

TABLE OF CONTENTS

CSHCN SERVICES PROGRAM PROVIDER MANUAL

JULY 2024



Table of Contents

Introduction

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

TMHP and HHSC Contact Information

1.1	TMHP-CSHCN Services Program Contact Information	3
1.1.1	CSHCN Services Program Telephone and Fax Communication	3
1.1.2	Written Communication with CSHCN Services Program	3
1.1.3	TMHP-CSHCN Services Program Contact Center	4
1.1.4	TMHP-CSHCN Services Program Automated Inquiry System (AIS)	4
1.1.5	TMHP Regional Representatives	4
1.2	TMHP Website Information	5
1.2.1	Publications	6
1.3	CSHCN Services Program Central and Regional Offices	6
1.3.1	Central Office	6
1.3.2	Regional Offices	7
1.3.2.1	Region 1	7
1.3.2.2	Region 2	8
1.3.2.3	Region 3	8
1.3.2.4	Region 4	8
1.3.2.5	Region 5 North	10
1.3.2.6	Regions 5 South and 6	11
1.3.2.7	Region 7	11
1.3.2.8	Region 8	13
1.3.2.9	Regions 9 and 10	13
1.3.2.10	Region 11	14
1.4	DSHS Health Service Regions Map	15

Provider Enrollment and Responsibilities

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

- 2.1.5.3 Provider Agreement 7
- 2.1.5.4 Request for Taxpayer Identification Number and Certification 7
- 2.1.5.5 Franchise Tax Account Status Page..... 7
- 2.1.5.6 Clinical Laboratory Improvement Amendments (CLIA) of 1988 8
- 2.1.5.7 Provider’s License 8
- 2.1.6 Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)..... 9
- 2.1.7 Transplant Specialty Centers..... 9
- 2.1.8 Pharmacy Enrollment..... 9
 - 2.1.8.1 Immunizations 9
- 2.1.9 Out-of-State Providers 10
- 2.1.10 Substitute Physician 10
- 2.1.11 Providers of Family Support Services 10
- 2.2 Provider Complaints Process.....11**
- 2.3 Provider Responsibilities12**
 - 2.3.1 Information Change Requests..... 12
 - 2.3.2 Required Updates 13
 - 2.3.3 General Medical Record Documentation Requirements..... 13
 - 2.3.4 Retention of Records 14
 - 2.3.5 Utilization Review: General Provisions..... 14
 - 2.3.6 Release of Confidential Information 15
 - 2.3.7 Fraud, Waste, and Abuse..... 15
 - 2.3.8 Provider Certification/Assignment 16
 - 2.3.9 Billing Clients..... 17
 - 2.3.10 Credit Balance and Recovery Vendor 18
 - 2.3.11 Texas Family Code Compliance 18
 - 2.3.11.1 Child Support 18
 - 2.3.11.2 Abuse and Neglect Reporting Requirements..... 18
- 2.4 TMHP-CSHCN Services Program Contact Center18**

Client Benefits and Eligibility

- 3.1 Client Benefits3**
 - 3.1.1 Prescription Drug Benefits 4
 - 3.1.2 Respiratory Syncytial Virus (RSV) Prophylaxis 5
 - 3.1.3 Medical Transportation Program (MTP) Benefits 5
 - 3.1.4 Services Provided Outside of Texas..... 5
 - 3.1.5 CSHCN Services Program Services and Supplies Limitations and Exclusions..... 5
- 3.2 Client Eligibility.....7**
 - 3.2.1 CSHCN Services Program Application Criteria..... 7
 - 3.2.2 Eligibility Criteria 8
 - 3.2.3 Prematurity 8
 - 3.2.4 Program Applicants and Clients Residing in Long-Term Care..... 8
 - 3.2.5 Program Applicants and Clients That Are Incarcerated 9
 - 3.2.6 Sporadic Medicaid, MBIC, MBI, or CHIP Coverage 9
 - 3.2.7 Eligibility Date for Program Health Care Benefits..... 9
 - 3.2.8 Financial Eligibility Criteria 10
 - 3.2.9 Medical Eligibility Criteria and the Physician/Dentist Assessment Form (PAF) 10
 - 3.2.9.1 Medical Certification Definition 10
 - 3.2.9.2 Primary and Secondary Diagnoses 11
 - 3.2.9.3 Important Considerations When Completing the PAF..... 11

- 3.3 CSHCN Services Program Notice of Eligibility12**
 - 3.3.1 Eligibility Restrictions 13
 - 3.3.2 CSHCN Services Program Notice of Eligibility Sample 14
- 3.4 Clients Eligible for Medicaid and CSHCN Services Program Benefits15**
- 3.5 Clients Eligible for CHIP and CSHCN Services Program Benefits.....15**
- 3.6 Clients Eligible for Medicaid and Comprehensive Care Program (CCP) Benefits15**
- 3.7 Medically Needy Program (MNP)16**
 - 3.7.1 MNP Spend Down Processing..... 16
 - 3.7.2 Provider Assistance to Clients with Spend Down..... 17
 - 3.7.3 Claims Filing Involving a Medicaid Spend Down 18
- 3.8 Renal Dialysis18**
- 3.9 Waiting List Information.....19**
- 3.10 TMHP-CSHCN Services Program Contact Center20**

Prior Authorizations and Authorizations

- 4.1 General Information3**
- 4.2 Extension of Filing Deadlines for Holidays3**
 - 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 Definitions4
 - 4.2.2.1.2 Electronic Signature Requirements5
 - 4.2.3 Requests for Procedures That Are Pending a Rate Hearing 5
 - 4.2.4 Requests for Procedures That Are Manually Priced 6
 - 4.2.5 Clients with Third Party Resources..... 6
- 4.3 Authorizations.....7**
 - 4.3.1 Services that Require Authorization 7
 - 4.3.2 How To Submit an Authorization Request 9
- 4.4 Prior Authorizations.....9**
 - 4.4.1 Services that Require Prior Authorization 10
 - 4.4.2 Prior Authorization for Inpatient Admission After Business Hours..... 14
 - 4.4.3 Specialty Team or Center Services..... 14
 - 4.4.4 Retroactive Prior Authorizations 14
 - 4.4.5 How to Submit a Prior Authorization Request..... 15
 - 4.4.6 Prior Authorization Electronic Submissions through the TMHP Prior Authorization (PA) on the Portal 16
 - 4.4.7 Browser Compatibility and System Requirements..... 18
 - 4.4.8 Electronic Attachments 18
 - 4.4.9 Maintaining Complete Documentation..... 18
 - 4.4.10 Sending Prior Authorization Requests via Fax..... 19
- 4.5 Authorization and Prior Authorization Denials.....19**
 - 4.5.1 Denied Authorization and Prior Authorization Requests Resubmission 20
 - 4.5.2 Closing a Prior Authorization..... 20
 - 4.5.3 Administrative Review for Authorization and Prior Authorization Denials..... 20
 - 4.5.4 Fair Hearing 21
- 4.6 TMHP-CSHCN Contact Center21**

Claims Filing, Third-Party Resources, and Reimbursement

5.1	TMHP Claims Information	4
5.1.1	Claims Processed by TMHP	4
5.1.2	Claims Processed by the CSHCN Services Program	4
5.1.3	CPT and HCPCS Claims Auditing Guidelines	5
5.1.4	CMS NCCI and MUE Guidelines for All Claims	5
5.1.5	TMHP Processing Procedures	5
5.1.6	Claims Processed by Date of Service	6
5.1.7	Inactive Provider Termination	6
5.1.8	Claims Filing Deadlines	6
5.1.9	Exception to Claim Filing Deadline	7
5.1.10	Fiscal Agent Payment Deadline	9
5.2	Third-Party Resource (TPR)	9
5.2.1	Health Maintenance Organization (HMO)	10
5.2.2	CSHCN Services Program Notice of Eligibility	11
5.2.3	Claims Filing Involving a TPR	11
5.2.4	Verbal Denials by a TPR	11
5.2.5	Filing Deadlines Involving a TPR	12
5.2.6	Blue Cross Blue Shield (BCBS) Nonparticipating Physicians	12
5.2.7	Refunds	13
5.2.8	Refunds to TMHP Resulting From Other Insurance	13
5.2.9	Accident-Related Claims	14
5.2.9.1	Accident Resources and Refunds Involving Claims for Accidents	14
5.2.9.2	Third-Party Liability for Claims Involving Accidents	15
5.3	Multipage Claim Forms	15
5.4	Tips on Expediting Paper Claims	17
5.4.1	General requirements	17
5.4.2	Data Fields	17
5.4.3	Attachments	17
5.5	Correction and Resubmission (Appeal) Time Limits	17
5.5.1	Claims with Incomplete Information	18
5.5.2	Other Insurance Appeals	18
5.5.3	Resubmission of TMHP EDI Rejections	18
5.5.3.1	TMHP EDI Batch Numbers, Julian Dates	18
5.6	Coding	18
5.6.1	Diagnosis Coding	18
5.6.2	Procedure Coding	19
5.6.2.1	Healthcare Common Procedure Coding System (HCPCS)	19
5.6.2.2	National Correct Coding Initiative (NCCI) Guidelines	20
5.6.2.3	Determining Reimbursement Rates for New HCPCS Procedure Codes	20
5.6.2.4	National Drug Codes (NDC)	21
5.6.2.4.1	Paper Claim Submissions	22
5.6.2.5	Drug Rebate Program	23
5.6.2.6	Modifiers	24
5.6.2.7	Modifier U8 and the Federal 340B Drug Pricing Program	24
5.6.2.8	Type of Services (TOS)	24
5.6.3	Benefit Code	25
5.7	Claims Filing Instructions	25

5.7.1	Claim Details	26
5.7.2	Provider Types and Selection of Claim Forms	26
5.7.2.1	Providers and Services Billable on CMS-1500	26
5.7.2.2	CMS-1500 Claim Form Provider Definitions	27
5.7.2.3	CMS-1500 Electronic Billing	28
5.7.2.4	CMS-1500 Paper Claim Form Instructions	28
5.7.2.5	UB-04 CMS-1450 Paper Claim Form Instructions	33
5.7.2.6	UB-04 CMS-1450 Electronic Billing	34
5.7.2.7	Instructions for Completing the UB-04 CMS-1450 Paper Claim Form	34
5.7.2.8	Client Status (for block 17)	42
5.7.2.9	Occurrence Codes (for blocks 31 through 34)	43
5.7.2.10	POA Indicators (for blocks 67 and 72)	43
5.7.2.11	Dental Claim Filing	43
5.7.2.12	ADA Dental Claim Electronic Billing	43
5.7.2.13	Instructions for Completing the Paper ADA Dental Claim Form	44
5.7.2.14	Electronic Claims Submission	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
5.8	Reimbursement	49
5.8.1	Electronic Funds Transfer (EFT)	50
5.8.1.1	Advantages of EFT	50
5.8.1.2	Enrollment Procedures	50
5.8.1.3	Payment Window Reimbursement Guidelines for Services Preceding an Inpatient Admission	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
5.9	CSHCN Services Program Accounts Receivables (Using Medicaid Funds to Satisfy the AR)	54
5.10	TMHP-CSHCN Services Program Contact Center	54

Remittance and Status (R&S) Reports

6.1	R&S Report Information	3
6.1.1	Electronic Remittance and Status (ER&S) Reports	3
6.1.2	Banner Pages	4
6.1.3	Explanation of R&S Report Row Headings	4
6.1.4	Explanation of R&S Report Section Headings	6
6.1.4.1	Claims—Paid or Denied	6

- 6.1.4.2 Adjustments to Claims 7
- 6.1.4.3 Financial Transactions 7
 - 6.1.4.3.1 Accounts Receivable7
 - 6.1.4.3.2 IRS Levies8
 - 6.1.4.3.3 Payouts.....9
 - 6.1.4.3.4 Claim Reissues9
 - 6.1.4.3.5 Claim Voids.....9
 - 6.1.4.3.6 Claim Refunds9
- 6.1.4.4 Financial Transactions/Void and Stop—“Stale-Dated Checks” 10
- 6.1.5 Claims Payment Summary 10
 - 6.1.5.1 Claims In Process 11
 - 6.1.5.2 EOB and EOPS Codes Section 11
- 6.1.6 R&S Report Examples 12
 - 6.1.6.1 Physician R&S Report Example: Banner Page..... 13
 - 6.1.6.2 Physician R&S Report Example: Blank Page 14
 - 6.1.6.3 Physician R&S Report Example: Claims – Paid or Denied..... 15
 - 6.1.6.4 Physician R&S Report Example: Blank Page 16
 - 6.1.6.5 Physician R&S Report Example: Payment Summary Page 17
 - 6.1.6.6 Physician R&S Report Example: Explanation of Benefits (EOB) Page 18
 - 6.1.6.7 Ambulatory Surgical Center (ASC) R&S Report Example: Banner Page..... 19
 - 6.1.6.8 ASC R&S Report Example: Adjustments R&S Report 20
 - 6.1.6.9 ASC R&S Report Example: Blank Page..... 21
 - 6.1.6.10 ASC R&S Report Example: Adjustments R&S Report 22
 - 6.1.6.11 ASC R&S Report Example: Adjustments R&S Report 23
 - 6.1.6.12 ASC R&S Report Example: Adjustments R&S Report 24
 - 6.1.6.13 ASC R&S Report Example: Blank Page..... 25
 - 6.1.6.14 ASC R&S Report Example: Claims in Process R&S Report..... 26
 - 6.1.6.15 ASC R&S Report Example: Claims in Process R&S Report..... 27
 - 6.1.6.16 ASC R&S Report Example: Payment Summary Page 28
 - 6.1.6.17 ASC R&S Report Example: Explanation of Benefits (EOB) Page 29
- 6.2 TMHP-CSHCN Services Program Contact Center30**

Appeals and Administrative Review

- 7.1 Appeals3**
- 7.2 Authorization and Prior Authorization Denials3**
 - 7.2.1 Administrative Review for Authorization or Prior Authorization Denials..... 3
 - 7.2.2 Fair Hearing Requests for Authorizations or Prior Authorizations 3
- 7.3 Claim Appeals4**
 - 7.3.1 Electronic Appeal Submission..... 4
 - 7.3.1.1 Advantages of Electronic Appeal Submission 4
 - 7.3.1.2 Disallowed Electronic Appeals 5
 - 7.3.1.3 Electronic Rejections..... 5
 - 7.3.2 AIS Claim Correction and Resubmission (Appeals) 5
 - 7.3.3 Paper Appeals..... 6
 - 7.3.3.1 Total Billed Amount Changes 7
 - 7.3.4 Appeals Submitted Incorrectly 7
 - 7.3.5 Administrative Review for Claims 7
 - 7.3.5.1 Administrative Review Requirements..... 8
 - 7.3.6 Fair Hearing for Claims..... 9

7.3.7 National Correct Coding Initiative (NCCI) Claims Appeals 9

7.4 Provider Enrollment Appeals10

7.5 TMHP-CSHCN Services Program Contact Center10

7.6 Authorization and Filing Deadline Calendars10

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

8.1 Enrollment3

8.2 Benefits, Limitations, and Authorization Requirements3

8.2.1 Authorization Requirements 4

8.3 Claims Information4

8.4 Reimbursement4

8.5 TMHP-CSHCN Services Program Contact Center5

Ambulance

9.1 Enrollment4

9.2 General Information4

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

9.3 Emergency Ambulance Transports7

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

9.4 Nonemergency Ambulance Transports10

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

9.5 Types of Transport14

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

9.6 Relation of Service to Time of Death16

9.7 Ambulance Transport Services That Are Not Benefits17

9.8 Claims Filing and Reimbursement17

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

9.9 TMHP-CSHCN Services Program Contact Center20

Augmentative Communication Devices (ACDs)

10.1 Enrollment3

10.2 Benefits, Limitations, and Authorization Requirements3

10.2.1 Purchases or Rentals 4

10.2.1.1 Prior Authorization Requirements for Purchase or Rental 5

10.2.2 Modifications 6

10.2.2.1 Prior Authorization Requirements for Modifications 6

10.2.3 Repairs 6

10.2.3.1 Prior Authorization Requirements for ACD Repairs 6

10.2.4 Replacement 6

10.2.4.1 Prior Authorization Requirements for Replacement 7

10.2.5 Excluded Items 7

10.3 Claims Information7

10.4 Reimbursement8

10.5 TMHP-CSHCN Services Program Contact Center8

Blood Pressure Monitoring and Devices

11.1 Enrollment3

11.2 Benefits, Limitations, and Authorization Requirements3

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 7

11.2.2.3.1 *Rental*7

11.2.2.3.2 *Purchase*8

11.2.2.4 Blood Pressure Device Components Repair or Replacement 8

- 11.3 Documentation of Receipt8**
- 11.4 Claims Information.....8**
- 11.5 Reimbursement.....9**
- 11.6 TMHP-CSHCN Services Program Contact Center.....9**

Certified Registered Nurse Anesthetist (CRNA)

- 12.1 Enrollment3**
- 12.2 Benefits, Limitations, and Authorization Requirements.....3**
 - 12.2.1 Authorization Requirements..... 4
- 12.3 Claims Information.....4**
- 12.4 Reimbursement.....5**
- 12.5 TMHP-CSHCN Services Program Contact Center.....5**

Certified Respiratory Care Practitioner (CRCP)

- 13.1 Enrollment3**
- 13.2 Benefits, Limitations, and Authorization Requirements.....3**
 - 13.2.1 Prior Authorization Requirements..... 4
- 13.3 Claims Information.....4**
- 13.4 Reimbursement.....4**
- 13.5 TMHP-CSHCN Services Program Contact Center.....5**

Dental

- 14.1 Enrollment4**
- 14.2 Benefits, Limitations, and Authorization Requirements.....4**
 - 14.2.1 Prior Authorization Requirements..... 4
 - 14.2.2 Substitute Dentist 5
 - 14.2.3 Diagnostic Services 6
 - 14.2.3.1 Prior Authorization Requirements..... 6
 - 14.2.3.2 Clinical Oral Evaluations 7
 - 14.2.3.3 Cone-Beam Imaging..... 8
 - 14.2.3.4 First Dental Home 9
 - 14.2.3.5 Radiographs or Diagnostic Imaging 10
 - 14.2.3.6 Tests and Oral Pathology Procedures..... 11
 - 14.2.4 Orthodontia Services 12
 - 14.2.4.1 Prior Authorization Requirements..... 12
 - 14.2.4.2 Required Documentation 12
 - 14.2.4.3 Submitting Local Codes for Orthodontic Procedures..... 13
 - 14.2.5 Preventive Services 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 Caries Arresting Medicament 19
 - 14.2.5.6 Space Maintainers 19

14.2.5.7	Noncovered Counseling Services.....	20
14.2.5.7.1	Dental Nutrition Counseling	20
14.2.5.7.2	Tobacco Counseling	20
14.2.6	Therapeutic Services.....	21
14.2.6.1	Prior Authorization Requirements.....	21
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	26
14.2.6.5	Endodontics.....	26
14.2.6.5.1	Prior Authorization	26
14.2.6.5.2	Pulp Caps and Pulpotomy.....	27
14.2.6.5.3	Root Canals.....	28
14.2.6.6	Periodontics.....	29
14.2.6.7	Prosthodontics (Removable) and Maxillofacial Prosthetics	31
14.2.6.7.1	Maxillofacial Prosthetics	34
14.2.6.7.2	Implants.....	35
14.2.6.7.3	Fixed Prosthodontics.....	35
14.2.6.8	Oral and Maxillofacial Surgery.....	37
14.2.6.9	Adjunctive General Services.....	39
14.2.6.9.1	Emergency Dental Treatment Services.....	40
14.2.6.10	Dental Anesthesia	41
14.2.6.10.1	Anesthesia Permit Levels.....	41
14.2.6.10.2	Method for Counting Minutes for Timed Procedure Codes	42
14.2.6.11	Dental Behavior Management	43
14.2.6.12	Internal Bleaching of Discolored Tooth	43
14.2.6.13	Noncovered Services	44
14.2.7	Dental Treatment in Hospitals and ASCs.....	44
14.2.7.1	Dental Hospital Calls.....	44
14.2.7.2	Authorization and Prior Authorization Requirements	44
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	46
14.2.8.2	Surgery.....	46
14.2.8.3	Cleft/Craniofacial Surgery by a Dentist Physician.....	48
14.2.8.4	Evaluation and Management or Consultation.....	48
14.2.8.5	Radiology and Laboratory Procedures.....	49
14.2.8.6	Other Procedures Payable to a Dentist Physician.....	49
14.2.8.7	Anesthesia by Dentist Physician.....	49
14.3	Claims Information.....	50
14.3.1	Dental Emergency Claims.....	50
14.3.2	Tooth Identification (TID) and Surface Identification (SID) Systems	51
14.3.3	Supernumerary Tooth Identification	51
14.4	Reimbursement.....	52
14.5	TMHP-CSHCN Services Program Contact Center.....	52

Diabetic Equipment and Supplies

15.1 Enrollment 3

15.2 Benefits, Limitations, and Authorization Requirements 3

15.2.1 Glucose Monitor and Supplies 3

15.2.1.1 Non Diabetic Diagnosis Codes 5

15.2.1.2 Glucose Monitor 5

15.2.1.3 Glucose Testing Supplies 6

15.2.1.3.1 *Insulin-Dependent Clients* 6

15.2.1.3.2 *Non-Insulin-Dependent Clients* 6

15.2.1.4 Glucose Tabs and Gel 7

15.2.1.5 Prior Authorization Requirements 7

15.2.2 Continuous Glucose Monitors (CGM) 7

15.2.2.1 Prior Authorization Requirements 8

15.2.2.2 Associated Supplies 9

15.2.2.3 Noncovered Services 9

15.2.3 Insulin Pump 10

15.2.3.1 Prior Authorization Requirements 11

15.2.3.2 CGM Integrated External Insulin Pump 12

15.2.4 Insulin and Insulin Syringes 12

15.3 Documentation of Receipt 12

15.4 Claims Information 13

15.5 Reimbursement 13

15.6 TMHP-CSHCN Services Program Contact Center 13

Diagnostic Radiology Services

16.1 Enrollment 3

16.2 Benefits, Limitations, and Authorization Requirements 3

16.2.1 Diagnostic Radiology Services Provided by Hospitals 3

16.2.2 Diagnostic Radiology Services Provided by Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants, and Clinics 3

16.2.3 Cardiac Blood Pool Imaging 4

16.2.4 Computed Tomography (CT) Scan 4

16.2.5 Contrast Material 6

16.2.6 Magnetic Resonance Angiography (MRA) 6

16.2.6.1 MRA Authorization Requirements 7

16.2.7 Magnetic Resonance Imaging (MRI) 7

16.2.7.1 MRI Authorization Requirements 7

16.2.7.2 MRI Benefits and Limitations 8

16.2.8 Mammography Certification 8

16.2.9 Positron Emission Tomography (PET) 9

16.2.10 X-ray and Ultrasound Procedures 9

16.2.10.1 Diagnostic Imaging 10

16.2.10.2 Interventional Radiological Procedures 10

16.2.10.3 Abdominal Flat Plates (AFPs) and Kidney, Ureter, and Bladder (KUB) 10

16.2.10.4 Reimbursement Information 11

16.2.10.5 X-ray and Ultrasound Prior Authorization Requirements 11

16.2.11 Noncovered Services 11

16.3 Claims Information 11

16.4 Reimbursement 12

16.4.1	One-day Payment Window Reimbursement Guidelines	13
16.5	TMHP-CSHCN Services Program Contact Center	14

Durable Medical Equipment (DME)

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

17.3.10.5	Commode Chair with Integrated Seat Lifts.....	15
17.3.10.6	Commode Seat Lift Mechanism	16
17.3.11	Infusion Pumps.....	17
17.3.12	Portable Paraffin Units	17
17.3.13	Seat Lift Mechanism	17
17.3.14	Special Needs Car Seats and Travel Restraints.....	18
17.3.14.1	Car Seats	18
17.3.14.1.1	<i>Prior Authorization Requirement for Car Seats</i>	18
17.3.14.2	Travel Restraints	19
17.3.15	Standers, Prone or Supine	19
17.3.15.1	Authorization Requirements	20
17.3.16	TENS Units	20
17.3.17	Transfer Boards.....	20
17.3.18	Travel Chairs	20
17.3.18.1	Prior Authorization Requirements.....	20
17.3.19	Wheelchairs	20
17.3.19.1	Seating Evaluation Requirements	21
17.3.19.2	Wheelchair Authorization Requirements	22
17.3.19.3	Manual Wheelchairs	23
17.3.19.4	Custom Manual Wheelchairs	24
17.3.19.5	Power Wheelchairs	24
17.3.19.6	Approval Criteria for Power Wheelchairs.....	24
17.3.19.6.1	Age	25
17.3.19.6.2	Level of Physical Function	25
17.3.19.6.3	Cognitive Level	25
17.3.19.6.4	Environmental Assessment	25
17.3.19.7	Wheelchair Battery	25
17.3.19.8	Wheelchair Positioning Equipment.....	25
17.3.19.9	Wheelchair Power Elevating Leg Lifts.....	25
17.3.19.10	Wheelchair Power Seat Elevation System.....	26
17.3.20	Portable Wheelchair Ramps.....	26
17.3.21	Noncovered Rehabilitative and Therapeutic DME.....	27
17.3.22	Repairs and Modifications	27
17.4	Documentation of Receipt	28
17.5	Rental of Equipment	28
17.6	Claims Information	28
17.7	Reimbursement	29
17.8	TMHP-CSHCN Services Program Contact Center	30

Expendable Medical Supplies

18.1	Enrollment	3
18.2	Benefits, Limitations, and Authorization Requirements	3
18.2.1	Incontinence Supplies	4
18.2.2	Wound Care Supplies.....	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	<i>Authorization Requirements</i>	7

18.3 Claims Information.....8
18.4 Reimbursement.....9
18.5 TMHP-CSHCN Services Program Contact Center.....9

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

19.1 Enrollment3
19.2 Benefits, Limitations and Authorization Requirements3
 19.2.1 General Medical Services 3
 19.2.2 Preventive Care Medical Checkups 4
 19.2.3 Telecommunication Services..... 4
 19.2.4 Behavioral Health Services 5
 19.2.5 Dental Services 5
 19.2.6 Vision Services 6
19.3 Claims Filing.....6
19.4 Reimbursement.....6
19.5 TMHP-CSHCN Services Program Contact Center.....6

Hearing Services

20.1 Enrollment4
 20.1.1 Non-Implantable Hearing Aid Devices and Services..... 4
 20.1.2 Implantable Hearing Aid Devices and Services..... 4
20.2 Benefits, Limitations, and Authorization Requirements – Non-Implantable Devices and Services4
 20.2.1 Hearing Screening..... 5
 20.2.2 Abnormal Hearing Screens..... 5
 20.2.3 Hearing Testing, Examination, and Evaluation Services..... 6
 20.2.3.1 Audiometric Testing 6
 20.2.3.2 Otological Examination 6
 20.2.3.3 Vestibular Evaluations 6
 20.2.3.4 Authorization/Documentation Requirements..... 7
 20.2.3.5 Limitations 7
 20.2.4 Hearing Aid Devices and Accessories..... 7
 20.2.4.1 Documentation Requirements 10
 20.2.4.2 Prior Authorization Requirements..... 10
 20.2.4.3 Limitations 11
 20.2.5 Hearing Aid Services..... 11
 20.2.5.1 Documentation Requirements 12
 20.2.5.2 Prior Authorization Requirements..... 13
 20.2.5.3 Limitations 13
20.3 Benefits, Limitations, and Authorization Requirements – Implantable Devices and Services13
 20.3.1 Bone-Anchored Hearing Device (BAHD) 13
 20.3.1.1 Electromagnetic Bone Conduction Hearing Device 14
 20.3.1.2 Prior Authorization Requirements..... 14
 20.3.1.3 Limitations 14

- 20.3.2 Cochlear Implants 14
 - 20.3.2.1 Device, Implantation and Supplies 15
 - 20.3.2.2 Auditory Rehabilitation 15
 - 20.3.2.3 Frequency Modulation (FM) Systems 15
 - 20.3.2.4 Authorization Requirements 16
 - 20.3.2.5 Limitations 16
 - 20.3.2.6 Sound Processor Replacement Guidelines 17
- 20.4 Claims Information.....17**
- 20.4.1 Claims Filing for Non-Implantable Hearing Devices and Services 18
 - 20.4.1.1 Claims Filing for Non-implantable Hearing Aid Devices 18
- 20.4.2 Claims Filing for Implantable Hearing Devices and Services 18
- 20.5 Reimbursement.....18**
- 20.5.1 Reimbursement for Hearing Tests 19
- 20.5.2 Reimbursement for Non-Implantable Hearing Devices and Services 19
- 20.5.3 Reimbursement for Implantable Hearing Devices and Services..... 19
- 20.6 TMHP-CSHCN Services Program Contact Center19**

Home Health Services

- 21.1 Enrollment3**
- 21.2 Benefits, Limitations, and Authorization Requirements.....3**
- 21.2.1 Prior Authorization Requirements for Home Health Services 4
 - 21.2.1.1 Authorization Requirements 4
 - 21.2.1.2 Plan of Care (POC) 5
- 21.3 Home Health Aide (HHA) Services7**
- 21.3.1 Supervision of Home Health Aides 8
- 21.3.2 Skilled Nursing and Home Health Aide Services..... 8
 - 21.3.2.1 Medical Necessity..... 9
- 21.3.3 Skilled Nursing Services..... 9
 - 21.3.3.1 Limitations for Skilled Nursing Services 10
 - 21.3.3.2 Extended Skilled Nursing Services..... 11
- 21.3.4 Occupational Therapy (OT), Physical Therapy (PT), and Speech-Language Pathology (SLP) Services 12
 - 21.3.4.1 Prior Authorization for Occupational Therapy (OT), Physical Therapy (PT), and Speech-Language Pathology (SLP) Services 12
 - 21.3.4.2 Limitations for Occupational Therapy (OT) and Physical Therapy (PT)..... 13
 - 21.3.4.3 Limitations for Speech-Language Pathology (SLP) 13
- 21.3.5 Medical Nutritional Counseling Services..... 13
 - 21.3.5.1 Prior Authorization for Medical Nutritional Counseling Services 13
- 21.4 Claims Information.....13**
- 21.5 Reimbursement.....14**
- 21.6 TMHP-CSHCN Services Program Contact Center15**

Home Health (Skilled Nursing) Care

- 22.1 Enrollment3**
- 22.2 Benefits, Limitations, and Authorization Requirements.....3**
- 22.2.1 Authorization Requirements 4

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

Hospice

23.1 Enrollment3
23.2 Benefits, Limitations, and Authorization Requirements.....3
 23.2.1 Prior Authorization Requirements..... 4
 23.2.1.1 The client’s demographic information..... 4
 23.2.1.2 The requested services..... 4
 23.2.1.3 Required provider information and signature..... 4
23.3 Claims Information.....5
23.4 Reimbursement.....6
23.5 TMHP-CSHCN Services Program Contact Center.....6

Hospital

24.1 Enrollment4
 24.1.1 Continuity of Hospital Eligibility Through Change of Ownership..... 4
 24.1.2 Specialty Team or Center 5
24.2 Inpatient/Outpatient Benefits, Limitations, and Authorization Requirements5
 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 (*Retisert*) 6
 24.2.5 Laboratory Services
 24.2.6 Magnetoencephalography (MEG) Services 7
24.3 Inpatient Services7
 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 *Inpatient Behavioral Health Prior Authorization Requirements*8
 24.3.1.4 Inpatient Rehabilitation Services 9
 24.3.1.4.1 *Inpatient Rehabilitation Prior Authorization Requirements* 10
 24.3.1.4.2 *Treatment for Acute Medical Episodes*..... 10
 24.3.1.5 Renal (Kidney) Transplants 10
 24.3.1.5.1 *Reimbursement for Renal Transplants*..... 11
 24.3.1.5.2 *Renal Transplant Authorization Requirements* 12
 24.3.1.6 Transplants - Nonsolid Organ 12
 24.3.1.6.1 *Stem Cell Transplant Prior Authorization Requirements*..... 13
 24.3.1.7 Neonatal Level of Care Designation for Inpatient Services..... 13
 24.3.1.7.1 *Hospitals that Do Not Meet Minimum Requirements for Neonatal Level of Care Designation* 13
 24.3.1.7.2 *Other Requirements* 14
 24.3.1.7.3 *Transfers* 14
 24.3.2 Hospital Reimbursement 14

24.3.3	Prospective Payment Methodology	14
24.3.4	Client Transfers	15
24.3.4.1	Admission Dates	15
24.3.4.2	Continuous Stays - Client Transfers and Readmissions	15
24.3.5	Observation Status to Inpatient Admission	15
24.3.6	Outlier Adjustments	16
24.3.6.1	Day Outliers	16
24.3.7	Payment Window Reimbursement Guidelines	16
24.3.7.1	Exceptions	17
24.3.7.2	Professional and Outpatient Claims for Services Related to the Inpatient Admission	18
24.3.7.3	Professional and Outpatient Claims for Services Unrelated to the Inpatient Admission	18
24.4	Outpatient Services	18
24.4.1	Benefits, Limitations, and Authorization Requirements	18
24.4.1.1	Hospital-Based Outpatient Behavioral Health Services	19
24.4.1.2	Hospital-Based Emergency Services Department	19
24.4.1.2.1	<i>Hospital-Based Emergency Services Authorization</i>	19
24.4.1.3	Outpatient Observation	20
24.4.1.3.1	<i>Direct Outpatient Observation Admission</i>	21
24.4.1.3.2	<i>Observation Following Emergency Room</i>	21
24.4.1.3.3	<i>Observation Following Outpatient Day Surgery</i>	21
24.4.1.3.4	<i>Observation Following Outpatient Diagnostic Testing or Therapeutic Services</i>	21
24.4.1.3.5	<i>Documentation Requirements for Outpatient Observation</i>	22
24.4.1.3.6	<i>Reporting Hours of Observation</i>	22
24.4.1.3.7	<i>Client Status Change</i>	23
24.4.1.3.8	<i>Outpatient Observation Authorization</i>	24
24.4.1.3.9	<i>Observation Services that are Not a Benefit</i>	24
24.4.1.3.10	<i>Outpatient Observation Authorization</i>	24
24.4.1.4	Sleep Studies	24
24.4.1.5	Hyperbaric Oxygen Therapy (HBOT)	25
24.4.2	Reimbursement Information	25
24.4.2.1	Hospital-Based Emergency Services Department	26
24.4.2.2	One-day Payment Window Reimbursement Guidelines	26
24.5	Ambulatory Surgical Centers	26
24.5.1	Benefits, Limitations, and Authorization Requirements	26
24.5.1.1	Freestanding Surgical Centers	26
24.5.2	Reimbursement Information	27
24.6	Claims Information	27
24.6.1	Inpatient Claims	27
24.6.2	Outpatient Claims	28
24.6.2.1	Revenue Code and Procedure Code Requirements for All Outpatient Services	29
24.6.2.1.1	<i>Revenue Codes That Require a Procedure Code</i>	29
24.6.2.1.2	<i>Clarification for Non-Hospital Facility Claims</i>	30
24.6.3	HASC Claims	31
24.6.4	Inpatient Stays Following Scheduled Day Surgeries	31
24.6.5	Inpatient Stays Following Unscheduled (Emergency) Day Surgeries	32
24.7	TMHP-CSHCN Services Program Contact Center	32

Laboratory Services

25.1	Enrollment	3
25.1.1	Clinical Laboratory Improvement Amendments (CLIA) of 1988	4
25.1.1.1	Waiver and Physician-Performed Microscopy Procedure (PPMP) Certificates	5
25.2	Benefits, Limitations, and Authorization Requirements	5
25.2.1	Hospital Laboratory Services	5
25.2.2	Independent Laboratory Services	6
25.2.3	Physician-Owned Laboratory Services	6
25.2.3.1	Other Physician Laboratory-Related Services	6
25.2.4	Clinical Pathology Services	6
25.2.5	Other Laboratory Procedures	7
25.2.5.1	Drug Testing and Therapeutic Drug Assays	7
25.2.5.2	Cytogenetics Testing	8
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)	13
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	15
25.2.7	Cytopathology Studies Other Than Vaginal, Cervical, or Uterine	16
25.2.8	Evocative and Suppression Testing	16
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	19
25.2.12	Human Immunodeficiency Virus (HIV) Drug Resistance Testing	20
25.2.13	Organ or Disease-Oriented Panels	20
25.2.14	Urinalysis and Chemistry	21
25.2.15	Other Laboratory Services	22
25.2.16	Repeated Procedures	23
25.2.16.1	Modifier 91	23
25.2.17	Receiving Labs and Lab Handling Fees	23
25.3	Claims Information	24
25.3.1	Modifiers To Use When Billing Laboratory Procedures	24
25.4	Reimbursement	24
25.4.1	Clinical Laboratory Fee Schedule	25
25.4.2	One-day Payment Window Reimbursement Guidelines	25
25.5	TMHP-CSHCN Services Program Contact Center	25

Medical Nutrition Services

26.1	Enrollment	3
26.2	Vitamins and Minerals	3
26.2.1	Enrollment	3
26.2.2	Benefits, Limitations, and Authorization Requirements	4
26.2.3	Prior Authorization Requirements	8

26.2.4 Claims Information 9

26.2.5 Reimbursement 9

26.3 Medical Foods 9

26.3.1 Enrollment 9

26.3.2 Benefits, Limitations, and Authorization Requirements..... 10

 26.3.2.1 Prior Authorization Requirements 10

26.3.3 Claims Information 11

26.3.4 Reimbursement 11

26.4 Medical Nutritional Counseling Services 11

26.4.1 Enrollment 11

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 13

26.5 Medical Nutritional Products 14

26.5.1 Enrollment 14

26.5.2 Benefits, Limitations, and Authorization Requirements..... 14

 26.5.2.1 Prior Authorization Requirements 15

26.5.3 Claims Information 16

26.5.4 Reimbursement 16

26.6 Total Parenteral Nutrition (TPN)..... 17

26.6.1 Enrollment 17

26.6.2 Benefits, Limitations, and Authorization Requirements..... 17

 26.6.2.1 Prior Authorization 18

26.6.3 Claims Information 19

26.6.4 Reimbursement 19

26.7 TMHP-CSHCN Services Program Contact Center 20

Neurostimulators and Neuromuscular Stimulators

27.1 Enrollment 3

27.2 Benefits, Limitations, and Authorization Requirements 3

27.2.1 Dorsal Column Neurostimulation (DCN) 4

27.2.2 Intracranial Neurostimulation (ICN)..... 5

27.2.3 Neuromuscular Electrical Stimulation (NMES)..... 6

 27.2.3.1 NMES for Muscle Atrophy 6

 27.2.3.2 NMES for Walking in Clients with Spinal Cord Injury 7

27.2.4 Percutaneous Electrical Nerve Stimulation (PENS)..... 7

27.2.5 Sacral Nerve Stimulation (SNS) 8

27.2.6 Transcutaneous Electrical Nerve Stimulation (TENS) 9

 27.2.6.1 TENS Rental 9

 27.2.6.2 TENS Purchase..... 10

27.2.7 Pelvic Floor Stimulation..... 10

27.2.8 Vagal Nerve Stimulation (VNS) 10

27.2.9 Hypoglossal Nerve Stimulators (HNS) 11

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 13

27.3 Claims Information.....13

27.4 Reimbursement.....14

27.5 TMHP-CSHCN Services Program Contact Center.....14

Orthotic and Prosthetic Devices

28.1 Enrollment4

28.2 Benefits, Limitations, and Authorization Requirements.....4

28.2.1 General Authorization Requirements..... 5

28.2.2 Orthoses and Prostheses (Not All-Inclusive)..... 5

28.2.2.1 Repairs, Replacements, and Modifications to Orthoses and Prostheses 6

28.2.2.2 Mechanical Stretching Devices..... 6

28.2.2.3 Orthoses and Prostheses Training 7

28.3 Orthoses and Related Services7

28.3.1 Prior Authorization and Documentation Requirements 7

28.3.2 Orthotic and Orthopedic Devices Procedure Codes 8

28.3.3 Noncovered Orthotic and Prosthetic Services..... 10

28.3.4 Spinal Orthoses..... 11

28.3.5 Thoracic-Hip-Knee-Ankle (THKA) Orthoses..... 11

28.3.6 Lower-Limb Orthoses..... 11

28.3.6.1 Ankle-Foot Orthoses (AFO)..... 11

28.3.6.2 Reciprocating Gait Orthoses (RGO) 11

28.3.7 Foot Orthoses 12

28.3.7.1 Foot Inserts..... 12

28.3.7.2 Prescription Shoes..... 13

28.3.7.3 Noncovered Shoes or Shoe Inserts 13

28.3.7.4 Wedges and Lifts 13

28.3.8 Upper-Limb Orthoses..... 13

28.3.9 Other Orthopedic Devices 14

28.3.9.1 Protective Helmets 14

28.3.9.2 Cranial Molding Orthosis..... 14

28.3.9.2.1 *Definitions of Plagiocephaly* 14

28.3.9.2.2 *Authorization Requirements* 15

28.3.9.3 Static and Dynamic Mechanical Stretching Devices 16

28.4 Prostheses and Related Services16

28.4.1 Prior Authorization and Documentation Requirements 16

28.4.2 Prostheses Procedure Codes 17

28.4.3 Preparatory or Temporary Prostheses 19

28.4.4 Upper-Limb Prostheses 19

28.4.4.1 Myoelectric Prostheses 19

28.4.5 Lower-Limb Prostheses 19

28.4.5.1 Microprocessor-Controlled Lower-Limb Prostheses 20

28.4.5.2 Foot Prostheses 20

28.4.5.3 Knee Prosthesis..... 20

28.4.5.4 Ankle Prosthesis 21

28.4.5.5 Sockets..... 21

28.4.5.6 Accessories..... 21

28.5 Repairs, Replacements, and Modifications to Orthoses and Prostheses21
 28.5.1 Other Artificial Devices 21
28.6 CSHCN Services Program Documentation of Receipt.....22
28.7 Claims Information.....22
28.8 Reimbursement.....23
28.9 TMHP-CSHCN Services Program Contact Center23

Outpatient Behavioral Health

29.1 Enrollment3
 29.1.1 Provisionally Licensed Psychologist (PLP)..... 3
29.2 Benefits, Limitations, and Authorization Requirements.....3
 29.2.1 Authorization Requirements 4
 29.2.2 Documentation Requirements 4
 29.2.3 Pharmacological Management Services Documentation 5
 29.2.4 Reimbursement—The 12-Hour System Limitation 5
 29.2.5 Procedure Codes Included in the 12-Hour System Limitation..... 6
 29.2.6 Psychological Testing, Neuropsychological Testing, and Neurobehavioral Status Exams..... 7
 29.2.7 Psychotherapy and Counseling 8
 29.2.7.1 Treatment for Alzheimer’s and Dementia 8
 29.2.8 Psychiatric Diagnostic Evaluations 9
 29.2.9 Noncovered Services 9
 29.2.10 National Correct Coding Initiative (NCCI) Guidelines 10
29.3 Claims Information.....10
29.4 Reimbursement.....10
29.5 TMHP-CSHCN Services Program Contact Center11

Physical Medicine and Rehabilitation

30.1 Enrollment3
30.2 Benefits, Limitations, and Authorization Requirements.....3
 30.2.1 Osteopathic Manipulative Treatment (OMT) 3
 30.2.2 Physical Therapy (PT), and Occupational Therapy (OT) 4
 30.2.3 Time-based PT and OT Treatment Procedure Codes 5
 30.2.4 Untimed PT and OT Treatment Procedure Codes 6
 30.2.5 Method for Counting Minutes for Timed Procedure Codes in 15-Minute Units..... 6
 30.2.6 Group Therapy 7
 30.2.6.1 Group Therapy Guidelines 7
 30.2.6.2 Group Therapy Documentation Requirements..... 7
 30.2.7 Noncovered Services 8
 30.2.8 Authorization Requirements..... 8
 30.2.8.1 Initial Prior Authorization Requests..... 9
 30.2.8.2 Extension of Services Requests 10
 30.2.8.3 Discontinuation of Therapy or Change of Provider 10
30.3 Coordination with the Public School System11
30.4 Claims Information.....11

30.5	Reimbursement	12
30.6	TMHP-CSHCN Services Program Contact Center	12

Physician

31.1	Enrollment	8
31.1.1	Group Practices.....	9
31.1.2	Changes in Provider Enrollment.....	9
31.1.3	Substitute Physician.....	9
31.2	Benefits, Limitations, and Authorization Requirements	9
31.2.1	Authorization and Prior Authorization Requirements.....	10
31.2.2	Aerosol Treatments/Inhalation Therapy.....	11
31.2.3	Allergy Services.....	13
31.2.3.1	Collagen Skin Tests.....	13
31.2.3.2	Prior Authorization Requirements.....	13
31.2.4	Ambulatory Blood Pressure Monitoring.....	14
31.2.5	Anesthesia Services.....	15
31.2.5.1	Medical Direction.....	16
31.2.5.2	Monitored Anesthesia Care.....	17
31.2.5.3	Anesthesia Modifiers.....	17
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>	19
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.....	20
31.2.5.8	Time-Based Fees.....	21
31.2.6	Audiometry/Hearing Services.....	21
31.2.7	Augmentative Communication Devices (ACDs).....	21
31.2.8	Biofeedback Services.....	21
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.....	23
31.2.9.1.1	<i>Low-Intensity Ultrasound Bone Growth Stimulators</i>	24
31.2.9.1.2	<i>Non-Invasive Bone Growth Stimulators</i>	24
31.2.9.1.3	<i>Invasive Bone Growth Stimulators</i>	25
31.2.9.2	Authorization Requirements for Bone Growth Stimulation.....	25
31.2.10	Casting.....	25
31.2.11	Chemotherapy.....	26
31.2.12	Clinician-Directed Care Coordination Services.....	27
31.2.12.1	Face-to-Face Clinician-Directed Care Coordination Services.....	28
31.2.12.2	Non-Face-to-Face Clinician-Directed Care Coordination Services.....	28
31.2.12.2.1	<i>Care Plan Oversight</i>	30
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>	31
31.2.12.2.5	<i>Authorization for Non-Face-to-Face Clinician-Directed Care Coordination Services</i>	32
31.2.13	Cochlear Implants	33
31.2.14	Colon Capsule Endoscopy	33
31.2.15	Colorectal Cancer Screening	34
31.2.16	Critical Care Services	34
31.2.16.1	General Limitations	35
31.2.16.2	Critical Care Services	36
31.2.16.3	Pediatric Critical Care	37
31.2.16.4	Neonatal Critical Care	37
31.2.16.5	Intensive Care (Noncritical) Services	37
31.2.16.6	Newborn Resuscitation	37
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>	43
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	45
31.2.18.8	Preventive Care Services	46
31.2.18.9	Preventive Care Medical Checkups and Developmental Testing	47
31.2.18.9.1	<i>Laboratory Tests</i>	47
31.2.18.9.2	<i>Medical Checkup Follow-up Visit</i>	47
31.2.18.9.3	<i>Denied Medical Checkups</i>	48
31.2.18.9.4	<i>Developmental Screening and Testing</i>	48
31.2.18.9.5	<i>Developmental Screening</i>	48
31.2.18.9.6	<i>Developmental Testing</i>	49
31.2.18.10	Preventive Care Medical Checkup Components	50
31.2.18.10.1	<i>Oral Evaluation and Fluoride Varnish in the Medical Home (OEFV)</i>	50
31.2.18.10.2	<i>Mental Health Screening</i>	51
31.2.18.10.3	<i>Postpartum Depression Screening</i>	51
31.2.18.10.4	<i>Sensory Screening</i>	53
31.2.18.11	Teaching Physicians	53
31.2.19	Evoked Response Tests and Neuromuscular Procedures	53
31.2.19.1	Autonomic Function Tests (AFTs)	54
31.2.19.2	Electromyography and Nerve Conduction Studies	54
31.2.19.2.1	<i>EMG</i>	59
31.2.19.2.2	<i>NCS</i>	59
31.2.19.3	Evoked Potential Procedures	60
31.2.19.3.1	<i>Vestibular Evoked Myogenic Potentials (VEMP)</i>	61
31.2.19.3.2	<i>Intraoperative Neurophysiology Monitoring (IONM)</i>	62
31.2.19.4	Motion Analysis Studies (MAS)	62
31.2.19.5	Prior Authorization for Unlisted Procedure Code 95999	63

31.2.20	Extracapsular Cataract Removal	63
31.2.21	Extracorporeal Shock Wave Lithotripsy (ESWL)	63
31.2.22	Gastrostomy Devices	64
31.2.23	Genetics	64
31.2.23.1	Family History	64
31.2.23.2	Genetic Tests	65
31.2.23.3	Laboratory Practices	65
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	70
31.2.25.3	Vaccine Reporting to the DSHS	71
31.2.25.3.1	<i>Vaccine Adverse Event Reporting System (VAERS)</i>	71
31.2.25.4	Authorization Requirements	71
31.2.25.5	Vaccine Reimbursement	71
31.2.25.6	Vaccine Administration	72
31.2.25.6.1	<i>Administration With Counseling</i>	72
31.2.25.6.2	<i>Administration Without Counseling</i>	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	84
31.2.26.7	Ado-Trastuzumab Emtansine	86
31.2.26.8	Bevacizumab	87
31.2.26.9	Botulinum Toxin (Type A and Type B)	87
31.2.26.9.1	<i>Prior Authorization Requirements</i>	90
31.2.26.9.2	<i>Reimbursement</i>	90
31.2.26.10	Epirubicin Hydrochloride	91
31.2.26.11	Erythropoietin Alfa (EPO) and Darbepoetin	91
31.2.26.12	Growth Hormone	93
31.2.26.12.1	<i>Prior Authorization Requirements</i>	94
31.2.26.13	Immune Globulins	95
31.2.26.13.1	<i>Authorization Requirements</i>	96
31.2.26.14	Infliximab, Inflectra, and Renflexis	96
31.2.26.15	*Inotuzumab ozogamicin (Besponsa)	97
31.2.26.16	Leuprolide Acetate Injection	98
31.2.26.17	Monoclonal Antibodies - Asthma and Chronic Idiopathic Urticaria	98
31.2.26.17.1	<i>Omalizumab</i>	98
31.2.26.17.2	<i>Benralizumab</i>	98

31.2.26.17.3	<i>Mepolizumab</i>	98
31.2.26.17.4	<i>Reslizumab</i>	98
31.2.26.17.5	<i>Prior Authorization Requirements</i>	99
31.2.26.17.6	<i>Chronic Idiopathic Urticaria</i>	99
31.2.26.17.7	<i>Asthma Moderate to Severe (Omalizumab) and Severe (Benralizumab, Mepolizumab, and Reslizumab)</i>	99
31.2.26.17.8	<i>Omalizumab</i>	100
31.2.26.17.9	<i>Benralizumab</i>	100
31.2.26.17.10	<i>Mepolizumab</i>	100
31.2.26.17.11	<i>Reslizumab</i>	101
31.2.26.17.12	<i>Requirements for Continuation of Therapy</i>	101
31.2.26.18	Trastuzumab.....	102
31.2.26.19	Triamcinolone Acetonide.....	102
31.2.27	Intracranial Pressure Monitoring.....	102
31.2.28	Laboratory Services.....	103
31.2.28.1	Clinical Pathology Services and Pathology Consultations.....	103
31.2.28.2	Claims Filing for Laboratory Tests.....	103
31.2.28.3	Reimbursement.....	103
31.2.28.4	Cytopathology Studies (Gynecological, Pap Smears).....	103
31.2.28.5	Cytogenetics Testing.....	104
31.2.28.6	<i>Helicobacter pylori (H. pylori)</i>	104
31.2.28.7	CLIA Requirement.....	104
31.2.29	Magnetoencephalography (MEG).....	104
31.2.29.1	Authorization Requirements.....	104
31.2.29.2	Documentation Requirements.....	105
31.2.29.3	Exclusions.....	105
31.2.30	Neurostimulator Devices and Supplies.....	105
31.2.31	Ophthalmological Services.....	105
31.2.31.1	Intraocular Lenses (IOL).....	105
31.2.31.2	Vitrasert Ganciclovir Implant.....	106
31.2.32	Osteopathic Manipulative Treatment (OMT).....	106
31.2.33	Physical Medicine and Physical Therapy (PT) Services.....	106
31.2.34	Podiatry.....	106
31.2.35	Psychological Testing.....	107
31.2.36	Sign Language Interpreting Services.....	107
31.2.37	Skin Therapy.....	108
31.2.38	Sleep Studies.....	109
31.2.38.1	Polysomnography.....	109
31.2.38.2	Multiple Sleep Latency Test.....	111
31.2.38.3	Pediatric Pneumogram.....	111
31.2.38.4	Home Sleep Study Test.....	111
31.2.39	Surgery.....	112
31.2.39.1	Anesthesia Administered by Surgeon.....	112
31.2.39.2	Primary Surgeons.....	112
31.2.39.3	Assistant Surgeons.....	112
31.2.39.4	Cosurgery.....	113
31.2.39.5	Bilateral Procedures.....	114
31.2.39.6	Global Fees.....	114
31.2.39.6.1	<i>Modifiers</i>	115
31.2.39.6.2	<i>Documentation Requirements</i>	115
31.2.39.6.3	<i>Preoperative Services</i>	115

31.2.39.6.4	<i>Intraoperative Services</i>	116
31.2.39.6.5	<i>Postoperative Services</i>	116
31.2.39.6.6	<i>Return Trips to the Operating Room</i>	118
31.2.39.7	Multiple Surgeries	118
31.2.39.8	Second Opinions	118
31.2.39.9	Unlisted Surgical Procedure Code Considerations	119
31.2.39.10	Circumcision	119
31.2.39.11	Cleft/Craniofacial Procedures	120
31.2.40	Diagnostic and Surgical/Reconstructive Breast Therapies	121
31.2.40.1	Breast Therapies	122
31.2.40.1.1	<i>Diagnostic Breast Procedures</i>	122
31.2.40.2	Surgical Breast Procedures	123
31.2.40.2.1	<i>Mastectomy</i>	123
31.2.40.2.2	<i>Prophylactic Mastectomy</i>	124
31.2.40.2.3	<i>Mastectomy for Gynecomastia</i>	124
31.2.40.2.4	<i>Breast Reconstruction</i>	124
31.2.40.2.5	<i>Excision or Destruction of Benign Lesions</i>	126
31.2.40.2.6	<i>Treatment for Complications of Breast Reconstruction</i>	127
31.2.40.2.7	<i>Reduction Mammoplasty</i>	127
31.2.40.2.8	<i>External Breast Prosthesis</i>	127
31.2.40.3	Prior Authorization and Authorization Requirements	127
31.2.40.4	Prior Authorization and Authorization Requirements for Mastectomy, Breast Reconstruction, and External Prosthesis	127
31.2.40.4.1	<i>Mastectomy and Breast Reconstruction</i>	128
31.2.40.4.2	<i>Breast Reconstruction</i>	128
31.2.40.4.3	<i>Mastectomy for Gynecomastia</i>	129
31.2.40.4.4	<i>Reduction Mammoplasty</i>	129
31.2.40.4.5	<i>Unlisted Procedure</i>	129
31.2.40.4.6	<i>Breast Prosthesis</i>	130
31.2.40.5	Documentation Requirements	130
31.2.40.6	Reconstructive and Corrective Procedures (Not Related to Breast Therapies)	131
31.2.40.7	Prior Authorization and Authorization for Corrective Procedures	132
31.2.40.7.1	<i>Oral Procedures</i>	132
31.2.40.7.2	<i>Dermatological and Blepharoplasty Procedures</i>	132
31.2.40.7.3	<i>Panniculectomy and Abdominoplasty</i>	132
31.2.40.7.4	<i>Noncovered Services</i>	132
31.2.40.8	Rhizotomy	133
31.2.40.9	Septoplasty	133
31.2.41	Therapeutic Apheresis	133
31.2.42	Transplants	135
31.2.42.1	Renal (Kidney) Transplant	135
31.2.42.2	Transplants - Nonsolid Organ	136
31.2.42.2.1	<i>Physician Reimbursement</i>	138
31.2.43	Wound Care Management	138
31.2.43.1	First-Line Wound Care Therapy	138
31.2.43.1.1	<i>Compression</i>	139
31.2.43.1.2	<i>Debridement</i>	139
31.2.43.2	Second-Line Wound Care Therapy	139
31.2.43.2.1	<i>Pulsatile-Jet Irrigation</i>	140
31.2.43.2.2	<i>Application of Metabolically Active Skin Equivalents and Wound</i>	

Preparation..... 140

31.2.43.3 Documentation Requirements 140

31.3 Claims Information..... 141

31.3.1 General Medical Record Documentation Requirements 142

31.4 Reimbursement..... 143

31.4.1 Physician Services in Outpatient Hospital Setting 144

31.4.1.1 Reimbursement Reduction..... 144

31.5 TMHP-CSHCN Services Program Contact Center 144

Physician Assistant (PA)

32.1 Enrollment 3

32.2 Benefits, Limitations, and Authorization Requirements..... 3

32.2.1 Authorization Requirements 4

32.3 Claims Information..... 4

32.4 Reimbursement..... 4

32.5 TMHP-CSHCN Services Program Contact Center 5

Prescribed Pediatric Extended Care Centers

33.1 Enrollment 3

33.2 Benefits, Limitations, and Authorization Requirements..... 3

33.2.1 Prior Authorization and Authorization Requirements 5

33.2.1.1 Initial Prior Authorization Requests..... 5

33.2.1.2 Revisions to the POC..... 8

33.2.1.3 Extension of PPECC Services 9

33.3 Documentation Requirements 9

33.4 Coordination of Services 10

33.5 Exclusions 10

33.6 Reimbursement..... 11

33.7 TMHP-CSHCN Services Program Contact Center 11

Radiation Therapy Services

34.1 Enrollment 3

34.2 Benefits, Limitations, and Authorization Requirements..... 3

34.2.1 Prior Authorization Requirements..... 4

34.2.2 Clinical Brachytherapy 4

34.2.3 Clinical Treatment Planning..... 5

34.2.4 Intensity Modulated Radiation Therapy (IMRT)..... 5

34.2.5 Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services 5

34.2.6 Proton-Beam and Neutron-Beam Delivery..... 6

34.2.6.1 Prior Authorization Requirements 6

34.2.6.1.1 Proton-Beam Treatment Delivery 6

34.2.6.1.2 Neutron-Beam Treatment Delivery 6

34.2.7 Radiation Treatment Management and Delivery..... 6

- 34.2.7.1 Radioisotope Therapy 7
- 34.2.8 Stereotactic Radiosurgery 7
 - 34.2.8.1 Prior Authorization Requirements 7
- 34.2.9 Strontium-89 8
- 34.2.10 Technetium TC 99M Tetrofosmin 8
- 34.3 Claims Information 8**
- 34.4 Reimbursement 9**
- 34.5 TMHP-CSHCN Services Program Contact Center 9**

Renal Dialysis

- 35.1 Enrollment 3**
- 35.2 Client Eligibility 3**
- 35.3 Benefits, Limitations, and Authorization Requirements 3**
 - 35.3.1 Renal Dialysis Facilities - Consolidated Billing 5
 - 35.3.1.1 Maintenance Hemodialysis 5
 - 35.3.1.2 Maintenance IPD 6
 - 35.3.1.3 Maintenance CAPD and CCPD 6
 - 35.3.2 Maintenance Hemodialysis 7
 - 35.3.2.1 Training for Hemodialysis, IPD, CCPD, and CAPD 7
 - 35.3.3 Ultrafiltration 8
 - 35.3.4 Home Dialysis Items and Services 8
 - 35.3.5 Unscheduled or Emergency Dialysis in a Non-Certified ESRD Facility 9
 - 35.3.6 Ultrafiltration 12
 - 35.3.7 Evaluation and Management 12
 - 35.3.8 Renal Transplants 14
 - 35.3.9 Prior Authorization Requirements 14
- 35.4 Claims Information 14**
- 35.5 Reimbursement 15**
- 35.6 TMHP-CSHCN Services Program Contact Center 15**

Respiratory Equipment and Supplies

- 36.1 Enrollment 4**
- 36.2 Benefits, Limitations, and Authorization Requirements 4**
 - 36.2.1 General Authorization Requirements 8
 - 36.2.2 Noninvasive Positive Pressure Ventilation (NPPV) 8
 - 36.2.2.1 Continuous Positive Airway Pressure (CPAP) System 9
 - 36.2.2.2 Respiratory Assist Devices (RADs), including BiPAP 10
 - 36.2.2.2.1 RAD for Treatment of Obstructive Sleep Apnea (OSA) 10
 - 36.2.2.2.2 RAD for Treatment of Restrictive Thoracic Medical Conditions 10
 - 36.2.2.2.3 RAD for Treatment of Severe COPD 11
 - 36.2.2.2.4 RAD for Treatment of Central sleep Apnea (CSA) or Complex Sleep apnea (CompSA) 11
 - 36.2.2.2.5 RAD for Treatment of Hypoventilation Syndrome 12
 - 36.2.2.2.6 Extension Request for RAD With or Without a Set Backup Rate 12
 - 36.2.3 Controlled Dose Inhalation Drug Delivery System 13
 - 36.2.4 Secretion and Mucus Clearance Devices 13

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

Speech-Language Pathology (SLP) Services

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

Tele-communication Services

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

Transportation of Deceased Clients

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

Vision Services

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

- 40.2.2.1 Vision Examinations with Refraction..... 10
- 40.2.2.2 Medical Eye Examinations..... 11
- 40.2.2.3 Services Requiring Authorization..... 11
- 40.2.3 Special Vision Services..... 11
 - 40.2.3.1 Ophthalmological Examination and Evaluation with General Anesthesia ... 11
 - 40.2.3.2 Ophthalmic Ultrasound..... 12
 - 40.2.3.3 Corneal Topography..... 12
 - 40.2.3.4 Sensorimotor Examination..... 13
 - 40.2.3.5 Orthoptic Training..... 13
 - 40.2.3.6 Ophthalmoscopy..... 13
 - 40.2.3.7 Ocular Viewing and Diagnostic Testing Procedures..... 14
- 40.3 Claims Information.....14**
- 40.4 Reimbursement.....15**
- 40.5 TMHP-CSHCN Services Program Contact Center.....15**

TMHP Electronic Data Interchange (EDI)

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

Appendix A: Acronyms and Initialisms Dictionary