

# **TABLE OF CONTENTS**

**CSHCN SERVICES PROGRAM PROVIDER MANUAL**

**MARCH 2023**



## Table of Contents

### Introduction

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

### TMHP and HHSC Contact Information

|            |                                                                  |           |
|------------|------------------------------------------------------------------|-----------|
| <b>1.1</b> | <b>TMHP-CSHCN Services Program Contact Information .....</b>     | <b>3</b>  |
| 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         |
| <b>1.2</b> | <b>TMHP Website Information .....</b>                            | <b>5</b>  |
| 1.2.1      | Publications .....                                               | 5         |
| <b>1.3</b> | <b>CSHCN Services Program Central and Regional Offices .....</b> | <b>6</b>  |
| 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        |
| <b>1.4</b> | <b>DSHS Health Service Regions Map .....</b>                     | <b>15</b> |

### Provider Enrollment and Responsibilities

|            |                                                                       |          |
|------------|-----------------------------------------------------------------------|----------|
| <b>2.1</b> | <b>Provider Enrollment .....</b>                                      | <b>3</b> |
| 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        |
| <b>2.2</b> | <b>Provider Complaints Process .....</b>                                         | <b>11</b> |
| <b>2.3</b> | <b>Provider Responsibilities .....</b>                                           | <b>12</b> |
| 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        |
| <b>2.4</b> | <b>TMHP-CSHCN Services Program Contact Center .....</b>                          | <b>18</b> |

## Client Benefits and Eligibility

|            |                                                                                    |          |
|------------|------------------------------------------------------------------------------------|----------|
| <b>3.1</b> | <b>Client Benefits .....</b>                                                       | <b>3</b> |
| 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        |
| <b>3.2</b> | <b>Client Eligibility .....</b>                                                    | <b>7</b> |
| 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       |

|             |                                                                                          |           |
|-------------|------------------------------------------------------------------------------------------|-----------|
| <b>3.3</b>  | <b>CSHCN Services Program Notice of Eligibility .....</b>                                | <b>12</b> |
| 3.3.1       | Eligibility Restrictions .....                                                           | 13        |
| 3.3.2       | CSHCN Services Program Notice of Eligibility Sample .....                                | 14        |
| <b>3.4</b>  | <b>Clients Eligible for Medicaid and CSHCN Services Program Benefits .....</b>           | <b>15</b> |
| <b>3.5</b>  | <b>Clients Eligible for CHIP and CSHCN Services Program Benefits.....</b>                | <b>15</b> |
| <b>3.6</b>  | <b>Clients Eligible for Medicaid and Comprehensive Care Program (CCP) Benefits .....</b> | <b>15</b> |
| <b>3.7</b>  | <b>Medically Needy Program (MNP) .....</b>                                               | <b>16</b> |
| 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        |
| <b>3.8</b>  | <b>Renal Dialysis .....</b>                                                              | <b>18</b> |
| <b>3.9</b>  | <b>Waiting List Information.....</b>                                                     | <b>19</b> |
| <b>3.10</b> | <b>TMHP-CSHCN Services Program Contact Center .....</b>                                  | <b>20</b> |

## Prior Authorizations and Authorizations

|            |                                                                                                          |           |
|------------|----------------------------------------------------------------------------------------------------------|-----------|
| <b>4.1</b> | <b>General Information .....</b>                                                                         | <b>3</b>  |
| <b>4.2</b> | <b>Extension of Filing Deadlines for Holidays .....</b>                                                  | <b>3</b>  |
| 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         |
| <b>4.3</b> | <b>Authorizations.....</b>                                                                               | <b>7</b>  |
| 4.3.1      | Services that Require Authorization .....                                                                | 7         |
| 4.3.2      | How To Submit an Authorization Request .....                                                             | 9         |
| <b>4.4</b> | <b>Prior Authorizations.....</b>                                                                         | <b>9</b>  |
| 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        |
| <b>4.5</b> | <b>Authorization and Prior Authorization Denials.....</b>                                                | <b>19</b> |
| 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        |
| <b>4.6</b> | <b>TMHP-CSHCN Contact Center .....</b>                                                                   | <b>21</b> |

## Claims Filing, Third-Party Resources, and Reimbursement

|            |                                                               |           |
|------------|---------------------------------------------------------------|-----------|
| <b>5.1</b> | <b>TMHP Claims Information</b>                                | <b>4</b>  |
| 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         |
| <b>5.2</b> | <b>Third-Party Resource (TPR)</b>                             | <b>9</b>  |
| 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        |
| <b>5.3</b> | <b>Multipage Claim Forms</b>                                  | <b>15</b> |
| <b>5.4</b> | <b>Tips on Expediting Paper Claims</b>                        | <b>17</b> |
| 5.4.1      | General requirements                                          | 17        |
| 5.4.2      | Data Fields                                                   | 17        |
| 5.4.3      | Attachments                                                   | 17        |
| <b>5.5</b> | <b>Correction and Resubmission (Appeal) Time Limits</b>       | <b>17</b> |
| 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        |
| <b>5.6</b> | <b>Coding</b>                                                 | <b>18</b> |
| 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  | <b>Paper Claim Submissions</b>                                | <b>22</b> |
| 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        |
| <b>5.7</b> | <b>Claims Filing Instructions</b>                             | <b>25</b> |

|             |                                                                                                   |           |
|-------------|---------------------------------------------------------------------------------------------------|-----------|
| 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 .....                                                                | 47        |
| 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        |
| <b>5.8</b>  | <b>Reimbursement .....</b>                                                                        | <b>49</b> |
| 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 .....       | 50        |
| 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 .....                                           | 51        |
| 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        |
| <b>5.9</b>  | <b>CSHCN Services Program Accounts Receivables (Using Medicaid Funds to Satisfy the AR) .....</b> | <b>54</b> |
| <b>5.10</b> | <b>TMHP-CSHCN Services Program Contact Center .....</b>                                           | <b>54</b> |

## Remittance and Status (R&S) Reports

|            |                                                       |          |
|------------|-------------------------------------------------------|----------|
| <b>6.1</b> | <b>R&amp;S Report Information .....</b>               | <b>3</b> |
| 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        |
| <b>6.2</b> | <b>TMHP-CSHCN Services Program Contact Center .....</b>                | <b>30</b> |

## Appeals and Administrative Review

|            |                                                                              |          |
|------------|------------------------------------------------------------------------------|----------|
| <b>7.1</b> | <b>Appeals .....</b>                                                         | <b>3</b> |
| <b>7.2</b> | <b>Authorization and Prior Authorization Denials .....</b>                   | <b>3</b> |
| 7.2.1      | Administrative Review for Authorization or Prior Authorization Denials ..... | 3        |
| 7.2.2      | Fair Hearing Requests for Authorizations or Prior Authorizations .....       | 3        |
| <b>7.3</b> | <b>Claim Appeals .....</b>                                                   | <b>4</b> |
| 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         |
| <b>7.4</b> | <b>Provider Enrollment Appeals .....</b>                       | <b>10</b> |
| <b>7.5</b> | <b>TMHP-CSHCN Services Program Contact Center .....</b>        | <b>10</b> |
| <b>7.6</b> | <b>Authorization and Filing Deadline Calendars .....</b>       | <b>10</b> |

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

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

## Ambulance

|            |                                                                   |           |
|------------|-------------------------------------------------------------------|-----------|
| <b>9.1</b> | <b>Enrollment .....</b>                                           | <b>4</b>  |
| <b>9.2</b> | <b>General Information .....</b>                                  | <b>4</b>  |
| 9.2.1      | Origin and Destination Modifiers .....                            | 5         |
| 9.2.2      | Place of Service .....                                            | 5         |
| 9.2.3      | Diagnosis Coding .....                                            | 6         |
| 9.2.4      | General Documentation Requirements .....                          | 6         |
| <b>9.3</b> | <b>Emergency Ambulance Transports .....</b>                       | <b>7</b>  |
| 9.3.1      | Emergency Triage, Treat, and Transport (ET3) .....                | 7         |
| 9.3.1.1    | Transport to an Alternative Destination .....                     | 7         |
| 9.3.1.2    | Treatment in Place .....                                          | 8         |
| 9.3.2      | Emergency Prior Authorization .....                               | 8         |
| 9.3.3      | Levels of Service .....                                           | 8         |
| 9.3.4      | Emergency Medical Conditions .....                                | 9         |
| <b>9.4</b> | <b>Nonemergency Ambulance Transports .....</b>                    | <b>10</b> |
| 9.4.1      | Nonemergency Prior Authorizations .....                           | 10        |
| 9.4.2      | Nonemergency Ambulance Exception Request .....                    | 12        |
| 9.4.3      | Documentation of Medical Necessity .....                          | 13        |
| 9.4.3.1    | Run Sheets .....                                                  | 13        |
| <b>9.5</b> | <b>Types of Transport .....</b>                                   | <b>14</b> |
| 9.5.1      | Multiple Client Transport .....                                   | 14        |
| 9.5.2      | Specialty Care Transport .....                                    | 14        |
| 9.5.3      | Air or Water Specialized Medical Services Vehicle Transport ..... | 14        |
| 9.5.4      | Out-of- Locality Transport .....                                  | 15        |
| 9.5.5      | Extra Attendant .....                                             | 15        |
| 9.5.5.1    | Extra Attendant - Emergency Ambulance Transports .....            | 15        |
| 9.5.5.2    | Extra Attendant - Nonemergency Ambulance Transports .....         | 15        |
| 9.5.6      | Oxygen .....                                                      | 16        |
| 9.5.7      | Ambulance Disposable Supplies .....                               | 16        |
| 9.5.8      | Mileage .....                                                     | 16        |
| 9.5.9      | Waiting Time .....                                                | 16        |
| <b>9.6</b> | <b>Relation of Service to Time of Death .....</b>                 | <b>16</b> |

|            |                                                           |           |
|------------|-----------------------------------------------------------|-----------|
| <b>9.7</b> | <b>Ambulance Transport Services That Are Not Benefits</b> | <b>17</b> |
| <b>9.8</b> | <b>Claims Filing and Reimbursement</b>                    | <b>17</b> |
| 9.8.1      | Claims Filing                                             | 17        |
| 9.8.1.1    | Emergency Ambulance Claims                                | 18        |
| 9.8.1.1.1  | Emergency Triage Services Billing                         | 18        |
| 9.8.1.1.2  | Transport to an Alternative Destination Billing           | 18        |
| 9.8.1.1.3  | Treatment in Place (TIP) Billing                          | 18        |
| 9.8.1.2    | Nonemergency Ambulance Claims                             | 19        |
| 9.8.1.3    | Billing Mileage with \$0.00                               | 20        |
| 9.8.1.4    | National Correct Coding Initiative (NCCI) Guidelines      | 20        |
| 9.8.2      | Reimbursement                                             | 20        |
| 9.8.2.1    | One-day Payment Window Reimbursement Guidelines           | 20        |
| <b>9.9</b> | <b>TMHP-CSHCN Services Program Contact Center</b>         | <b>20</b> |

## Augmentative Communication Devices (ACDs)

|             |                                                              |          |
|-------------|--------------------------------------------------------------|----------|
| <b>10.1</b> | <b>Enrollment</b>                                            | <b>3</b> |
| <b>10.2</b> | <b>Benefits, Limitations, and Authorization Requirements</b> | <b>3</b> |
| 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        |
| <b>10.3</b> | <b>Claims Information</b>                                    | <b>7</b> |
| <b>10.4</b> | <b>Reimbursement</b>                                         | <b>8</b> |
| <b>10.5</b> | <b>TMHP-CSHCN Services Program Contact Center</b>            | <b>8</b> |

## Blood Pressure Monitoring and Devices

|             |                                                                                  |          |
|-------------|----------------------------------------------------------------------------------|----------|
| <b>11.1</b> | <b>Enrollment</b>                                                                | <b>3</b> |
| <b>11.2</b> | <b>Benefits, Limitations, and Authorization Requirements</b>                     | <b>3</b> |
| 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        |

|             |                                                         |          |
|-------------|---------------------------------------------------------|----------|
| <b>11.3</b> | <b>Documentation of Receipt</b> .....                   | <b>8</b> |
| <b>11.4</b> | <b>Claims Information</b> .....                         | <b>8</b> |
| <b>11.5</b> | <b>Reimbursement</b> .....                              | <b>9</b> |
| <b>11.6</b> | <b>TMHP-CSHCN Services Program Contact Center</b> ..... | <b>9</b> |

## **Certified Registered Nurse Anesthetist (CRNA)**

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

## **Certified Respiratory Care Practitioner (CRCP)**

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

## **Dental**

|             |                                                                    |          |
|-------------|--------------------------------------------------------------------|----------|
| <b>14.1</b> | <b>Enrollment</b> .....                                            | <b>4</b> |
| <b>14.2</b> | <b>Benefits, Limitations, and Authorization Requirements</b> ..... | <b>4</b> |
| 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 .....                                          | 18       |
| 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 .....                                              | 19       |
| 14.2.5.5    | Space Maintainers .....                                            | 19       |
| 14.2.5.6    | Noncovered Counseling Services .....                               | 20       |

|             |                                                                                                                                                     |           |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 14.2.5.6.1  | Dental Nutrition Counseling .....                                                                                                                   | 20        |
| 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.....                                                                        | 21        |
| 14.2.6.3    | Interrupted Treatment Plan .....                                                                                                                    | 22        |
| 14.2.6.4    | Restorations .....                                                                                                                                  | 22        |
| 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 .....                                                                                                                           | 26        |
| 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 .....                                                                                      | 31        |
| 14.2.6.7.1  | Maxillofacial Prosthetics .....                                                                                                                     | 33        |
| 14.2.6.7.2  | Implants.....                                                                                                                                       | 34        |
| 14.2.6.7.3  | Fixed Prosthodontics.....                                                                                                                           | 35        |
| 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 .....                                                                                         | 42        |
| 14.2.6.11   | Dental Behavior Management .....                                                                                                                    | 42        |
| 14.2.6.12   | Internal Bleaching of Discolored Tooth .....                                                                                                        | 43        |
| 14.2.6.13   | Noncovered Services .....                                                                                                                           | 43        |
| 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) ..... | 44        |
| 14.2.8      | Doctor of Dentistry Services as a Limited Physician .....                                                                                           | 45        |
| 14.2.8.1    | Authorization Requirements .....                                                                                                                    | 45        |
| 14.2.8.2    | Surgery.....                                                                                                                                        | 46        |
| 14.2.8.3    | Cleft/Craniofacial Surgery by a Dentist Physician.....                                                                                              | 47        |
| 14.2.8.4    | Evaluation and Management or Consultation.....                                                                                                      | 48        |
| 14.2.8.5    | Radiology and Laboratory Procedures.....                                                                                                            | 48        |
| 14.2.8.6    | Other Procedures Payable to a Dentist Physician.....                                                                                                | 48        |
| 14.2.8.7    | Anesthesia by Dentist Physician.....                                                                                                                | 49        |
| <b>14.3</b> | <b>Claims Information.....</b>                                                                                                                      | <b>49</b> |
| 14.3.1      | Dental Emergency Claims.....                                                                                                                        | 49        |
| 14.3.2      | Tooth Identification (TID) and Surface Identification (SID) Systems .....                                                                           | 50        |
| 14.3.3      | Supernumerary Tooth Identification .....                                                                                                            | 50        |
| <b>14.4</b> | <b>Reimbursement.....</b>                                                                                                                           | <b>51</b> |
| <b>14.5</b> | <b>TMHP-CSHCN Services Program Contact Center .....</b>                                                                                             | <b>51</b> |

## Diabetic Equipment and Supplies

|             |                                                              |           |
|-------------|--------------------------------------------------------------|-----------|
| <b>15.1</b> | <b>Enrollment</b>                                            | <b>3</b>  |
| <b>15.2</b> | <b>Benefits, Limitations, and Authorization Requirements</b> | <b>3</b>  |
| 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        |
| <b>15.3</b> | <b>Documentation of Receipt</b>                              | <b>11</b> |
| <b>15.4</b> | <b>Claims Information</b>                                    | <b>11</b> |
| <b>15.5</b> | <b>Reimbursement</b>                                         | <b>12</b> |
| <b>15.6</b> | <b>TMHP-CSHCN Services Program Contact Center</b>            | <b>12</b> |

## Diagnostic Radiology Services

|             |                                                                                                                                      |           |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>16.1</b> | <b>Enrollment</b>                                                                                                                    | <b>3</b>  |
| <b>16.2</b> | <b>Benefits, Limitations, and Authorization Requirements</b>                                                                         | <b>3</b>  |
| 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        |
| <b>16.3</b> | <b>Claims Information</b>                                                                                                            | <b>11</b> |
| <b>16.4</b> | <b>Reimbursement</b>                                                                                                                 | <b>12</b> |
| 16.4.1      | One-day Payment Window Reimbursement Guidelines                                                                                      | 13        |

## 16.5 TMHP-CSHCN Services Program Contact Center .....14

### Durable Medical Equipment (DME)

|                                                                                                       |          |
|-------------------------------------------------------------------------------------------------------|----------|
| <b>17.1 Enrollment .....</b>                                                                          | <b>4</b> |
| 17.1.1 Custom DME Requirements.....                                                                   | 4        |
| <b>17.2 Program Overview and Guidelines .....</b>                                                     | <b>5</b> |
| 17.2.1 Custom DME .....                                                                               | 5        |
| 17.2.2 Standard DME.....                                                                              | 5        |
| 17.2.3 Program Guidelines .....                                                                       | 6        |
| <b>17.3 Benefits, Limitations, and Authorization Requirements.....</b>                                | <b>7</b> |
| 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.....                                      | 9        |
| 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> | <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 | <b>Age.....</b>                                             | <b>25</b> |
| 17.3.19.6.2 | <b>Level of Physical Function.....</b>                      | <b>25</b> |
| 17.3.19.6.3 | <b>Cognitive Level.....</b>                                 | <b>25</b> |
| 17.3.19.6.4 | <b>Environmental Assessment.....</b>                        | <b>25</b> |
| 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        |
| <b>17.4</b> | <b>Documentation of Receipt.....</b>                        | <b>28</b> |
| <b>17.5</b> | <b>Rental of Equipment.....</b>                             | <b>28</b> |
| <b>17.6</b> | <b>Claims Information.....</b>                              | <b>28</b> |
| <b>17.7</b> | <b>Reimbursement.....</b>                                   | <b>29</b> |
| <b>17.8</b> | <b>TMHP-CSHCN Services Program Contact Center.....</b>      | <b>30</b> |

## Expendable Medical Supplies

|             |                                                                   |          |
|-------------|-------------------------------------------------------------------|----------|
| <b>18.1</b> | <b>Enrollment.....</b>                                            | <b>3</b> |
| <b>18.2</b> | <b>Benefits, Limitations, and Authorization Requirements.....</b> | <b>3</b> |
| 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        |
| <b>18.3</b> | <b>Claims Information.....</b>                                    | <b>8</b> |
| <b>18.4</b> | <b>Reimbursement.....</b>                                         | <b>9</b> |

|             |                                                         |          |
|-------------|---------------------------------------------------------|----------|
| <b>18.5</b> | <b>TMHP-CSHCN Services Program Contact Center .....</b> | <b>9</b> |
|-------------|---------------------------------------------------------|----------|

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

|             |                                                                   |          |
|-------------|-------------------------------------------------------------------|----------|
| <b>19.1</b> | <b>Enrollment .....</b>                                           | <b>3</b> |
| <b>19.2</b> | <b>Benefits, Limitations and Authorization Requirements .....</b> | <b>3</b> |
| 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        |
| <b>19.3</b> | <b>Claims Filing .....</b>                                        | <b>6</b> |
| <b>19.4</b> | <b>Reimbursement .....</b>                                        | <b>6</b> |
| <b>19.5</b> | <b>TMHP-CSHCN Services Program Contact Center .....</b>           | <b>6</b> |

## **Hearing Services**

|             |                                                                                                           |           |
|-------------|-----------------------------------------------------------------------------------------------------------|-----------|
| <b>20.1</b> | <b>Enrollment .....</b>                                                                                   | <b>4</b>  |
| 20.1.1      | Non-Implantable Hearing Aid Devices and Services .....                                                    | 4         |
| 20.1.2      | Implantable Hearing Aid Devices and Services .....                                                        | 4         |
| <b>20.2</b> | <b>Benefits, Limitations, and Authorization Requirements – Non-Implantable Devices and Services .....</b> | <b>4</b>  |
| 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        |
| <b>20.3</b> | <b>Benefits, Limitations, and Authorization Requirements – Implantable Devices and Services .....</b>     | <b>13</b> |
| 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        |
| <b>20.4</b> | <b>Claims Information.....</b>                                       | <b>17</b> |
| 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        |
| <b>20.5</b> | <b>Reimbursement.....</b>                                            | <b>18</b> |
| 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        |
| <b>20.6</b> | <b>TMHP-CSHCN Services Program Contact Center .....</b>              | <b>19</b> |

## Home Health Services

|             |                                                                                                                              |           |
|-------------|------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>21.1</b> | <b>Enrollment .....</b>                                                                                                      | <b>3</b>  |
| <b>21.2</b> | <b>Benefits, Limitations, and Authorization Requirements.....</b>                                                            | <b>3</b>  |
| 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         |
| <b>21.3</b> | <b>Home Health Aide (HHA) Services .....</b>                                                                                 | <b>7</b>  |
| 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) .....                                                                        | 14        |
| 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        |
| <b>21.4</b> | <b>Claims Information.....</b>                                                                                               | <b>15</b> |
| <b>21.5</b> | <b>Reimbursement.....</b>                                                                                                    | <b>15</b> |
| <b>21.6</b> | <b>TMHP-CSHCN Services Program Contact Center .....</b>                                                                      | <b>16</b> |

## Home Health (Skilled Nursing) Care

|             |                                                                   |          |
|-------------|-------------------------------------------------------------------|----------|
| <b>22.1</b> | <b>Enrollment .....</b>                                           | <b>3</b> |
| <b>22.2</b> | <b>Benefits, Limitations, and Authorization Requirements.....</b> | <b>3</b> |
| 22.2.1      | Authorization Requirements .....                                  | 4        |
| <b>22.3</b> | <b>Claims Information.....</b>                                    | <b>4</b> |

|             |                                                        |          |
|-------------|--------------------------------------------------------|----------|
| <b>22.4</b> | <b>Reimbursement.....</b>                              | <b>5</b> |
| <b>22.5</b> | <b>TMHP-CSHCN Services Program Contact Center.....</b> | <b>5</b> |

## Hospice

|             |                                                                   |          |
|-------------|-------------------------------------------------------------------|----------|
| <b>23.1</b> | <b>Enrollment.....</b>                                            | <b>3</b> |
| <b>23.2</b> | <b>Benefits, Limitations, and Authorization Requirements.....</b> | <b>3</b> |
| 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        |
| <b>23.3</b> | <b>Claims Information.....</b>                                    | <b>5</b> |
| <b>23.4</b> | <b>Reimbursement.....</b>                                         | <b>6</b> |
| <b>23.5</b> | <b>TMHP-CSHCN Services Program Contact Center.....</b>            | <b>6</b> |

## Hospital

|             |                                                                                                    |           |
|-------------|----------------------------------------------------------------------------------------------------|-----------|
| <b>24.1</b> | <b>Enrollment.....</b>                                                                             | <b>4</b>  |
| 24.1.1      | Continuity of Hospital Eligibility Through Change of Ownership.....                                | 4         |
| 24.1.2      | Specialty Team or Center.....                                                                      | 5         |
| <b>24.2</b> | <b>Inpatient/Outpatient Benefits, Limitations, and Authorization Requirements.....</b>             | <b>5</b>  |
| 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         |
| <b>24.3</b> | <b>Inpatient Services.....</b>                                                                     | <b>7</b>  |
| 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>                           | <i>8</i>  |
| 24.3.1.4    | Inpatient Rehabilitation Services.....                                                             | 9         |
| 24.3.1.4.1  | <i>Inpatient Rehabilitation Prior Authorization Requirements.....</i>                              | <i>10</i> |
| 24.3.1.4.2  | <i>Treatment for Acute Medical Episodes.....</i>                                                   | <i>10</i> |
| 24.3.1.5    | Renal (Kidney) Transplants.....                                                                    | 10        |
| 24.3.1.5.1  | <i>Reimbursement for Renal Transplants.....</i>                                                    | <i>11</i> |
| 24.3.1.5.2  | <i>Renal Transplant Authorization Requirements.....</i>                                            | <i>11</i> |
| 24.3.1.6    | Transplants - Nonsolid Organ.....                                                                  | 12        |
| 24.3.1.6.1  | <i>Stem Cell Transplant Prior Authorization Requirements.....</i>                                  | <i>13</i> |
| 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> | <i>13</i> |
| 24.3.1.7.2  | <i>Other Requirements.....</i>                                                                     | <i>13</i> |
| 24.3.1.7.3  | <i>Transfers.....</i>                                                                              | <i>14</i> |
| 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 .....                                                                              | 16        |
| 24.3.7.2    | Professional and Outpatient Claims for Services Related to the<br>Inpatient Admission .....   | 17        |
| 24.3.7.3    | Professional and Outpatient Claims for Services Unrelated to the<br>Inpatient Admission ..... | 18        |
| <b>24.4</b> | <b>Outpatient Services .....</b>                                                              | <b>18</b> |
| 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>                                   | <i>19</i> |
| 24.4.1.3    | Outpatient Observation.....                                                                   | 19        |
| 24.4.1.3.1  | <i>Direct Outpatient Observation Admission .....</i>                                          | <i>20</i> |
| 24.4.1.3.2  | <i>Observation Following Emergency Room .....</i>                                             | <i>21</i> |
| 24.4.1.3.3  | <i>Observation Following Outpatient Day Surgery .....</i>                                     | <i>21</i> |
| 24.4.1.3.4  | <i>Observation Following Outpatient Diagnostic Testing or Therapeutic<br/>Services.....</i>   | <i>21</i> |
| 24.4.1.3.5  | <i>Documentation Requirements for Outpatient Observation .....</i>                            | <i>21</i> |
| 24.4.1.3.6  | <i>Reporting Hours of Observation.....</i>                                                    | <i>22</i> |
| 24.4.1.3.7  | <i>Client Status Change.....</i>                                                              | <i>23</i> |
| 24.4.1.3.8  | <i>Outpatient Observation Authorization .....</i>                                             | <i>23</i> |
| 24.4.1.3.9  | <i>Observation Services that are Not a Benefit.....</i>                                       | <i>24</i> |
| 24.4.1.3.10 | <i>Outpatient Observation Authorization .....</i>                                             | <i>24</i> |
| 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        |
| <b>24.5</b> | <b>Ambulatory Surgical Centers .....</b>                                                      | <b>26</b> |
| 24.5.1      | Benefits, Limitations, and Authorization Requirements.....                                    | 26        |
| 24.5.1.1    | Freestanding Surgical Centers.....                                                            | 26        |
| 24.5.2      | Reimbursement Information.....                                                                | 27        |
| <b>24.6</b> | <b>Claims Information.....</b>                                                                | <b>27</b> |
| 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<br>Services .....             | 29        |
| 24.6.2.1.1  | <i>Revenue Codes That Require a Procedure Code .....</i>                                      | <i>29</i> |
| 24.6.2.1.2  | <i>Clarification for Non-Hospital Facility Claims.....</i>                                    | <i>30</i> |
| 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        |
| <b>24.7</b> | <b>TMHP-CSHCN Services Program Contact Center .....</b>                                       | <b>32</b> |

## Laboratory Services

|             |                                                                            |           |
|-------------|----------------------------------------------------------------------------|-----------|
| <b>25.1</b> | <b>Enrollment</b>                                                          | <b>3</b>  |
| 25.1.1      | Clinical Laboratory Improvement Amendments (CLIA) of 1988                  | 4         |
| 25.1.1.1    | Waiver and Physician-Performed Microscopy Procedure (PPMP)<br>Certificates | 5         |
| <b>25.2</b> | <b>Benefits, Limitations, and Authorization Requirements</b>               | <b>5</b>  |
| 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        |
| <b>25.3</b> | <b>Claims Information</b>                                                  | <b>24</b> |
| 25.3.1      | Modifiers To Use When Billing Laboratory Procedures                        | 24        |
| <b>25.4</b> | <b>Reimbursement</b>                                                       | <b>24</b> |
| 25.4.1      | Clinical Laboratory Fee Schedule                                           | 25        |
| 25.4.2      | One-day Payment Window Reimbursement Guidelines                            | 25        |
| <b>25.5</b> | <b>TMHP-CSHCN Services Program Contact Center</b>                          | <b>25</b> |

## Medical Nutrition Services

|             |                                                       |          |
|-------------|-------------------------------------------------------|----------|
| <b>26.1</b> | <b>Enrollment</b>                                     | <b>3</b> |
| <b>26.2</b> | <b>Vitamins and Minerals</b>                          | <b>3</b> |
| 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        |

|                                                              |           |
|--------------------------------------------------------------|-----------|
| <b>26.3 Medical Foods</b>                                    | <b>9</b>  |
| 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        |
| <b>26.4 Medical Nutritional Counseling Services</b>          | <b>12</b> |
| 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        |
| <b>26.5 Medical Nutritional Products</b>                     | <b>14</b> |
| 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        |
| <b>26.6 Total Parenteral Nutrition (TPN)</b>                 | <b>17</b> |
| 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        |
| <b>26.7 TMHP-CSHCN Services Program Contact Center</b>       | <b>20</b> |

## Neurostimulators and Neuromuscular Stimulators

|                                                                   |          |
|-------------------------------------------------------------------|----------|
| <b>27.1 Enrollment</b>                                            | <b>3</b> |
| <b>27.2 Benefits, Limitations, and Authorization Requirements</b> | <b>3</b> |
| 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 Neurstimulators and Neuromuscular Stimulators | 12       |
| 27.2.13.1 NMES and TENS Garments                                  | 12       |
| 27.2.13.2 NMES and TENS Supplies                                  | 12       |

|             |                                                   |           |
|-------------|---------------------------------------------------|-----------|
| <b>27.3</b> | <b>Claims Information</b>                         | <b>13</b> |
| <b>27.4</b> | <b>Reimbursement</b>                              | <b>13</b> |
| <b>27.5</b> | <b>TMHP-CSHCN Services Program Contact Center</b> | <b>14</b> |

## Orthotic and Prosthetic Devices

|             |                                                                            |           |
|-------------|----------------------------------------------------------------------------|-----------|
| <b>28.1</b> | <b>Enrollment</b>                                                          | <b>4</b>  |
| <b>28.2</b> | <b>Benefits, Limitations, and Authorization Requirements</b>               | <b>4</b>  |
| 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         |
| <b>28.3</b> | <b>Orthoses and Related Services</b>                                       | <b>7</b>  |
| 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        |
| <b>28.4</b> | <b>Prostheses and Related Services</b>                                     | <b>16</b> |
| 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        |
| <b>28.5</b> | <b>Repairs, Replacements, and Modifications to Orthoses and Prostheses</b> | <b>21</b> |
| 28.5.1      | Other Artificial Devices                                                   | 21        |

|             |                                                             |           |
|-------------|-------------------------------------------------------------|-----------|
| <b>28.6</b> | <b>CSHCN Services Program Documentation of Receipt.....</b> | <b>22</b> |
| <b>28.7</b> | <b>Claims Information.....</b>                              | <b>22</b> |
| <b>28.8</b> | <b>Reimbursement.....</b>                                   | <b>23</b> |
| <b>28.9</b> | <b>TMHP-CSHCN Services Program Contact Center.....</b>      | <b>23</b> |

## Outpatient Behavioral Health

|             |                                                                                          |           |
|-------------|------------------------------------------------------------------------------------------|-----------|
| <b>29.1</b> | <b>Enrollment .....</b>                                                                  | <b>3</b>  |
| 29.1.1      | Provisionally Licensed Psychologist (PLP).....                                           | 3         |
| <b>29.2</b> | <b>Benefits, Limitations, and Authorization Requirements.....</b>                        | <b>3</b>  |
| 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        |
| <b>29.3</b> | <b>Claims Information.....</b>                                                           | <b>10</b> |
| <b>29.4</b> | <b>Reimbursement.....</b>                                                                | <b>10</b> |
| <b>29.5</b> | <b>TMHP-CSHCN Services Program Contact Center.....</b>                                   | <b>11</b> |

## Physical Medicine and Rehabilitation

|             |                                                                               |           |
|-------------|-------------------------------------------------------------------------------|-----------|
| <b>30.1</b> | <b>Enrollment .....</b>                                                       | <b>3</b>  |
| <b>30.2</b> | <b>Benefits, Limitations, and Authorization Requirements.....</b>             | <b>3</b>  |
| 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        |
| <b>30.3</b> | <b>Coordination with the Public School System .....</b>                       | <b>11</b> |
| <b>30.4</b> | <b>Claims Information.....</b>                                                | <b>11</b> |
| <b>30.5</b> | <b>Reimbursement.....</b>                                                     | <b>12</b> |
| <b>30.6</b> | <b>TMHP-CSHCN Services Program Contact Center.....</b>                        | <b>12</b> |

## Physician

|             |                                                                                         |          |
|-------------|-----------------------------------------------------------------------------------------|----------|
| <b>31.1</b> | <b>Enrollment</b>                                                                       | <b>8</b> |
| 31.1.1      | Group Practices                                                                         | 9        |
| 31.1.2      | Changes in Provider Enrollment                                                          | 9        |
| 31.1.3      | Substitute Physician                                                                    | 9        |
| <b>31.2</b> | <b>Benefits, Limitations, and Authorization Requirements</b>                            | <b>9</b> |
| 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> | 33       |
| 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 .....                                  | 38 |
| 31.2.16.6    | Newborn Resuscitation .....                                                  | 38 |
| 31.2.17      | Echoencephalography.....                                                     | 38 |
| 31.2.17.1    | Ambulatory Electroencephalogram .....                                        | 41 |
| 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> .....                               | 43 |
| 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> .....       | 44 |
| 31.2.18.4    | Consultations.....                                                           | 44 |
| 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> .....                             | 48 |
| 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> ..... | 50 |
| 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 (AFTs).....                                         | 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>Vestibular Evoked Myogenic Potentials (VEMP)</i> .....                    | 61 |
| 31.2.19.3.2  | <i>Intraoperative Neurophysiology Monitoring (IONM)</i> .....                | 62 |
| 31.2.19.4    | Motion Analysis Studies (MAS) .....                                          | 63 |
| 31.2.19.5    | Prior Authorization for Unlisted Procedure Code 95999 .....                  | 63 |
| 31.2.20      | Extracapsular Cataract Removal .....                                         | 64 |
| 31.2.21      | Extracorporeal Shock Wave Lithotripsy (ESWL).....                            | 64 |
| 31.2.22      | Gastrostomy Devices .....                                                    | 64 |
| 31.2.23      | Genetics .....                                                               | 64 |

|              |                                                                       |    |
|--------------|-----------------------------------------------------------------------|----|
| 31.2.23.1    | Family History .....                                                  | 65 |
| 31.2.23.2    | Genetic Tests .....                                                   | 65 |
| 31.2.23.3    | Laboratory Practices .....                                            | 66 |
| 31.2.23.4    | Genetic Counselors .....                                              | 66 |
| 31.2.24      | Hyperbaric Oxygen Therapy (HBOT) .....                                | 66 |
| 31.2.24.1    | Prior Authorization Requirements .....                                | 67 |
| 31.2.25      | Immunizations (Vaccines and Toxoids) .....                            | 70 |
| 31.2.25.1    | Texas Vaccines for Children (TVFC) Program .....                      | 70 |
| 31.2.25.2    | Documentation Recommendations .....                                   | 71 |
| 31.2.25.3    | Vaccine Reporting to the DSHS .....                                   | 71 |
| 31.2.25.3.1  | Vaccine Adverse Event Reporting System (VAERS) .....                  | 71 |
| 31.2.25.4    | Authorization Requirements .....                                      | 71 |
| 31.2.25.5    | Vaccine Reimbursement .....                                           | 72 |
| 31.2.25.6    | Vaccine Administration .....                                          | 72 |
| 31.2.25.6.1  | Administration With Counseling .....                                  | 73 |
| 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 .....                                                      | 83 |
| 31.2.26.7    | Ado-Trastuzumab Emtansine .....                                       | 85 |
| 31.2.26.8    | Bevacizumab .....                                                     | 85 |
| 31.2.26.9    | Botulinum Toxin (Type A and Type B) .....                             | 86 |
| 31.2.26.9.1  | Prior Authorization Requirements .....                                | 89 |
| 31.2.26.9.2  | Reimbursement .....                                                   | 89 |
| 31.2.26.10   | Epirubicin Hydrochloride .....                                        | 89 |
| 31.2.26.11   | Erythropoietin Alfa (EPO) and Darbepoetin .....                       | 89 |
| 31.2.26.12   | Growth Hormone .....                                                  | 92 |
| 31.2.26.12.1 | Prior Authorization Requirements .....                                | 92 |
| 31.2.26.13   | Immune Globulins .....                                                | 93 |
| 31.2.26.13.1 | Authorization Requirements .....                                      | 94 |
| 31.2.26.14   | Infliximab, Inflectra, and Renflexis .....                            | 94 |
| 31.2.26.15   | Inotuzumab ozogamicin (Besponsa) .....                                | 96 |
| 31.2.26.16   | Leuprolide Acetate Injection .....                                    | 96 |
| 31.2.26.17   | Monoclonal Antibodies - Asthma and Chronic Idiopathic Urticaria ..... | 96 |
| 31.2.26.17.1 | Omalizumab .....                                                      | 96 |
| 31.2.26.17.2 | Benralizumab .....                                                    | 96 |
| 31.2.26.17.3 | Mepolizumab .....                                                     | 97 |
| 31.2.26.17.4 | Reslizumab .....                                                      | 97 |
| 31.2.26.17.5 | Prior Authorization Requirements .....                                | 97 |
| 31.2.26.17.6 | Chronic Idiopathic Urticaria .....                                    | 98 |

|               |                                                                                                      |     |
|---------------|------------------------------------------------------------------------------------------------------|-----|
| 31.2.26.17.7  | <i>Asthma Moderate to Severe (Omalizumab) and Severe (Benralizumab, Mepolizumab, and Reslizumab)</i> | 98  |
| 31.2.26.17.8  | <i>Omalizumab</i>                                                                                    | 98  |
| 31.2.26.17.9  | <i>Benralizumab</i>                                                                                  | 98  |
| 31.2.26.17.10 | <i>Mepolizumab</i>                                                                                   | 99  |
| 31.2.26.17.11 | <i>Reslizumab</i>                                                                                    | 99  |
| 31.2.26.17.12 | <i>Requirements for Continuation of Therapy</i>                                                      | 100 |
| 31.2.26.18    | Trastuzumab                                                                                          | 100 |
| 31.2.26.19    | Triamcinolone Acetonide                                                                              | 100 |
| 31.2.27       | Intracranial Pressure Monitoring                                                                     | 101 |
| 31.2.28       | Laboratory Services                                                                                  | 101 |
| 31.2.28.1     | Clinical Pathology Services and Pathology Consultations                                              | 101 |
| 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                                                                                 | 102 |
| 31.2.28.6     | Helicobacter pylori (H. pylori)                                                                      | 102 |
| 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                                                                            | 104 |
| 31.2.31.1     | Intraocular Lenses (IOL)                                                                             | 104 |
| 31.2.31.2     | Vitrasert Ganciclovir Implant                                                                        | 104 |
| 31.2.32       | Osteopathic Manipulative Treatment (OMT)                                                             | 104 |
| 31.2.33       | Physical Medicine and Physical Therapy (PT) Services                                                 | 104 |
| 31.2.34       | Podiatry                                                                                             | 104 |
| 31.2.35       | Psychological Testing                                                                                | 105 |
| 31.2.36       | Sign Language Interpreting Services                                                                  | 106 |
| 31.2.37       | Skin Therapy                                                                                         | 107 |
| 31.2.38       | Sleep Studies                                                                                        | 107 |
| 31.2.38.1     | Polysomnography                                                                                      | 107 |
| 31.2.38.2     | Multiple Sleep Latency Test                                                                          | 109 |
| 31.2.38.3     | Pediatric Pneumogram                                                                                 | 109 |
| 31.2.38.4     | Home Sleep Study Test                                                                                | 110 |
| 31.2.39       | Surgery                                                                                              | 110 |
| 31.2.39.1     | Anesthesia Administered by Surgeon                                                                   | 110 |
| 31.2.39.2     | Primary Surgeons                                                                                     | 110 |
| 31.2.39.3     | Assistant Surgeons                                                                                   | 111 |
| 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>                                                                                     | 113 |
| 31.2.39.6.2   | <i>Documentation Requirements</i>                                                                    | 113 |
| 31.2.39.6.3   | <i>Preoperative Services</i>                                                                         | 114 |
| 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>                                                            | 116 |
| 31.2.39.7     | Multiple Surgeries                                                                                   | 117 |

|             |                                                                                                                            |            |
|-------------|----------------------------------------------------------------------------------------------------------------------------|------------|
| 31.2.39.8   | Second Opinions .....                                                                                                      | 117        |
| 31.2.39.9   | Unlisted Surgical Procedure Code Considerations.....                                                                       | 117        |
| 31.2.39.10  | Circumcision .....                                                                                                         | 117        |
| 31.2.39.11  | Cleft/Craniofacial Procedures .....                                                                                        | 118        |
| 31.2.40     | Diagnostic and Surgical/Reconstructive Breast Therapies .....                                                              | 120        |
| 31.2.40.1   | Breast Therapies .....                                                                                                     | 121        |
| 31.2.40.1.1 | <i>Diagnostic Breast Procedures</i> .....                                                                                  | 121        |
| 31.2.40.2   | Surgical Breast Procedures .....                                                                                           | 121        |
| 31.2.40.2.1 | <i>Mastectomy</i> .....                                                                                                    | 121        |
| 31.2.40.2.2 | <i>Prophylactic Mastectomy</i> .....                                                                                       | 122        |
| 31.2.40.2.3 | <i>Mastectomy for Gynecomastia</i> .....                                                                                   | 122        |
| 31.2.40.2.4 | <i>Breast Reconstruction</i> .....                                                                                         | 123        |
| 31.2.40.2.5 | <i>Excision or Destruction of Benign Lesions</i> .....                                                                     | 124        |
| 31.2.40.2.6 | <i>Treatment for Complications of Breast Reconstruction</i> .....                                                          | 125        |
| 31.2.40.2.7 | <i>Reduction Mammoplasty</i> .....                                                                                         | 125        |
| 31.2.40.2.8 | <i>External Breast Prostheses</i> .....                                                                                    | 125        |
| 31.2.40.3   | Prior Authorization and Authorization Requirements .....                                                                   | 125        |
| 31.2.40.4   | Prior Authorization and Authorization Requirements for Mastectomy,<br>Breast Reconstruction, and External Prostheses ..... | 126        |
| 31.2.40.4.1 | <i>Mastectomy and Breast Reconstruction</i> .....                                                                          | 126        |
| 31.2.40.4.2 | <i>Breast Reconstruction</i> .....                                                                                         | 126        |
| 31.2.40.4.3 | <i>Mastectomy for Gynecomastia</i> .....                                                                                   | 127        |
| 31.2.40.4.4 | <i>Reduction Mammoplasty</i> .....                                                                                         | 127        |
| 31.2.40.4.5 | <i>Unlisted Procedure</i> .....                                                                                            | 127        |
| 31.2.40.4.6 | <i>Breast Prostheses</i> .....                                                                                             | 128        |
| 31.2.40.5   | Documentation Requirements .....                                                                                           | 128        |
| 31.2.40.6   | Reconstructive and Corrective Procedures (Not Related to Breast<br>Therapies).....                                         | 129        |
| 31.2.40.7   | Prior Authorization and Authorization for Corrective Procedures .....                                                      | 130        |
| 31.2.40.7.1 | <i>Oral Procedures</i> .....                                                                                               | 130        |
| 31.2.40.7.2 | <i>Dermatological and Blepharoplasty Procedures</i> .....                                                                  | 130        |
| 31.2.40.7.3 | <i>Panniculectomy and Abdominoplasty</i> .....                                                                             | 130        |
| 31.2.40.7.4 | <i>Noncovered Services</i> .....                                                                                           | 130        |
| 31.2.40.8   | Rhizotomy.....                                                                                                             | 131        |
| 31.2.40.9   | Septoplasty .....                                                                                                          | 131        |
| 31.2.41     | Therapeutic Apheresis .....                                                                                                | 131        |
| 31.2.42     | Transplants.....                                                                                                           | 133        |
| 31.2.42.1   | Renal (Kidney) Transplant .....                                                                                            | 133        |
| 31.2.42.2   | Transplants - Nonsolid Organ .....                                                                                         | 134        |
| 31.2.42.2.1 | <b>Physician Reimbursement</b> .....                                                                                       | <b>136</b> |
| 31.2.43     | Wound Care Management .....                                                                                                | 136        |
| 31.2.43.1   | First-Line Wound Care Therapy.....                                                                                         | 136        |
| 31.2.43.1.1 | <i>Compression</i> .....                                                                                                   | 137        |
| 31.2.43.1.2 | <i>Debridement</i> .....                                                                                                   | 137        |
| 31.2.43.2   | Second-Line Wound Care Therapy .....                                                                                       | 137        |
| 31.2.43.2.1 | <i>Pulsatile-Jet Irrigation</i> .....                                                                                      | 138        |
| 31.2.43.2.2 | <i>Application of Metabolically Active Skin Equivalents and Wound<br/>Preparation</i> .....                                | 138        |
| 31.2.43.3   | Documentation Requirements .....                                                                                           | 138        |
| <b>31.3</b> | <b>Claims Information.....</b>                                                                                             | <b>139</b> |
| 31.3.1      | General Medical Record Documentation Requirements.....                                                                     | 140        |

|                                                                |            |
|----------------------------------------------------------------|------------|
| <b>31.4 Reimbursement.....</b>                                 | <b>141</b> |
| 31.4.1 Physician Services in Outpatient Hospital Setting ..... | 142        |
| 31.4.1.1 Reimbursement Reduction.....                          | 142        |
| <b>31.5 TMHP-CSHCN Services Program Contact Center .....</b>   | <b>142</b> |

## Physician Assistant (PA)

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

## Prescribed Pediatric Extended Care Centers

|                                                                         |           |
|-------------------------------------------------------------------------|-----------|
| <b>33.1 Enrollment .....</b>                                            | <b>3</b>  |
| <b>33.2 Benefits, Limitations, and Authorization Requirements .....</b> | <b>3</b>  |
| 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         |
| <b>33.3 Documentation Requirements .....</b>                            | <b>9</b>  |
| <b>33.4 Coordination of Services .....</b>                              | <b>10</b> |
| <b>33.5 Exclusions .....</b>                                            | <b>10</b> |
| <b>33.6 Reimbursement.....</b>                                          | <b>11</b> |
| <b>33.7 TMHP-CSHCN Services Program Contact Center .....</b>            | <b>12</b> |

## Radiation Therapy Services

|                                                                                               |          |
|-----------------------------------------------------------------------------------------------|----------|
| <b>34.1 Enrollment .....</b>                                                                  | <b>3</b> |
| <b>34.2 Benefits, Limitations, and Authorization Requirements .....</b>                       | <b>3</b> |
| 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<br>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        |
| <b>34.3</b> | <b>Claims Information.....</b>                         | <b>8</b> |
| <b>34.4</b> | <b>Reimbursement.....</b>                              | <b>9</b> |
| <b>34.5</b> | <b>TMHP-CSHCN Services Program Contact Center.....</b> | <b>9</b> |

## Renal Dialysis

|             |                                                                          |           |
|-------------|--------------------------------------------------------------------------|-----------|
| <b>35.1</b> | <b>Enrollment .....</b>                                                  | <b>3</b>  |
| <b>35.2</b> | <b>Client Eligibility.....</b>                                           | <b>3</b>  |
| <b>35.3</b> | <b>Benefits, Limitations, and Authorization Requirements.....</b>        | <b>3</b>  |
| 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 ..... | 10        |
| 35.3.6      | Ultrafiltration.....                                                     | 10        |
| 35.3.7      | Evaluation and Management .....                                          | 10        |
| 35.3.8      | Renal Transplants.....                                                   | 12        |
| 35.3.9      | Prior Authorization Requirements.....                                    | 12        |
| <b>35.4</b> | <b>Claims Information.....</b>                                           | <b>12</b> |
| <b>35.5</b> | <b>Reimbursement.....</b>                                                | <b>13</b> |
| <b>35.6</b> | <b>TMHP-CSHCN Services Program Contact Center.....</b>                   | <b>14</b> |

## Respiratory Equipment and Supplies

|             |                                                                                            |           |
|-------------|--------------------------------------------------------------------------------------------|-----------|
| <b>36.1</b> | <b>Enrollment .....</b>                                                                    | <b>4</b>  |
| <b>36.2</b> | <b>Benefits, Limitations, and Authorization Requirements.....</b>                          | <b>4</b>  |
| 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        |
| <b>36.3</b> | <b>Claims Information .....</b>                                      | <b>29</b> |
| <b>36.4</b> | <b>Reimbursement .....</b>                                           | <b>29</b> |
| <b>36.5</b> | <b>TMHP-CSHCN Services Program Contact Center .....</b>              | <b>30</b> |

## Speech-Language Pathology (SLP) Services

|             |                                                                     |          |
|-------------|---------------------------------------------------------------------|----------|
| <b>37.1</b> | <b>Enrollment .....</b>                                             | <b>3</b> |
| <b>37.2</b> | <b>Benefits, Limitations, and Authorization Requirements .....</b>  | <b>3</b> |
| 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        |
| <b>37.3</b> | <b>Coordination with the Public School System .....</b>             | <b>8</b> |
| <b>37.4</b> | <b>Claims Information .....</b>                                     | <b>9</b> |
| <b>37.5</b> | <b>Reimbursement .....</b>                                          | <b>9</b> |
| <b>37.6</b> | <b>TMHP-CSHCN Services Program Contact Center .....</b>             | <b>9</b> |

## Tele-communication Services

|             |                                                                    |          |
|-------------|--------------------------------------------------------------------|----------|
| <b>38.1</b> | <b>Enrollment .....</b>                                            | <b>3</b> |
| <b>38.2</b> | <b>Benefits, Limitations, and Authorization Requirements .....</b> | <b>3</b> |
| 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        |
| <b>38.3</b> | <b>Claims Information.....</b>                         | <b>12</b> |
| <b>38.4</b> | <b>Reimbursement.....</b>                              | <b>13</b> |
| <b>38.5</b> | <b>TMHP-CSHCN Services Program Contact Center.....</b> | <b>13</b> |

## Transportation of Deceased Clients

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

## Vision Services

|             |                                                                         |          |
|-------------|-------------------------------------------------------------------------|----------|
| <b>40.1</b> | <b>Enrollment.....</b>                                                  | <b>3</b> |
| <b>40.2</b> | <b>Benefits, Limitations, and Authorization Requirements.....</b>       | <b>3</b> |
| 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        |
| <b>40.3</b> | <b>Claims Information.....</b>                          | <b>14</b> |
| <b>40.4</b> | <b>Reimbursement.....</b>                               | <b>15</b> |
| <b>40.5</b> | <b>TMHP-CSHCN Services Program Contact Center .....</b> | <b>15</b> |

## TMHP Electronic Data Interchange (EDI)

|             |                                                                                                                              |          |
|-------------|------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>41.1</b> | <b>TMHP EDI Overview .....</b>                                                                                               | <b>3</b> |
| <b>41.2</b> | <b>Advantages of Electronic Services.....</b>                                                                                | <b>3</b> |
| 41.2.1      | Getting Help .....                                                                                                           | 3        |
| 41.2.2      | Electronic Services Available .....                                                                                          | 3        |
| <b>41.3</b> | <b>Electronic Billing .....</b>                                                                                              | <b>4</b> |
| 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        |
| <b>41.4</b> | <b>Request for Electronic Transmission Reports.....</b>                                                                      | <b>6</b> |
| <b>41.5</b> | <b>Provider Check Amounts Available Online .....</b>                                                                         | <b>6</b> |
| <b>41.6</b> | <b>Third-Party Vendor Implementation .....</b>                                                                               | <b>6</b> |
| 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        |
| <b>41.7</b> | <b>Supported File Types.....</b>                                                                                             | <b>7</b> |
| <b>41.8</b> | <b>Forms .....</b>                                                                                                           | <b>8</b> |
| <b>41.9</b> | <b>TMHP-CSHCN Services Program Contact Center .....</b>                                                                      | <b>8</b> |

## Appendix A: Acronyms and Initialisms Dictionary