	<i>Intraoperative Neurophysiology Monitoring</i>	61
31.2.19.4	Motion Analysis Studies.....	61
31.2.19.5	Prior Authorization for Unlisted Procedure Code 95999	62
31.2.20	Extracorporeal Shock Wave Lithotripsy (ESWL).....	62
31.2.21	Gastrostomy Devices	62
31.2.22	Genetics	63
31.2.22.1	Family History	63
31.2.22.2	Genetic Tests	64
31.2.22.3	Laboratory Practices	64
31.2.22.4	Genetic Counselors	64
31.2.23	Hyperbaric Oxygen Therapy (HBOT).....	65
31.2.23.1	Prior Authorization Requirements.....	65
31.2.24	Immunizations (Vaccines and Toxoids)	68
31.2.24.1	Texas Vaccines for Children (TVFC) Program	69
31.2.24.2	Reporting	69
31.2.24.2.1	<i>DSHS</i>	69
31.2.24.2.2	<i>Vaccine Adverse Event Reporting System (VAERS).....</i>	69
31.2.24.3	Assessment	69
31.2.24.4	Vaccine Information Statement	69
31.2.24.5	Authorization Requirements	70
31.2.24.6	Immunizations During an Office Visit	70
31.2.24.7	Administration Fee	70
31.2.24.8	Administration Fee Billing Examples.....	70
31.2.24.8.1	<i>Administration With Counseling</i>	70
31.2.24.8.2	<i>Administration Without Counseling.....</i>	71
31.2.24.9	Vaccine and Toxoid Procedure Codes	72
31.2.24.10	Reimbursement for Vaccines and Toxoids	73
31.2.24.11	Bacille Calmette-Guerin (BCG) Vaccine.....	73
31.2.24.12	Botulinum Antitoxin	73
31.2.24.13	Hepatitis B Vaccine	73
31.2.24.14	Rabies Postexposure Prophylaxis.....	73
31.2.24.15	Respiratory Syncytial Virus (RSV) Prophylaxis	74
31.2.25	Injections and Oral Medications.....	74
31.2.25.1	Reimbursement for the Unused Portion of the Single-Dose Vial	75
31.2.25.2	Injection Administration Billed by a Physician.....	75
31.2.25.3	Unit Calculations for Billing Drugs	76
31.2.25.4	JW Modifier Claims Filing Instructions	76
31.2.25.5	* <i>Injection Procedure Codes</i>	77
31.2.25.6	Adalimumab	79
31.2.25.7	Ado-Trastuzumab Emtansine	81
31.2.25.8	Bevacizumab	81
31.2.25.9	Botulinum Toxin (Type A and Type B).....	81
31.2.25.9.1	<i>Prior Authorization Requirements.....</i>	84
31.2.25.9.2	<i>Reimbursement.....</i>	85
31.2.25.10	Denileukin Diftitox.....	85
31.2.25.11	Epirubicin Hydrochloride	85
31.2.25.12	Erythropoietin Alfa (EPO) and Darbepoetin	86
31.2.25.13	Growth Hormone.....	88
31.2.25.13.1	<i>Prior Authorization Requirements.....</i>	88
31.2.25.14	Immune Globulins.....	89

31.2.25.14.1	<i>Authorization Requirements</i>	90
31.2.25.15	Infliximab, Inflectra, and Renflexis	90
31.2.25.16	Inotuzumab ozogamicin (Besponsa)	92
31.2.25.17	Leuprolide Acetate Injection	92
31.2.25.18	Monoclonal Antibodies - Asthma and Chronic Idiopathic Urticaria	92
31.2.25.18.1	<i>Omalizumab</i>	92
31.2.25.18.2	<i>Benralizumab</i>	92
31.2.25.18.3	<i>Mepolizumab</i>	93
31.2.25.18.4	<i>Reslizumab</i>	93
31.2.25.18.5	<i>Prior Authorization Requirements</i>	93
31.2.25.18.6	<i>Chronic Idiopathic Urticaria</i>	94
31.2.25.18.7	<i>Asthma Moderate to Severe (Omalizumab) and Severe (Benralizumab, Mepolizumab, and Reslizumab)</i>	94
31.2.25.18.8	<i>Omalizumab</i>	94
31.2.25.18.9	<i>Benralizumab</i>	94
31.2.25.18.10	<i>Mepolizumab</i>	95
31.2.25.18.11	<i>Reslizumab</i>	95
31.2.25.18.12	<i>Requirements for Continuation of Therapy</i>	96
31.2.25.19	Trastuzumab	96
31.2.25.20	Triamcinolone Acetonide	96
31.2.26	Intracranial Pressure Monitoring	97
31.2.27	Laboratory Services	97
31.2.27.1	Clinical Pathology Services and Pathology Consultations	97
31.2.27.2	Claims Filing for Laboratory Tests	97
31.2.27.3	Reimbursement	97
31.2.27.4	Cytopathology Studies (Gynecological, Pap Smears)	97
31.2.27.5	Cytogenetics Testing	98
31.2.27.6	Helicobacter pylori (H. pylori)	98
31.2.27.7	CLIA Requirement	98
31.2.28	Magnetoencephalography (MEG)	98
31.2.28.1	Authorization Requirements	98
31.2.28.2	Documentation Requirements	99
31.2.28.3	Exclusions	99
31.2.29	Neurostimulator Devices and Supplies	99
31.2.30	Ophthalmological Services	100
31.2.30.1	Intraocular Lenses (IOL)	100
31.2.30.2	Vitrasert Ganciclovir Implant	100
31.2.31	Osteopathic Manipulative Treatment (OMT)	100
31.2.32	Physical Medicine and Physical Therapy (PT) Services	100
31.2.33	Podiatry	100
31.2.34	Psychological Testing	101
31.2.35	Sign Language Interpreting Services	102
31.2.36	Skin Therapy	103
31.2.37	Sleep Studies	103
31.2.37.1	Polysomnography	103
31.2.37.2	Multiple Sleep Latency Test	105
31.2.37.3	Pediatric Pneumogram	105
31.2.37.4	Home Sleep Study Test	106
31.2.38	Surgery	106
31.2.38.1	Anesthesia Administered by Surgeon	106
31.2.38.2	Primary Surgeons	106

31.2.38.3	Assistant Surgeons	107
31.2.38.4	Cosurgery	107
31.2.38.5	Bilateral Procedures	108
31.2.38.6	Global Fees.....	108
31.2.38.6.1	<i>Modifiers</i>	109
31.2.38.6.2	<i>Documentation Requirements</i>	109
31.2.38.6.3	<i>Preoperative Services</i>	109
31.2.38.6.4	<i>Intraoperative Services.....</i>	110
31.2.38.6.5	<i>Postoperative Services</i>	110
31.2.38.6.6	<i>Return Trips to the Operating Room.....</i>	112
31.2.38.7	Multiple Surgeries	113
31.2.38.8	Second Opinions	113
31.2.38.9	Unlisted Surgical Procedure Code Considerations.....	113
31.2.38.10	Circumcision	113
31.2.38.11	Cleft/Craniofacial Procedures	114
31.2.39	Diagnostic and Surgical/Reconstructive Breast Therapies	116
31.2.39.1	Breast Therapies	117
31.2.39.1.1	<i>Diagnostic Breast Procedures</i>	117
31.2.39.2	Surgical Breast Procedures	117
31.2.39.2.1	<i>Mastectomy</i>	117
31.2.39.2.2	<i>Prophylactic Mastectomy.....</i>	118
31.2.39.2.3	<i>Mastectomy for Gynecomastia.....</i>	118
31.2.39.2.4	<i>* Breast Reconstruction</i>	119
31.2.39.2.5	<i>Excision or Destruction of Benign Lesions.....</i>	120
31.2.39.2.6	<i>Treatment for Complications of Breast Reconstruction.....</i>	121
31.2.39.2.7	<i>Reduction Mammoplasty</i>	121
31.2.39.2.8	<i>External Breast Prostheses</i>	121
31.2.39.3	Prior Authorization and Authorization Requirements	121
31.2.39.4	Prior Authorization and Authorization Requirements for Mastectomy, Breast Reconstruction, and External Prostheses.....	122
31.2.39.4.1	<i>Mastectomy and Breast Reconstruction</i>	122
31.2.39.4.2	<i>Breast Reconstruction.....</i>	122
31.2.39.4.3	<i>Mastectomy for Gynecomastia.....</i>	123
31.2.39.4.4	<i>* Reduction Mammoplasty.....</i>	123
31.2.39.4.5	<i>Unlisted Procedure</i>	124
31.2.39.4.6	<i>Breast Prostheses</i>	124
31.2.39.5	Documentation Requirements	125
31.2.39.6	Reconstructive and Corrective Procedures (Not Related to Breast Therapies).....	125
31.2.39.7	Prior Authorization and Authorization for Corrective Procedures	126
31.2.39.7.1	<i>Oral Procedures.....</i>	126
31.2.39.7.2	<i>Dermatological and Blepharoplasty Procedures.....</i>	126
31.2.39.7.3	<i>Panniculectomy and Abdominoplasty</i>	126
31.2.39.7.4	<i>Noncovered Services</i>	126
31.2.39.8	Rhizotomy.....	127
31.2.39.9	Septoplasty	127
31.2.40	Therapeutic Apheresis.....	127
31.2.41	Transplants.....	129
31.2.41.1	Renal (Kidney) Transplant	129
31.2.41.2	Transplants - Nonsolid Organ	130
31.2.41.2.1	Physician Reimbursement	132

31.2.42 Wound Care Management	132
31.2.42.1 First-Line Wound Care Therapy.....	132
31.2.42.1.1 <i>Compression</i>	132
31.2.42.1.2 <i>Debridement</i>	132
31.2.42.2 Second-Line Wound Care Therapy	133
31.2.42.2.1 <i>Metabolically Active Skin Equivalents/Skin Substitutes</i>	133
31.2.42.2.2 <i>Pulsatile-Jet Irrigation</i>	134
31.2.42.3 Documentation Requirements	134
31.3 Claims Information.....	135
31.3.1 General Medical Record Documentation Requirements.....	136
31.4 Reimbursement.....	137
31.4.1 Physician Services in Outpatient Hospital Setting	137
31.4.1.1 Reimbursement Reduction.....	137
31.5 TMHP-CSHCN Services Program Contact Center.....	137

Physician Assistant (PA)

32.1 Enrollment	3
32.2 Benefits, Limitations, and Authorization Requirements.....	3
32.2.1 Authorization Requirements	4
32.3 Claims Information.....	4
32.4 Reimbursement.....	4
32.5 TMHP-CSHCN Services Program Contact Center	5

Prescribed Pediatric Extended Care Centers

33.1 Enrollment	3
33.2 Benefits, Limitations, and Authorization Requirements.....	3
33.2.1 Prior Authorization and Authorization Requirements	5
33.2.1.1 Initial Prior Authorization Requests.....	5
33.2.1.2 Revisions to the POC.....	8
33.2.1.3 Extension of PPECC Services	9
33.3 Documentation Requirements	9
33.4 Coordination of Services	10
33.5 Exclusions	10
33.6 Reimbursement.....	11
33.7 TMHP-CSHCN Services Program Contact Center	11

Radiation Therapy Services

34.1 Enrollment	3
34.2 Benefits, Limitations, and Authorization Requirements.....	3
34.2.1 Prior Authorization Requirements.....	4
34.2.2 Clinical Brachytherapy	4
34.2.3 Clinical Treatment Planning.....	5
34.2.4 Intensity Modulated Radiation Therapy (IMRT).....	5
34.2.5 Medical Radiation Physics, Dosimetry, Treatment Devices, and Special	

Services	5
34.2.6 Proton-Beam and Neutron-Beam Delivery.....	6
34.2.6.1 Prior Authorization Requirements.....	6
34.2.6.1.1 <i>Proton-Beam Treatment Delivery</i>	6
34.2.6.1.2 <i>Neutron-Beam Treatment Delivery</i>	6
34.2.7 Radiation Treatment Management and Delivery.....	6
34.2.7.1 Radioisotope Therapy	7
34.2.8 Stereotactic Radiosurgery.....	7
34.2.8.1 Prior Authorization Requirements.....	7
34.2.9 Strontium-89	8
34.2.10 Technetium TC 99M Tetrofosmin.....	8
34.3 Claims Information.....	8
34.4 Reimbursement.....	9
34.5 TMHP-CSHCN Services Program Contact Center.....	9

Renal Dialysis

35.1 Enrollment	3
35.2 Client Eligibility.....	3
35.3 Benefits, Limitations, and Authorization Requirements.....	3
35.3.1 In-Facility Services and Method I Home Dialysis Services	4
35.3.2 Method II Home Dialysis (Dealing Direct).....	8
35.3.3 Maintenance Hemodialysis	9
35.3.4 Dialysis Training.....	9
35.3.5 Unscheduled or Emergency Dialysis in a Non-Certified ESRD Facility	9
35.3.6 Ultrafiltration.....	10
35.3.7 Evaluation and Management	10
35.3.8 Renal Transplants.....	11
35.3.9 Prior Authorization Requirements.....	12
35.4 Claims Information.....	12
35.5 Reimbursement.....	13
35.6 TMHP-CSHCN Services Program Contact Center.....	13

Respiratory Equipment and Supplies

36.1 Enrollment	4
36.2 * Benefits, Limitations, and Authorization Requirements	4
36.2.1 General Authorization Requirements.....	8
36.2.2 Noninvasive Positive Pressure Ventilation (NPPV)	8
36.2.2.1 Continuous Positive Airway Pressure (CPAP) System	9
36.2.2.2 Respiratory Assist Devices (RADs), including BiPAP.....	10
36.2.2.2.1 <i>RAD for Treatment of Obstructive Sleep Apnea (OSA)</i>	10
36.2.2.2.2 <i>RAD for Treatment of Restrictive Thoracic Medical Conditions</i>	10
36.2.2.2.3 <i>RAD for Treatment of Severe COPD</i>	11
36.2.2.2.4 <i>RAD for Treatment of Central sleep Apnea (CSA) or Complex Sleep apnea (CompSA)</i>	11
36.2.2.2.5 <i>RAD for Treatment of Hypoventilation Syndrome</i>	12
36.2.2.2.6 <i>Extension Request for RAD With or Without a Set Backup Rate</i>	12

36.2.3	Controlled Dose Inhalation Drug Delivery System	13
36.2.4	Secretion and Mucus Clearance Devices.....	13
36.2.4.1	Cough Augmentation Device (Insufflation Devices or Cough Assist Machine)	14
36.2.4.2	Electrical Percussors	14
36.2.4.3	High Frequency Chest Wall Oscillation (HFCWO) System	14
36.2.4.4	Percussion Cup	16
36.2.4.5	Intermittent Positive Pressure Breathing (IPPB) Devices	16
36.2.5	Nebulizers.....	16
36.2.5.1	Medications Small Volume Nebulizer.....	17
36.2.5.2	Large Volume Nebulizer	18
36.2.5.3	Compressors and other DME used with Large Volume Nebulizers	18
36.2.5.4	Filtered Nebulizer.....	18
36.2.5.5	Ultrasonic Nebulizers	19
36.2.6	Oxygen Therapy.....	19
36.2.6.1	Stationary Oxygen Systems	22
36.2.6.2	Portable Oxygen Systems.....	22
36.2.7	Pulse Oximeters	22
36.2.8	Tracheostomy Tubes and Related Supplies	23
36.2.8.1	Tracheostomy Tube Inner Cannula	24
36.2.9	Cardiorespiratory Monitor (CRM).....	25
36.2.10	Mechanical Ventilation	25
36.2.11	Negative Pressure Ventilators	26
36.2.12	Home Ventilators (any type) with or without Invasive Interface.....	27
36.2.13	Repair to Client -Owned Equipment.....	27
36.2.14	Aerosol Treatments.....	28
36.2.15	Diagnostic Testing.....	28
36.2.16	Other Equipment.....	29
36.3	Claims Information.....	29
36.4	Reimbursement.....	29
36.5	TMHP-CSHCN Services Program Contact Center	30

Speech-Language Pathology (SLP) Services

37.1	Enrollment	3
37.2	Benefits, Limitations, and Authorization Requirements.....	3
37.2.1	Speech Therapy Limitations.....	4
37.2.2	Authorization Requirements	5
37.2.2.1	Paper and Electronic Prior Authorization Documentation	6
37.2.2.2	Initial Prior Authorization Request for Therapy Services	6
37.2.2.2.1	<i>Supporting Documentation</i>	6
37.2.2.3	Prior Authorization Request for Extension of Therapy Services.....	7
37.2.2.3.1	<i>Supporting Documentation</i>	7
37.2.2.3.2	<i>Discontinuation of Therapy or Change of Provider</i>	8
37.2.3	Services That Are Not a Benefit.....	8
37.3	Coordination with the Public School System	8
37.4	Claims Information.....	9
37.5	Reimbursement.....	9
37.6	TMHP-CSHCN Services Program Contact Center	9

Tele- communication Services

38.1 Enrollment	3
38.2 Benefits, Limitations, and Authorization Requirements.....	3
38.2.1 Patient Health Information Security	4
38.2.2 Telemedicine Services	4
38.2.2.1 Distant Site.....	5
38.2.2.2 Other Patient Site.....	5
38.2.2.3 Patient Site.....	6
38.2.3 Telehealth Services	7
38.2.3.1 Distant Site.....	8
38.2.3.2 Patient Site	8
38.2.4 Telemonitoring Services	9
38.2.4.1 Facility Services.....	10
38.2.4.2 Prior Authorization Guidelines	11
38.3 Claims Information.....	12
38.4 Reimbursement.....	12
38.5 TMHP-CSHCN Services Program Contact Center.....	13

Transportation of Deceased Clients

39.1 Enrollment	3
39.2 Benefits, Limitations, and Authorization Requirements.....	3
39.2.1 Authorization Requirements	3
39.3 Claims Information.....	3
39.4 Reimbursement.....	4
39.5 TMHP-CSHCN Services Program Contact Center.....	4

Vision Services

40.1 Enrollment	3
40.2 Benefits, Limitations, and Authorization Requirements.....	3
40.2.1 Frames, Lenses, and Contact Lenses.....	4
40.2.1.1 Frames	4
40.2.1.2 Eyeglass Lenses.....	4
40.2.1.3 Special Eyeglass Lenses.....	5
40.2.1.4 Contact Lenses	5
40.2.1.4.1 Contact Fitting for Corneal Bandage Lens	7
40.2.1.5 Eye Wear	7
40.2.1.6 Services Requiring Authorization.....	8
40.2.1.6.1 Contact Lenses, Prescriptions, and Fittings	8
40.2.1.6.2 Scleral Lenses and Liquid Bandages	8
40.2.1.7 Services Not Requiring Authorization.....	9
40.2.1.8 Services Requiring Prior Authorization.....	9
40.2.1.9 Eye Prostheses.....	10
40.2.2 Eye and Vision Examinations	10
40.2.2.1 Vision Examinations with Refraction.....	10

40.2.2.2	Medical Eye Examinations.....	11
40.2.2.3	Services Requiring Authorization.....	11
40.2.3	Special Vision Services	11
40.2.3.1	Ophthalmological Examination and Evaluation with General Anesthesia ...	11
40.2.3.2	Ophthalmic Ultrasound.....	12
40.2.3.3	Corneal Topography.....	12
40.2.3.4	Sensorimotor Examination.....	13
40.2.3.5	Orthoptic or Pleoptic Training.....	13
40.2.3.6	Ophthalmoscopy	13
40.2.3.7	Ocular Viewing and Diagnostic Testing Procedures	14
40.3	Claims Information.....	14
40.4	Reimbursement.....	15
40.5	TMHP-CSHCN Services Program Contact Center.....	15

TMHP Electronic Data Interchange (EDI)

41.1	TMHP EDI Overview	3
41.2	Advantages of Electronic Services.....	3
41.2.1	Getting Help	3
41.2.2	Electronic Services Available	3
41.3	Electronic Billing	4
41.3.1	Step 1—Choose How Claims Are Submitted.....	4
41.3.1.1	TexMedConnect	4
41.3.1.2	Vendor Software.....	4
41.3.1.3	Third-Party Billing Agents	5
41.3.1.4	Automated Maintenance Process for All Electronic Submitters	5
41.3.2	Step 2—Gaining Access	5
41.3.3	Step 3—Training	5
41.4	Request for Electronic Transmission Reports.....	6
41.5	Provider Check Amounts Available Online	6
41.6	Third-Party Vendor Implementation	6
41.6.1	EDI Version 5010 Claims Response and Electronic Remittance & Status (R&S) Files.....	7
41.6.1.1	Batch ID Included in Filename for 227CA Claims Response File	7
41.6.1.2	Setting up the 835 File (ER&S)	7
41.6.1.3	Trading Partners Who Submit 837 Files and Receive 835 Files	7
41.6.1.4	Trading Partners Who Have a Clearinghouse or Third Party Submit Their Claims but Receive Their Own 835 Files	7
41.6.1.5	Clearinghouses or Third-Party Billers That Submit Transactions and Receive the 835 Files on Behalf of Trading Partners	7
41.7	Supported File Types.....	7
41.8	Forms	8
41.9	TMHP-CSHCN Services Program Contact Center.....	8

Appendix A: Acronyms and Initialisms Dictionary