

TABLE OF CONTENTS

CSHCN SERVICES PROGRAM PROVIDER MANUAL

JUNE 2022



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	5
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	8
1.3.2.5	Region 5 North	10
1.3.2.6	Regions 5 South and 6	11
1.3.2.7	Region 7	11
1.3.2.8	Region 8	13
1.3.2.9	Regions 9 and 10	13
1.3.2.10	Region 11	14
1.4	DSHS Health Service Regions Map	15

Provider Enrollment and Responsibilities

2.1	Provider Enrollment	3
2.1.1	Affordable Care Act of 2010 (ACA) Enrollment Requirements	4
2.1.1.1	Medical Foods and Hospice Providers	4
2.1.1.2	Enrollment for Ordering and Referring-Only Providers	4
2.1.2	Changes in Enrollment	4
2.1.3	Claim Filing	5
2.1.3.1	NPIs Terminated After 24 Months of No Claim Activity	5
2.1.4	Provider Enrollment Determinations	6
2.1.5	Provider Enrollment Application	6
2.1.5.1	Types of Providers	6
2.1.5.2	Owner/Creditor/Principal Entry and Disclosure of Ownership Form	7

2.1.5.3	Provider Agreement	7
2.1.5.4	Request for Taxpayer Identification Number and Certification	7
2.1.5.5	Franchise Tax Account Status Page	7
2.1.5.6	Clinical Laboratory Improvement Amendments (CLIA) of 1988	8
2.1.5.7	Provider's License	8
2.1.6	Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)	9
2.1.7	Transplant Specialty Centers	9
2.1.8	Pharmacy Enrollment	9
2.1.8.1	Immunizations	9
2.1.9	Out-of-State Providers	10
2.1.10	Substitute Physician	10
2.1.11	Providers of Family Support Services	10
2.2	Provider Complaints Process	11
2.3	Provider Responsibilities	12
2.3.1	Information Change Requests	12
2.3.2	Required Updates	13
2.3.3	General Medical Record Documentation Requirements	13
2.3.4	Retention of Records	14
2.3.5	Utilization Review: General Provisions	14
2.3.6	Release of Confidential Information	15
2.3.7	Fraud, Waste, and Abuse	15
2.3.8	Provider Certification/Assignment	16
2.3.9	Billing Clients	17
2.3.10	Credit Balance and Recovery Vendor	18
2.3.11	Texas Family Code Compliance	18
2.3.11.1	Child Support	18
2.3.11.2	Abuse and Neglect Reporting Requirements	18
2.4	TMHP-CSHCN Services Program Contact Center	18

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
4.2	Extension of Filing Deadlines for Holidays	3
4.2.1	Limitations	3
4.2.2	Signature Requirements	3
4.2.2.1	Electronic Signatures	4
4.2.2.1.1	Authority and Definitions	4
4.2.2.1.2	Electronic Signature Requirements	5
4.2.3	Requests for Procedures That Are Pending a Rate Hearing	5
4.2.4	Requests for Procedures That Are Manually Priced	6
4.2.5	Clients with Third Party Resources.....	6
4.3	Authorizations.....	7
4.3.1	Services that Require Authorization	7
4.3.2	How To Submit an Authorization Request	9
4.4	Prior Authorizations.....	9
4.4.1	Services that Require Prior Authorization	10
4.4.2	Prior Authorization for Inpatient Admission After Business Hours.....	14
4.4.3	Specialty Team or Center Services.....	14
4.4.4	Retroactive Prior Authorizations	14
4.4.5	How to Submit a Prior Authorization Request.....	15
4.4.6	Prior Authorization Electronic Submissions through the TMHP Prior Authorization (PA) on the Portal	16
4.4.7	Browser Compatibility and System Requirements.....	18
4.4.8	Electronic Attachments	18
4.4.9	Maintaining Complete Documentation.....	18
4.4.10	Sending Prior Authorization Requests via Fax.....	19
4.5	Authorization and Prior Authorization Denials.....	19
4.5.1	Denied Authorization and Prior Authorization Requests Resubmission	20
4.5.2	Closing a Prior Authorization.....	20
4.5.3	Administrative Review for Authorization and Prior Authorization Denials.....	20
4.5.4	Fair Hearing	21
4.6	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
5.6.3	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	Accounts Receivable	7
6.1.4.3.2	IRS Levies	8
6.1.4.3.3	Payouts	9
6.1.4.3.4	Claim Reissues	9
6.1.4.3.5	Claim Voids	9
6.1.4.3.6	Claim Refunds	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	18
14.2.5.2 Oral Hygiene Instruction	18
14.2.5.3 Dental Prophylaxis and Topical Fluoride Treatment	18
14.2.5.4 Dental Sealants	18
14.2.5.5 Space Maintainers	19
14.2.5.6 Noncovered Counseling Services	19
14.2.5.6.1 Dental Nutrition Counseling	19
14.2.5.6.2 Tobacco Counseling	20
14.2.6 Therapeutic Services	20
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	25
14.2.6.5	Endodontics	25
14.2.6.5.1	Prior Authorization	25
14.2.6.5.2	Pulp Caps and Pulpotomy	26
14.2.6.5.3	Root Canals	27
14.2.6.6	*Periodontics	28
14.2.6.7	Prosthodontics (Removable) and Maxillofacial Prosthetics	30
14.2.6.7.1	Maxillofacial Prosthetics	33
14.2.6.7.2	Implants	34
14.2.6.7.3	Fixed Prosthodontics	34
14.2.6.8	Oral and Maxillofacial Surgery	36
14.2.6.9	*Adjunctive General Services	38
14.2.6.9.1	Emergency Dental Treatment Services	39
14.2.6.10	Dental Anesthesia	40
14.2.6.10.1	Anesthesia Permit Levels	40
14.2.6.10.2	Method for Counting Minutes for Timed Procedure Codes	41
14.2.6.11	Dental Behavior Management	42
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	43
14.2.7.1	Dental Hospital Calls	43
14.2.7.2	Authorization and Prior Authorization Requirements	43
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	45
14.2.8.2	Surgery	45
14.2.8.3	Cleft/Craniofacial Surgery by a Dentist Physician	47
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	48
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	50
14.4	Reimbursement	50
14.5	TMHP-CSHCN Services Program Contact Center	51

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	Insulin-Dependent Clients	6
15.2.1.3.2	Non-Insulin-Dependent Clients	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>	<i>9</i>
17.3.3.1.2	<i>Prior Authorization for Procedure Codes L8035 and L8039</i>	<i>9</i>
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>	<i>12</i>
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>	<i>13</i>
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>	<i>14</i>
17.3.10.4.2	<i>Prior Authorization Requirements for Level 2: Mobile Commode Chair</i>	<i>15</i>
17.3.10.4.3	<i>Prior Authorization Requirements for Level 3: Custom Commode Chair</i>	<i>15</i>
17.3.10.4.4	<i>Authorization Requirements for Extra-wide and Heavy-Duty Commode Chair</i>	<i>15</i>
17.3.10.4.5	<i>Authorization Requirements for Foot Rest</i>	<i>15</i>
17.3.10.4.6	<i>Authorization Requirements for Replacement Commode Pail or Pan</i>	<i>15</i>
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>	<i>18</i>
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.....	6
18.2.3	Examples of Covered Supplies	7
18.2.4	Diapers, Briefs, Pull-ups, and Liners.....	7
18.2.4.1	Gastrostomy Devices	7
18.2.4.1.1	Authorization Requirements	7
18.3	Claims Information.....	8
18.4	Reimbursement.....	9
18.5	TMHP-CSHCN Services Program Contact Center	9

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 Adjustments	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	Hospital-Based Outpatient Behavioral Health Services	18
24.4.1.2	Hospital-Based Emergency Services Department	19
24.4.1.2.1	<i>Hospital-Based Emergency Services Authorization.</i>	19
24.4.1.3	Outpatient Observation.	19
24.4.1.3.1	<i>Direct Outpatient Observation Admission</i>	20
24.4.1.3.2	<i>Observation Following Emergency Room</i>	21
24.4.1.3.3	<i>Observation Following Outpatient Day Surgery</i>	21
24.4.1.3.4	<i>Observation Following Outpatient Diagnostic Testing or Therapeutic Services.</i>	21
24.4.1.3.5	<i>Documentation Requirements for Outpatient Observation</i>	21
24.4.1.3.6	<i>Reporting Hours of Observation</i>	22
24.4.1.3.7	<i>Client Status Change.</i>	23
24.4.1.3.8	<i>Outpatient Observation Authorization</i>	23
24.4.1.3.9	<i>Observation Services that are Not a Benefit.</i>	24
24.4.1.3.10	<i>Outpatient Observation Authorization</i>	24
24.4.1.4	Sleep Studies	24
24.4.1.5	Hyperbaric Oxygen Therapy (HBOT)	25
24.4.2	Reimbursement Information	25
24.4.2.1	Hospital-Based Emergency Services Department	25
24.4.2.2	One-day Payment Window Reimbursement Guidelines	26
24.5	Ambulatory Surgical Centers	26
24.5.1	Benefits, Limitations, and Authorization Requirements.	26
24.5.1.1	Freestanding Surgical Centers.	26
24.5.2	Reimbursement Information	27
24.6	Claims Information.	27
24.6.1	Inpatient Claims	27
24.6.2	Outpatient Claims	28
24.6.2.1	Revenue Code and Procedure Code Requirements for All Outpatient Services	29
24.6.2.1.1	<i>Revenue Codes That Require a Procedure Code</i>	29
24.6.2.1.2	<i>Clarification for Non-Hospital Facility Claims.</i>	30
24.6.3	HASC Claims	31
24.6.4	Inpatient Stays Following Scheduled Day Surgeries.	31
24.6.5	Inpatient Stays Following Unscheduled (Emergency) Day Surgeries	32
24.7	TMHP-CSHCN Services Program Contact Center	32

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 Authorization Requirements	13
25.2.5.3.2 Familial Adenomatous Polyposis (FAP).....	13
25.2.5.3.3 Hereditary Nonpolyposis Colorectal Cancer (HNPCC)	14
25.2.5.4 Genetic Testing for Hereditary Breast and Ovarian Cancers.....	14
25.2.5.4.1 Authorization Requirements	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	16
26.6	Total Parenteral Nutrition (TPN).....	17
26.6.1	Enrollment	17
26.6.2	Benefits, Limitations, and Authorization Requirements.....	17
26.6.2.1	Prior Authorization	18
26.6.3	Claims Information	19
26.6.4	Reimbursement	19
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	6
27.2.3.2	NMES for Walking in Clients with Spinal Cord Injury.....	7
27.2.4	Percutaneous Electrical Nerve Stimulation (PENS).....	7
27.2.5	Sacral Nerve Stimulation (SNS)	8
27.2.6	Transcutaneous Electrical Nerve Stimulation (TENS)	9
27.2.6.1	TENS Rental	9
27.2.6.2	TENS Purchase.....	9
27.2.7	Pelvic Floor Stimulation.....	10
27.2.8	Vagal Nerve Stimulation (VNS)	10
27.2.9	Hypoglossal Nerve Stimulators (HNS)	10
27.2.10	Electronic Analysis for Implantable Neurostimulators	11
27.2.11	Electrocorticogram	11
27.2.12	Revision or Removal of Implantable Neurostimulators	11
27.2.13	Implantable Neurostimulators and Neuromuscular Stimulators.....	12
27.2.13.1	NMES and TENS Garments	12
27.2.13.2	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	Definitions of Plagiocephaly	14
28.3.9.2.2	Authorization Requirements	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	21
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	Bone Growth Stimulators	23
31.2.9.1	Prior Authorization Requirements for Bone Growth Stimulators	24
31.2.9.1.1	<i>Low-Intensity Ultrasound Bone Growth Stimulators</i>	25
31.2.9.1.2	<i>Non-Invasive Bone Growth Stimulators</i>	25
31.2.9.1.3	<i>Invasive Bone Growth Stimulators</i>	25
31.2.9.2	Authorization Requirements for Bone Growth Stimulation	26
31.2.10	Casting	26
31.2.11	Chemotherapy	27
31.2.12	Clinician-Directed Care Coordination Services	28
31.2.12.1	Face-to-Face Clinician-Directed Care Coordination Services	29
31.2.12.2	Non-Face-to-Face Clinician-Directed Care Coordination Services	29
31.2.12.2.1	<i>Care Plan Oversight</i>	31
31.2.12.2.2	<i>Medical Team Conference</i>	31
31.2.12.2.3	<i>Non-Face-to-Face Specialist or Subspecialist Telephone Consultations</i> ..	31
31.2.12.2.4	<i>Non-Face-to-Face Prolonged Services</i>	32
31.2.12.2.5	<i>Authorization for Non-Face-to-Face Clinician-Directed Care Coordination Services</i>	32
31.2.13	Cochlear Implants	34
31.2.14	Colon Capsule Endoscopy	34
31.2.15	Colorectal Cancer Screening	34
31.2.16	Critical Care Services	35
31.2.16.1	General Limitations	35

31.2.16.2	Critical Care Services	36
31.2.16.3	Pediatric Critical Care	37
31.2.16.4	Neonatal Critical Care	37
31.2.16.5	Intensive Care (Noncritical) Services	37
31.2.16.6	Newborn Resuscitation	38
31.2.17	Echoencephalography	38
31.2.17.1	Ambulatory Electroencephalogram	40
31.2.18	Evaluation and Management (E/M) Services	41
31.2.18.1	New or Established Patient Visits	41
31.2.18.2	Inpatient Professional Services	42
31.2.18.2.1	<i>Initial and Subsequent Hospital Care (Nonintensive Care)</i>	42
31.2.18.2.2	<i>Hospital Discharge Day Management</i>	42
31.2.18.2.3	<i>Concurrent Inpatient Care</i>	43
31.2.18.3	Emergency Services	43
31.2.18.3.1	<i>Hospital-Based Emergency Department Professional Services</i>	43
31.2.18.4	Consultations	44
31.2.18.5	Services Outside of Business Hours	44
31.2.18.6	Prolonged Physician Services	45
31.2.18.7	Observation Room Services	45
31.2.18.8	Preventive Care Services	46
31.2.18.9	Preventive Care Medical Checkups and Developmental Testing	47
31.2.18.9.1	<i>Laboratory Tests</i>	47
31.2.18.9.2	<i>Medical Checkup Follow-up Visit</i>	47
31.2.18.9.3	<i>Denied Medical Checkups</i>	48
31.2.18.9.4	<i>Developmental Screening and Testing</i>	48
31.2.18.9.5	<i>Developmental Screening</i>	48
31.2.18.9.6	<i>Developmental Testing</i>	49
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>	50
31.2.18.10.2	<i>Mental Health Screening</i>	51
31.2.18.10.3	<i>Postpartum Depression Screening</i>	51
31.2.18.10.4	<i>Sensory Screening</i>	53
31.2.18.11	Teaching Physicians	53
31.2.19	Evoked Response Tests and Neuromuscular Procedures	53
31.2.19.1	Autonomic Function Tests (AFTs)	54
31.2.19.2	Electromyography and Nerve Conduction Studies	54
31.2.19.2.1	<i>EMG</i>	59
31.2.19.2.2	<i>NCS</i>	59
31.2.19.3	Evoked Potential Procedures	60
31.2.19.3.1	<i>* Vestibular Evoked Myogenic Potentials (VEMP)</i>	60
31.2.19.3.2	<i>Intraoperative Neurophysiology Monitoring</i>	62
31.2.19.4	Motion Analysis Studies	62
31.2.19.5	Prior Authorization for Unlisted Procedure Code 95999	62
31.2.20	Extracapsular Cataract Removal	63
31.2.21	Extracorporeal Shock Wave Lithotripsy (ESWL)	63
31.2.22	Gastrostomy Devices	63
31.2.23	Genetics	63
31.2.23.1	Family History	64
31.2.23.2	Genetic Tests	64
31.2.23.3	Laboratory Practices	65
31.2.23.4	Genetic Counselors	65

31.2.24	Hyperbaric Oxygen Therapy (HBOT)	65
31.2.24.1	Prior Authorization Requirements	66
31.2.25	Immunizations (Vaccines and Toxoids)	69
31.2.25.1	Texas Vaccines for Children (TVFC) Program	70
31.2.25.2	Documentation Recommendations	70
31.2.25.3	Vaccine Reporting to the DSHS	70
31.2.25.3.1	Vaccine Adverse Event Reporting System (VAERS)	70
31.2.25.4	Authorization Requirements	71
31.2.25.5	Vaccine Reimbursement	71
31.2.25.6	Vaccine Administration	71
31.2.25.6.1	Administration With Counseling	72
31.2.25.6.2	Administration Without Counseling	73
31.2.25.7	Vaccine and Toxoid Procedure Codes	74
31.2.25.8	Influenza Vaccines	75
31.2.25.9	Bacille Calmette-Guerin (BCG) Vaccine	76
31.2.25.10	Botulinum Antitoxin	76
31.2.25.11	Hepatitis B Vaccine	76
31.2.25.12	Rabies Postexposure Prophylaxis	76
31.2.25.13	Respiratory Syncytial Virus (RSV) Prophylaxis	77
31.2.26	Injections and Oral Medications	77
31.2.26.1	Reimbursement for the Unused Portion of the Single-Dose Vial	78
31.2.26.2	Injection Administration Billed by a Physician	78
31.2.26.3	Unit Calculations for Billing Drugs	78
31.2.26.4	JW Modifier Claims Filing Instructions	79
31.2.26.5	Injection Procedure Codes	80
31.2.26.6	Adalimumab	82
31.2.26.7	Ado-Trastuzumab Emtansine	83
31.2.26.8	Bevacizumab	84
31.2.26.9	Botulinum Toxin (Type A and Type B)	84
31.2.26.9.1	Prior Authorization Requirements	87
31.2.26.9.2	Reimbursement	88
31.2.26.10	Denileukin Diftitox	88
31.2.26.11	Epirubicin Hydrochloride	88
31.2.26.12	Erythropoietin Alfa (EPO) and Darbepoetin	89
31.2.26.13	Growth Hormone	91
31.2.26.13.1	Prior Authorization Requirements	92
31.2.26.14	Immune Globulins	92
31.2.26.14.1	Authorization Requirements	93
31.2.26.15	Infliximab, Inflectra, and Renflexis	94
31.2.26.16	Inotuzumab ozogamicin (Besponsa)	95
31.2.26.17	Leuprolide Acetate Injection	95
31.2.26.18	Monoclonal Antibodies - Asthma and Chronic Idiopathic Urticaria	96
31.2.26.18.1	Omalizumab	96
31.2.26.18.2	Benralizumab	96
31.2.26.18.3	Mepolizumab	96
31.2.26.18.4	Reslizumab	96
31.2.26.18.5	Prior Authorization Requirements	96
31.2.26.18.6	Chronic Idiopathic Urticaria	97
31.2.26.18.7	Asthma Moderate to Severe (Omalizumab) and Severe (Benralizumab, Mepolizumab, and Reslizumab)	97
31.2.26.18.8	Omalizumab	98

31.2.26.18.9	<i>Benralizumab</i>	98
31.2.26.18.10	<i>Mepolizumab</i>	98
31.2.26.18.11	<i>Reslizumab</i>	99
31.2.26.18.12	<i>Requirements for Continuation of Therapy</i>	99
31.2.26.19	Trastuzumab	100
31.2.26.20	Triamcinolone Acetonide.....	100
31.2.27	Intracranial Pressure Monitoring	100
31.2.28	Laboratory Services.....	100
31.2.28.1	Clinical Pathology Services and Pathology Consultations.....	100
31.2.28.2	Claims Filing for Laboratory Tests	101
31.2.28.3	Reimbursement	101
31.2.28.4	Cytopathology Studies (Gynecological, Pap Smears).....	101
31.2.28.5	Cytogenetics Testing	101
31.2.28.6	<i>Helicobacter pylori</i> (<i>H. pylori</i>)	101
31.2.28.7	CLIA Requirement	102
31.2.29	Magnetoencephalography (MEG)	102
31.2.29.1	Authorization Requirements	102
31.2.29.2	Documentation Requirements	103
31.2.29.3	Exclusions	103
31.2.30	Neurostimulator Devices and Supplies	103
31.2.31	Ophthalmological Services.....	103
31.2.31.1	Intraocular Lenses (IOL)	103
31.2.31.2	Vitrasert Ganciclovir Implant	103
31.2.32	Osteopathic Manipulative Treatment (OMT).....	103
31.2.33	Physical Medicine and Physical Therapy (PT) Services	103
31.2.34	Podiatry.....	104
31.2.35	Psychological Testing.....	104
31.2.36	Sign Language Interpreting Services	105
31.2.37	Skin Therapy	106
31.2.38	Sleep Studies.....	106
31.2.38.1	Polysomnography	107
31.2.38.2	Multiple Sleep Latency Test	108
31.2.38.3	Pediatric Pneumogram	108
31.2.38.4	Home Sleep Study Test	109
31.2.39	Surgery	109
31.2.39.1	Anesthesia Administered by Surgeon	110
31.2.39.2	Primary Surgeons.....	110
31.2.39.3	Assistant Surgeons	110
31.2.39.4	Cosurgery	111
31.2.39.5	Bilateral Procedures	112
31.2.39.6	Global Fees.....	112
31.2.39.6.1	<i>Modifiers</i>	112
31.2.39.6.2	<i>Documentation Requirements</i>	113
31.2.39.6.3	<i>Preoperative Services</i>	113
31.2.39.6.4	<i>Intraoperative Services</i>	114
31.2.39.6.5	<i>Postoperative Services</i>	114
31.2.39.6.6	<i>Return Trips to the Operating Room</i>	115
31.2.39.7	Multiple Surgeries	116
31.2.39.8	Second Opinions	116
31.2.39.9	Unlisted Surgical Procedure Code Considerations.....	116
31.2.39.10	Circumcision	117

31.2.39.11	Cleft/Craniofacial Procedures	117
31.2.40	Diagnostic and Surgical/Reconstructive Breast Therapies	119
31.2.40.1	Breast Therapies	120
31.2.40.1.1	Diagnostic Breast Procedures	120
31.2.40.2	Surgical Breast Procedures	121
31.2.40.2.1	Mastectomy	121
31.2.40.2.2	Prophylactic Mastectomy	121
31.2.40.2.3	Mastectomy for Gynecomastia	122
31.2.40.2.4	Breast Reconstruction	122
31.2.40.2.5	Excision or Destruction of Benign Lesions	124
31.2.40.2.6	Treatment for Complications of Breast Reconstruction	124
31.2.40.2.7	Reduction Mammoplasty	124
31.2.40.2.8	External Breast Prostheses	124
31.2.40.3	Prior Authorization and Authorization Requirements	125
31.2.40.4	Prior Authorization and Authorization Requirements for Mastectomy, Breast Reconstruction, and External Prostheses	125
31.2.40.4.1	Mastectomy and Breast Reconstruction	126
31.2.40.4.2	Breast Reconstruction	126
31.2.40.4.3	Mastectomy for Gynecomastia	126
31.2.40.4.4	Reduction Mammoplasty	127
31.2.40.4.5	Unlisted Procedure	127
31.2.40.4.6	Breast Prostheses	127
31.2.40.5	Documentation Requirements	128
31.2.40.6	Reconstructive and Corrective Procedures (Not Related to Breast Therapies)	128
31.2.40.7	Prior Authorization and Authorization for Corrective Procedures	129
31.2.40.7.1	Oral Procedures	129
31.2.40.7.2	Dermatological and Blepharoplasty Procedures	129
31.2.40.7.3	Panniculectomy and Abdominoplasty	129
31.2.40.7.4	Noncovered Services	130
31.2.40.8	Rhizotomy	130
31.2.40.9	Septoplasty	131
31.2.41	Therapeutic Apheresis	131
31.2.42	Transplants	132
31.2.42.1	Renal (Kidney) Transplant	132
31.2.42.2	Transplants - Nonsolid Organ	134
31.2.42.2.1	Physician Reimbursement	135
31.2.43	Wound Care Management	135
31.2.43.1	First-Line Wound Care Therapy	136
31.2.43.1.1	Compression	136
31.2.43.1.2	Debridement	136
31.2.43.2	Second-Line Wound Care Therapy	137
31.2.43.2.1	Pulsatile-Jet Irrigation	137
31.2.43.2.2	Application of Metabolically Active Skin Equivalents and Wound Preparation	137
31.2.43.3	Documentation Requirements	138
31.3	Claims Information	139
31.3.1	General Medical Record Documentation Requirements	140
31.4	Reimbursement	141
31.4.1	Physician Services in Outpatient Hospital Setting	141
31.4.1.1	Reimbursement Reduction	141

31.5	TMHP-CSHCN Services Program Contact Center	141
-------------	---	------------

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	12

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	Proton-Beam Treatment Delivery	6
34.2.6.1.2	Neutron-Beam Treatment Delivery	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>	<i>10</i>
36.2.2.2.2	<i>RAD for Treatment of Restrictive Thoracic Medical Conditions</i>	<i>10</i>
36.2.2.2.3	<i>RAD for Treatment of Severe COPD</i>	<i>11</i>
36.2.2.2.4	<i>RAD for Treatment of Central sleep Apnea (CSA) or Complex Sleep apnea (CompSA)</i>	<i>11</i>
36.2.2.2.5	<i>RAD for Treatment of Hypoventilation Syndrome</i>	<i>12</i>
36.2.2.2.6	<i>Extension Request for RAD With or Without a Set Backup Rate</i>	<i>12</i>
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	26
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	Supporting Documentation	6
37.2.2.3	Prior Authorization Request for Extension of Therapy Services	7
37.2.2.3.1	Supporting Documentation	7
37.2.2.3.2	Discontinuation of Therapy or Change of Provider	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	Collection and Interpretation of Client Data	10
38.2.4.2	Facility Services	10
38.2.4.3	Prior Authorization Guidelines	11
38.3	Claims Information	12
38.4	Reimbursement	13
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 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