

TABLE OF CONTENTS

CSHCN SERVICES PROGRAM PROVIDER MANUAL

MAY 2025



Table of Contents

Introduction

1.1 Program History3

1.2 About the Provider Manual3

1.3 Feedback.....4

1.4 TMHP-CSHCN Services Program Contact Center.....5

1.5 Copyright Acknowledgments5

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 Information5

1.2.1 Publications 6

1.3 CSHCN Services Program Central and Regional Offices6

1.3.1 Central Office..... 6

1.3.2 Regional Offices 7

1.3.2.1 Region 1 7

1.3.2.2 Region 2 8

1.3.2.3 Region 3 8

1.3.2.4 Region 4 8

1.3.2.5 Region 5 North 10

1.3.2.6 Regions 5 South and 6 11

1.3.2.7 Region 7 11

1.3.2.8 Region 8 13

1.3.2.9 Regions 9 and 10 13

1.3.2.10 Region 11 14

1.4 DSHS Health Service Regions Map.....15

Provider Enrollment and Responsibilities

2.1 Provider Enrollment.....3

2.1.1 Affordable Care Act of 2010 (ACA) Enrollment Requirements..... 4

2.1.1.1 Medical Foods and Hospice Providers 4

2.1.1.2 Enrollment for Ordering and Referring-Only Providers 4

2.1.2 Changes in Enrollment..... 4

2.1.3 Claim Filing 5

2.1.3.1 NPIs Terminated After 24 Months of No Claim Activity 5

2.1.4 Provider Enrollment Determinations 6

2.1.5 Provider Enrollment Application 6

2.1.5.1 Types of Providers 6

2.1.5.2 Owner/Creditor/Principal Entry and Disclosure of Ownership Form..... 7

2.1.5.3	Provider Agreement	7
2.1.5.4	Request for Taxpayer Identification Number and Certification	7
2.1.5.5	Franchise Tax Account Status Page	7
2.1.5.6	Clinical Laboratory Improvement Amendments (CLIA) of 1988	8
2.1.5.7	Provider's License	8
2.1.6	Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)	9
2.1.7	Transplant Specialty Centers	9
2.1.8	Pharmacy Enrollment	9
2.1.8.1	Immunizations	9
2.1.9	Out-of-State Providers	10
2.1.10	Substitute Physician	10
2.1.11	Providers of Family Support Services	10
2.2	Provider Complaints Process	11
2.3	Provider Responsibilities	12
2.3.1	Information Change Requests	12
2.3.2	Required Updates	13
2.3.3	General Medical Record Documentation Requirements	13
2.3.4	Retention of Records	14
2.3.5	Utilization Review: General Provisions	14
2.3.6	Release of Confidential Information	15
2.3.7	Fraud, Waste, and Abuse	15
2.3.8	Provider Certification/Assignment	16
2.3.9	Billing Clients	17
2.3.10	Credit Balance and Recovery Vendor	18
2.3.11	Texas Family Code Compliance	18
2.3.11.1	Child Support	18
2.3.11.2	Abuse and Neglect Reporting Requirements	18
2.3.12	2.3.12 Texas Medicaid and CHIP Hospital Data Collection and Reporting Requirements	18
2.4	TMHP-CSHCN Services Program Contact Center	19

Client Benefits and Eligibility

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

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

Prior Authorizations and Authorizations

4.1	General Information	3
4.2	Extension of Filing Deadlines for Holidays	3
4.2.1	Limitations	3
4.2.2	Signature Requirements	3
4.2.2.1	Electronic Signatures	4
4.2.2.1.1	Authority and Definitions	4
4.2.2.1.2	Electronic Signature Requirements	5
4.2.3	Requests for Procedures That Are Pending a Rate Hearing	5
4.2.4	Requests for Procedures That Are Manually Priced	6
4.2.5	Clients with Third Party Resources.....	6
4.3	Authorizations.....	7
4.3.1	Services that Require Authorization	7
4.3.2	How To Submit an Authorization Request	9
4.4	Prior Authorizations.....	9
4.4.1	Services that Require Prior Authorization	10
4.4.2	Prior Authorization for Inpatient Admission After Business Hours.....	14
4.4.3	Specialty Team or Center Services.....	14
4.4.4	Retroactive Prior Authorizations	15
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.....	19
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.....	21
4.5.4	Fair Hearing	21

4.6	TMHP-CSHCN Contact Center	22
------------	--	-----------

Claims Filing, Third-Party Resources, and Reimbursement

5.1	TMHP Claims Information	5
5.1.1	Claims Processed by TMHP.....	5
5.1.2	Claims Processed by the CSHCN Services Program.....	5
5.1.3	CPT and HCPCS Claims Auditing Guidelines	6
5.1.4	CMS NCCI and MUE Guidelines for All Claims	6
5.1.5	TMHP Processing Procedures	6
5.1.6	Claims Processed by Date of Service.....	7
5.1.7	Inactive Provider Termination.....	7
5.1.8	Claims Filing Deadlines	7
5.1.9	Exception to Claim Filing Deadline	8
5.1.10	Fiscal Agent Payment Deadline	10
5.2	Third-Party Resource (TPR)	10
5.2.1	Health Maintenance Organization (HMO).....	11
5.2.2	CSHCN Services Program Notice of Eligibility	12
5.2.3	Claims Filing Involving a TPR.....	12
5.2.4	Verbal Denials by a TPR.....	12
5.2.5	Filing Deadlines Involving a TPR.....	13
5.2.6	Blue Cross Blue Shield (BCBS) Nonparticipating Physicians	13
5.2.7	Refunds	14
5.2.8	Refunds to TMHP Resulting From Other Insurance	14
5.2.9	Accident-Related Claims	15
5.2.9.1	Accident Resources and Refunds Involving Claims for Accidents	15
5.2.9.2	Third-Party Liability for Claims Involving Accidents	16
5.3	Multipage Claim Forms	16
5.3.1	Professional (CMS-1500)	16
5.3.2	Institutional (UB-04 CMS-1450).....	17
5.3.3	Revenue Codes.....	17
5.3.4	Type of Bill	17
5.4	Tips on Expediting Paper Claims	18
5.4.1	General requirements	18
5.4.2	Data Fields	18
5.4.3	Attachments	18
5.5	Correction and Resubmission (Appeal) Time Limits	18
5.5.1	Claims with Incomplete Information	19
5.5.2	Other Insurance Appeals.....	19
5.5.3	Resubmission of TMHP EDI Rejections.....	19
5.5.3.1	TMHP EDI Batch Numbers, Julian Dates.....	19
5.6	Coding	19
5.6.1	Diagnosis Coding.....	19
5.6.2	Procedure Coding	20
5.6.2.1	Healthcare Common Procedure Coding System (HCPCS).....	20
5.6.2.2	National Correct Coding Initiative (NCCI) Guidelines	21
5.6.2.3	Determining Reimbursement Rates for New HCPCS Procedure Codes	21
5.6.2.4	National Drug Codes (NDC)	22
5.6.2.4.1	<i>Paper Claim Submissions</i>	<i>23</i>

5.6.2.5	Drug Rebate Program.....	24
5.6.2.6	Modifiers	25
5.6.2.7	Modifier U8 and the Federal 340B Drug Pricing Program	25
5.6.2.8	Type of Services (TOS)	25
5.6.3	Benefit Code	26
5.7	Claims Filing Instructions	26
5.7.1	Claim Details	27
5.7.2	Provider Types and Selection of Claim Forms	27
5.7.2.1	Providers and Services Billable on CMS-1500	27
5.7.2.2	CMS-1500 Claim Form Provider Definitions	28
5.7.2.3	CMS-1500 Electronic Billing	29
5.7.2.4	CMS-1500 Paper Claim Form Instructions.....	29
5.7.2.5	UB-04 CMS-1450 Paper Claim Form Instructions	34
5.7.2.6	UB-04 CMS-1450 Electronic Billing.....	35
5.7.2.7	Instructions for Completing the UB-04 CMS-1450 Paper Claim Form.....	35
5.7.2.8	Client Status (for block 17)	43
5.7.2.9	Occurrence Codes (for blocks 31 through 34)	44
5.7.2.10	POA Indicators (for blocks 67 and 72).....	44
5.7.2.11	Dental Claim Filing	44
5.7.2.12	ADA Dental Claim Electronic Billing	44
5.7.2.13	Instructions for Completing the Paper ADA Dental Claim Form.....	45
5.7.2.14	Electronic Claims Submission	48
5.7.2.15	Taxonomy Codes	49
5.7.2.16	Dates on Claims	49
5.7.2.17	Span Dates	49
5.7.2.18	Hospital Billing	49
5.7.2.19	Group Billing	50
5.7.3	Supervising Physician Provider Number Required on Some Claims	50
5.7.4	Ordering/Referring Provider NPI	50
5.8	Reimbursement.....	50
5.8.1	Electronic Funds Transfer (EFT).....	51
5.8.1.1	Advantages of EFT	51
5.8.1.2	Enrollment Procedures	51
5.8.1.3	Payment Window Reimbursement Guidelines for Services Preceding an Inpatient Admission	51
5.8.2	Texas Medicaid Reimbursement Methodology (TMRM)	52
5.8.3	Maximum Allowable Fee Schedule	52
5.8.4	Manual Pricing	52
5.8.5	Physician Services in Hospital Outpatient Setting	52
5.8.6	Inpatient Hospital Reimbursement.....	53
5.8.6.1	Prospective Payment Methodology	53
5.8.7	Fees.....	54
5.8.7.1	Provider-Specific Rates for Procedure Codes with Modifiers and Age- Range Criteria	54
5.8.8	CSHCN Services Program Reimbursement Information for Clients	55
5.9	CSHCN Services Program Accounts Receivables (Using Medicaid Funds to Satisfy the AR)	55
5.10	TMHP-CSHCN Services Program Contact Center	55

Remittance and Status (R&S) Reports

6.1	R&S Report Information	3
6.1.1	Electronic Remittance and Status (ER&S) Reports	3
6.1.2	Banner Pages	4
6.1.3	Explanation of R&S Report Row Headings	4
6.1.4	Explanation of R&S Report Section Headings	6
6.1.4.1	Claims—Paid or Denied	6
6.1.4.2	Adjustments to Claims	7
6.1.4.3	Financial Transactions	7
6.1.4.3.1	Accounts Receivable	7
6.1.4.3.2	IRS Levies	8
6.1.4.3.3	Payouts	9
6.1.4.3.4	Claim Reissues	9
6.1.4.3.5	Claim Voids	9
6.1.4.3.6	Claim Refunds	9
6.1.4.4	Financial Transactions/Void and Stop—"Stale-Dated Checks"	10
6.1.5	Claims Payment Summary	10
6.1.5.1	Claims In Process	11
6.1.5.2	EOB and EOPS Codes Section	11
6.1.6	R&S Report Examples	12
6.1.6.1	Physician R&S Report Example: Banner Page	13
6.1.6.2	Physician R&S Report Example: Blank Page	14
6.1.6.3	Physician R&S Report Example: Claims – Paid or Denied	15
6.1.6.4	Physician R&S Report Example: Blank Page	16
6.1.6.5	Physician R&S Report Example: Payment Summary Page	17
6.1.6.6	Physician R&S Report Example: Explanation of Benefits (EOB) Page	18
6.1.6.7	Ambulatory Surgical Center (ASC) R&S Report Example: Banner Page	19
6.1.6.8	ASC R&S Report Example: Adjustments R&S Report	20
6.1.6.9	ASC R&S Report Example: Blank Page	21
6.1.6.10	ASC R&S Report Example: Adjustments R&S Report	22
6.1.6.11	ASC R&S Report Example: Adjustments R&S Report	23
6.1.6.12	ASC R&S Report Example: Adjustments R&S Report	24
6.1.6.13	ASC R&S Report Example: Blank Page	25
6.1.6.14	ASC R&S Report Example: Claims in Process R&S Report	26
6.1.6.15	ASC R&S Report Example: Claims in Process R&S Report	27
6.1.6.16	ASC R&S Report Example: Payment Summary Page	28
6.1.6.17	ASC R&S Report Example: Explanation of Benefits (EOB) Page	29
6.2	TMHP-CSHCN Services Program Contact Center	30

Appeals and Administrative Review

7.1	Appeals	3
7.2	Authorization and Prior Authorization Denials	3
7.2.1	Administrative Review for Authorization or Prior Authorization Denials	3
7.2.2	Fair Hearing Requests for Authorizations or Prior Authorizations	3
7.3	Claim Appeals	4
7.3.1	Electronic Appeal Submission	4
7.3.1.1	Advantages of Electronic Appeal Submission	4
7.3.1.2	Disallowed Electronic Appeals	5
7.3.1.3	Electronic Rejections	5
7.3.2	AIS Claim Correction and Resubmission (Appeals)	5

7.3.3 Paper Appeals 6

7.3.3.1 Total Billed Amount Changes 7

7.3.4 Appeals Submitted Incorrectly 7

7.3.5 Administrative Review for Claims 7

7.3.5.1 Administrative Review Requirements 8

7.3.6 Fair Hearing for Claims 9

7.3.7 National Correct Coding Initiative (NCCI) Claims Appeals 9

7.4 Provider Enrollment 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 Death	16
9.7	Ambulance Transport Services That Are Not Benefits	17
9.8	Claims Filing and Reimbursement	17
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 Center	20

Augmentative Communication Devices (ACDs)

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

Blood Pressure Monitoring and Devices

11.1	Enrollment	3
11.2	Benefits, Limitations, and Authorization Requirements	3
11.2.1	Blood Pressure Devices	3
11.2.1.1	Self-Measured Blood Pressure Monitoring and Ambulatory Blood Pressure Monitoring	3
11.2.1.2	Manual and Automated Blood Pressure Devices	4
11.2.1.3	Hospital-Grade Blood Pressure Devices	5
11.2.1.4	Blood Pressure Device Components Repair or Replacement	6
11.2.2	Authorization Requirements	6
11.2.2.1	Ambulatory Blood Pressure Monitoring	6

11.2.2.2 Manual and Automated Blood Pressure Devices 6

11.2.2.3 Hospital-Grade Blood Pressure Devices 7

 11.2.2.3.1 Rental7

 11.2.2.3.2 Purchase8

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 Center9

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 Center5

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 Center5

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	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	40
14.2.6.10	Dental Anesthesia	40
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	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	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	45
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	48
14.2.8.6	Other Procedures Payable to a Dentist Physician	48
14.2.8.7	Anesthesia by Dentist Physician	49
14.3	Claims Information	49
14.3.1	Dental Emergency Claims	50
14.3.2	Tooth Identification (TID) and Surface Identification (SID) Systems	50
14.3.3	Supernumerary Tooth Identification	50
14.4	Reimbursement	51

14.5 TMHP-CSHCN Services Program Contact Center51

Diabetic Equipment and Supplies

15.1 Enrollment3

15.2 Benefits, Limitations, and Authorization Requirements3

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 Clients6

15.2.1.3.2 Non-Insulin-Dependent Clients6

15.2.1.4 Glucose Tabs and Gel 6

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 Receipt12

15.4 Claims Information13

15.5 Reimbursement13

15.6 TMHP-CSHCN Services Program Contact Center13

Diagnostic Radiology Services

16.1 Enrollment3

16.2 Benefits, Limitations, and Authorization Requirements3

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

Prior Authorization for Medically Necessary Prostheses Beyond Set Limitations

9

17.3.3.1.2

Prior Authorization for Procedure Codes L8035 and L8039

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

Prior Authorization Requirements

12

17.3.10

Hygiene Equipment

12

17.3.10.1

Bath or Shower Chair

13

17.3.10.1.1

Levels of Design

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

Prior Authorization Requirements for Level 1: Stationary Commode Chair

14

17.3.10.4.2

Prior Authorization Requirements for Level 2: Mobile Commode Chair

15

17.3.10.4.3

Prior Authorization Requirements for Level 3: Custom Commode Chair

15

17.3.10.4.4	Authorization Requirements for Extra-wide and Heavy-Duty Commode Chair	15
17.3.10.4.5	Authorization Requirements for Foot Rest	15
17.3.10.4.6	Authorization Requirements for Replacement Commode Pail or Pan....	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	Prior Authorization Requirement for Car Seats.....	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	Authorization Requirements	8
18.3	Claims Information.....	9
18.4	Reimbursement.....	9
18.5	TMHP-CSHCN Services Program Contact Center.....	10

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

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

Hearing Services

20.1	Enrollment	4
20.1.1	Non-Implantable Hearing Aid Devices and Services.....	4
20.1.2	Implantable Hearing Aid Devices and Services.....	4
20.2	Benefits, Limitations, and Authorization Requirements – Non-Implantable Devices and Services	4
20.2.1	Hearing Screening.....	5
20.2.2	Abnormal Hearing Screens.....	5
20.2.3	Hearing Testing, Examination, and Evaluation Services.....	6
20.2.3.1	Audiometric Testing	6
20.2.3.2	Otological Examination	6
20.2.3.3	Vestibular Evaluations	6
20.2.3.4	Authorization/Documentation Requirements.....	7
20.2.3.5	Limitations	7
20.2.4	Hearing Aid Devices and Accessories.....	7
20.2.4.1	Documentation Requirements	10
20.2.4.2	Prior Authorization Requirements.....	10
20.2.4.3	Limitations	11
20.2.5	Hearing Aid Services.....	11
20.2.5.1	Documentation Requirements	12
20.2.5.2	Prior Authorization Requirements.....	13
20.2.5.3	Limitations	13
20.3	Benefits, Limitations, and Authorization Requirements – Implantable Devices and Services	13

20.3.1	Bone-Anchored Hearing Device (BAHD)	13
20.3.1.1	Electromagnetic Bone Conduction Hearing Device	14
20.3.1.2	Prior Authorization Requirements	14
20.3.1.3	Limitations	14
20.3.2	Cochlear Implants	14
20.3.2.1	Device, Implantation and Supplies	15
20.3.2.2	Auditory Rehabilitation	15
20.3.2.3	Frequency Modulation (FM) Systems	15
20.3.2.4	Authorization Requirements	16
20.3.2.5	Limitations	16
20.3.2.6	Sound Processor Replacement Guidelines	17
20.4	Claims Information.....	17
20.4.1	Claims Filing for Non-Implantable Hearing Devices and Services	18
20.4.1.1	Claims Filing for Non-implantable Hearing Aid Devices	18
20.4.2	Claims Filing for Implantable Hearing Devices and Services	18
20.5	Reimbursement.....	18
20.5.1	Reimbursement for Hearing Tests	19
20.5.2	Reimbursement for Non-Implantable Hearing Devices and Services	19
20.5.3	Reimbursement for Implantable Hearing Devices and Services	19
20.6	TMHP-CSHCN Services Program Contact Center	19

Home Health Services

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

Home Health (Skilled Nursing) Care

22.1	Enrollment	3
22.2	Benefits, Limitations, and Authorization Requirements	3
22.2.1	Authorization Requirements	4
22.3	Claims Information	4
22.4	Reimbursement	5
22.5	TMHP-CSHCN Services Program Contact Center	5

Hospice

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

Hospital

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

24.3.1.7.2	<i>Other Requirements</i>	14
24.3.1.7.3	<i>Transfers</i>	14
24.3.2	Hospital Reimbursement	14
24.3.3	Prospective Payment Methodology	14
24.3.4	Client Transfers	15
24.3.4.1	Admission Dates	15
24.3.4.2	Continuous Stays - Client Transfers and Readmissions	15
24.3.5	Observation Status to Inpatient Admission	15
24.3.6	Outlier Adjustments	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)	14
25.2.5.4	Genetic Testing for Hereditary Breast and Ovarian Cancers	14
25.2.5.4.1	Authorization Requirements	15
25.2.6	Cytopathology of Vaginal, Cervical, and Uterine Sites	16
25.2.7	Cytopathology Studies Other Than Vaginal, Cervical, or Uterine	16
25.2.8	Evocative and Suppression Testing	17
25.2.9	Helicobacter pylori (H. pylori)	17
25.2.10	Hematology and Coagulation	18
25.2.11	Microbiology	19
25.2.11.1	Zika Virus Testing	20
25.2.12	Human Immunodeficiency Virus (HIV) Drug Resistance Testing	20
25.2.13	Organ or Disease-Oriented Panels	20
25.2.14	Urinalysis and Chemistry	21
25.2.15	Other Laboratory Services	22
25.2.16	Repeated Procedures	23
25.2.16.1	Modifier 91	23
25.2.17	Receiving Labs and Lab Handling Fees	23
25.3	Claims Information	24
25.3.1	Modifiers To Use When Billing Laboratory Procedures	24
25.4	Reimbursement	24
25.4.1	Clinical Laboratory Fee Schedule	25
25.4.2	One-day Payment Window Reimbursement Guidelines	25
25.5	TMHP-CSHCN Services Program Contact Center	25

Medical Nutrition Services

26.1	Enrollment	3
26.2	Vitamins and Minerals	3

26.2.1	Enrollment	3
26.2.2	Benefits, Limitations, and Authorization Requirements.....	4
26.2.3	Prior Authorization Requirements.....	8
26.2.4	Claims Information	9
26.2.5	Reimbursement	9
26.3	Medical Foods	9
26.3.1	Enrollment	9
26.3.2	Benefits, Limitations, and Authorization Requirements.....	10
26.3.2.1	Prior Authorization Requirements.....	10
26.3.3	Claims Information	11
26.3.4	Reimbursement	11
26.4	Medical Nutritional Counseling Services	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 Neurostimulators 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	Enrollment	4
28.2	Benefits, Limitations, and Authorization Requirements.....	4
28.2.1	General Authorization Requirements.....	5
28.2.2	Orthoses and Prostheses (Not All-Inclusive).....	5
28.2.2.1	Repairs, Replacements, and Modifications to Orthoses and Prostheses	6
28.2.2.2	Mechanical Stretching Devices.....	6
28.2.2.3	Orthoses and Prostheses Training	7
28.3	Orthoses and Related Services	7
28.3.1	Prior Authorization and Documentation Requirements	7
28.3.2	Orthotic and Orthopedic Devices Procedure Codes.....	8
28.3.3	Noncovered Orthotic and Prosthetic Services.....	11
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)	12
28.3.7	Foot Orthoses	12
28.3.7.1	Foot Inserts.....	12
28.3.7.2	Prescription Shoes.....	13
28.3.7.3	Noncovered Shoes or Shoe Inserts	13
28.3.7.4	Wedges and Lifts	13
28.3.8	Upper-Limb Orthoses.....	13
28.3.9	Other Orthopedic Devices	14
28.3.9.1	Protective Helmets	14
28.3.9.2	Cranial Molding Orthosis.....	14
28.3.9.2.1	Definitions of Plagiocephaly	14
28.3.9.2.2	Authorization Requirements	15
28.3.9.3	Static and Dynamic Mechanical Stretching Devices	16
28.4	Prostheses and Related Services	16
28.4.1	Prior Authorization and Documentation Requirements	16
28.4.2	Prostheses Procedure Codes	17
28.4.3	Preparatory or Temporary Prostheses	19
28.4.4	Upper-Limb Prostheses	19
28.4.4.1	Myoelectric Prostheses	19
28.4.5	Lower-Limb Prostheses	19
28.4.5.1	Microprocessor-Controlled Lower-Limb Prostheses	20
28.4.5.2	Foot Prostheses	20
28.4.5.3	Knee Prosthesis.....	20

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

Outpatient Behavioral Health

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

Physical Medicine and Rehabilitation

30.1	Enrollment	3
30.2	Benefits, Limitations, and Authorization Requirements	3
30.2.1	Osteopathic Manipulative Treatment (OMT)	3
30.2.2	Physical Therapy (PT), and Occupational Therapy (OT)	4
30.2.3	Time-based PT and OT Treatment Procedure Codes	5
30.2.4	Untimed PT and OT Treatment Procedure Codes	6
30.2.5	Method for Counting Minutes for Timed Procedure Codes in 15-Minute Units	6
30.2.6	Group Therapy	7
30.2.6.1	Group Therapy Guidelines	7
30.2.6.2	Group Therapy Documentation Requirements	7
30.2.7	Noncovered Services	8
30.2.8	Authorization Requirements	8
30.2.8.1	Initial Prior Authorization Requests	9
30.2.8.2	Extension of Services Requests	10

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

Physician

31.1	Enrollment	8
31.1.1	Group Practices	9
31.1.2	Changes in Provider Enrollment.....	9
31.1.3	Substitute Physician	9
31.2	Benefits, Limitations, and Authorization Requirements.....	9
31.2.1	Authorization and Prior Authorization Requirements	10
31.2.2	Aerosol Treatments/Inhalation Therapy	11
31.2.3	Allergy Services	13
31.2.3.1	Collagen Skin Tests	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	State-Defined Modifiers.....	18
31.2.5.3.2	Anesthesiologist Services and Modifier Combinations	18
31.2.5.3.3	CRNA, AA, or Other Qualified Professional Services	19
31.2.5.3.4	Monitored Anesthesia Care	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	Low-Intensity Ultrasound Bone Growth Stimulators	24
31.2.9.1.2	Non-Invasive Bone Growth Stimulators	24
31.2.9.1.3	Invasive Bone Growth Stimulators	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	Care Plan Oversight	30
31.2.12.2.2	Medical Team Conference	31
31.2.12.2.3	Non-Face-to-Face Specialist or Subspecialist Telephone Consultations ..	31
31.2.12.2.4	Non-Face-to-Face Prolonged Services	31
31.2.12.2.5	Authorization for Non-Face-to-Face Clinician-Directed Care Coordination Services	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	37
31.2.17.1	Ambulatory Electroencephalogram	40
31.2.18	Evaluation and Management (E/M) Services	41
31.2.18.1	New or Established Patient Visits	41
31.2.18.2	Inpatient Professional Services	42
31.2.18.2.1	Initial and Subsequent Hospital Care (Nonintensive Care)	42
31.2.18.2.2	Hospital Discharge Day Management	42
31.2.18.2.3	Concurrent Inpatient Care	43
31.2.18.3	Emergency Services	43
31.2.18.3.1	Hospital-Based Emergency Department Professional Services	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	Laboratory Tests	47
31.2.18.9.2	Medical Checkup Follow-up Visit	47
31.2.18.9.3	Denied Medical Checkups	48
31.2.18.9.4	Developmental Screening and Testing	48
31.2.18.9.5	Developmental Screening	48
31.2.18.9.6	Developmental Testing	49
31.2.18.10	Preventive Care Medical Checkup Components	50
31.2.18.10.1	Oral Evaluation and Fluoride Varnish in the Medical Home (OEFV)	50
31.2.18.10.2	Mental Health Screening	51
31.2.18.10.3	Postpartum Depression Screening	51
31.2.18.10.4	Sensory Screening	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	EMG	59
31.2.19.2.2	NCS	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	85
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, Renflexis, and Zymfentra	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>	99
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>	100
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>	101
31.2.26.17.11	<i>Reslizumab</i>	101
31.2.26.17.12	<i>Requirements for Continuation of Therapy</i>	102
31.2.26.18	Secukinumab.....	102
31.2.26.19	Tocilizumab-aazg (Tyenne).....	102
31.2.26.20	Trastuzumab	104
31.2.26.21	Triamcinolone Acetonide.....	104
31.2.27	Intracranial Pressure Monitoring	104
31.2.28	Laboratory Services.....	104
31.2.28.1	Clinical Pathology Services and Pathology Consultations.....	104
31.2.28.2	Claims Filing for Laboratory Tests	105
31.2.28.3	Reimbursement	105
31.2.28.4	Cytopathology Studies (Gynecological, Pap Smears)	105
31.2.28.5	Cytogenetics Testing	105
31.2.28.6	<i>Helicobacter pylori</i> (<i>H. pylori</i>)	105
31.2.28.7	CLIA Requirement	106
31.2.29	Magnetoencephalography (MEG)	106
31.2.29.1	Authorization Requirements	106
31.2.29.2	Documentation Requirements	107
31.2.29.3	Exclusions	107
31.2.30	Neurostimulator Devices and Supplies	107
31.2.31	Ophthalmological Services.....	107
31.2.31.1	Intraocular Lenses (IOL)	107
31.2.31.2	Vitrasert Ganciclovir Implant	107
31.2.32	Osteopathic Manipulative Treatment (OMT).....	107
31.2.33	Physical Medicine and Physical Therapy (PT) Services	107
31.2.34	Podiatry.....	108
31.2.35	Psychological Testing.....	108
31.2.36	Sign Language Interpreting Services	109
31.2.37	Skin Therapy	110
31.2.38	Sleep Studies.....	110
31.2.38.1	Polysomnography	111
31.2.38.2	Multiple Sleep Latency Test	112
31.2.38.3	Pediatric Pneumogram	112
31.2.38.4	Home Sleep Study Test	113
31.2.39	Surgery	113
31.2.39.1	Anesthesia Administered by Surgeon	114
31.2.39.2	Primary Surgeons.....	114
31.2.39.3	Assistant Surgeons	114

31.2.39.4	Cosurgery	115
31.2.39.5	Bilateral Procedures	116
31.2.39.6	Global Fees	116
31.2.39.6.1	Modifiers	116
31.2.39.6.2	Documentation Requirements	117
31.2.39.6.3	Preoperative Services	117
31.2.39.6.4	Intraoperative Services	118
31.2.39.6.5	Postoperative Services	118
31.2.39.6.6	Return Trips to the Operating Room	119
31.2.39.7	Multiple Surgeries	120
31.2.39.8	Second Opinions	120
31.2.39.9	Unlisted Surgical Procedure Code Considerations	120
31.2.39.10	Circumcision	121
31.2.39.11	Cleft/Craniofacial Procedures	121
31.2.40	Diagnostic and Surgical/Reconstructive Breast Therapies	123
31.2.40.1	Breast Therapies	124
31.2.40.1.1	Diagnostic Breast Procedures	124
31.2.40.2	Surgical Breast Procedures	125
31.2.40.2.1	Mastectomy	125
31.2.40.2.2	Prophylactic Mastectomy	125
31.2.40.2.3	Mastectomy for Gynecomastia	126
31.2.40.2.4	Breast Reconstruction	126
31.2.40.2.5	Excision or Destruction of Benign Lesions	128
31.2.40.2.6	Treatment for Complications of Breast Reconstruction	128
31.2.40.2.7	Reduction Mammoplasty	128
31.2.40.2.8	External Breast Prostheses	128
31.2.40.3	Prior Authorization and Authorization Requirements	129
31.2.40.4	Prior Authorization and Authorization Requirements for Mastectomy, Breast Reconstruction, and External Prostheses	129
31.2.40.4.1	Mastectomy and Breast Reconstruction	130
31.2.40.4.2	Breast Reconstruction	130
31.2.40.4.3	Mastectomy for Gynecomastia	130
31.2.40.4.4	Reduction Mammoplasty	131
31.2.40.4.5	Unlisted Procedure	131
31.2.40.4.6	Breast Prostheses	131
31.2.40.5	Documentation Requirements	132
31.2.40.6	Reconstructive and Corrective Procedures (Not Related to Breast Therapies)	132
31.2.40.7	Prior Authorization and Authorization for Corrective Procedures	133
31.2.40.7.1	Oral Procedures	133
31.2.40.7.2	Dermatological and Blepharoplasty Procedures	133
31.2.40.7.3	Panniculectomy and Abdominoplasty	133
31.2.40.7.4	Noncovered Services	134
31.2.40.8	Rhizotomy	134
31.2.40.9	Septoplasty	135
31.2.41	Therapeutic Apheresis	135
31.2.42	Transplants	136
31.2.42.1	Renal (Kidney) Transplant	136
31.2.42.2	Transplants - Nonsolid Organ	138
31.2.42.2.1	Physician Reimbursement	139
31.2.43	Wound Care Management	139

31.2.43.1	First-Line Wound Care Therapy.....	140
31.2.43.1.1	Compression	140
31.2.43.1.2	Debridement	140
31.2.43.2	Second-Line Wound Care Therapy	141
31.2.43.2.1	Pulsatile-Jet Irrigation	141
31.2.43.2.2	Application of Metabolically Active Skin Equivalents and Wound Preparation.....	141
31.2.43.3	Documentation Requirements	142
31.3	Claims Information.....	143
31.3.1	General Medical Record Documentation Requirements.....	144
31.4	Reimbursement.....	145
31.4.1	Physician Services in Outpatient Hospital Setting	145
31.4.1.1	Reimbursement Reduction.....	145
31.5	TMHP-CSHCN Services Program Contact Center	145

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	5
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	6
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	<i>RAD for Treatment of Central sleep Apnea (CSA) or Complex Sleep apnea (CompSA)</i>	11
36.2.2.2.5	<i>RAD for Treatment of Hypoventilation Syndrome</i>	12
36.2.2.2.6	<i>Extension Request for RAD With or Without a Set Backup Rate</i>	12
36.2.3	Controlled Dose Inhalation Drug Delivery System	13
36.2.4	Secretion and Mucus Clearance Devices.....	13
36.2.4.1	Cough Augmentation Device (Insufflation Devices or Cough Assist Machine)	14
36.2.4.2	Electrical Percussors	14
36.2.4.3	High Frequency Chest Wall Oscillation (HFCWO) System	14
36.2.4.4	Percussion Cup	16
36.2.4.5	Intermittent Positive Pressure Breathing (IPPB) Devices	16
36.2.5	Nebulizers.....	16
36.2.5.1	Medications Small Volume Nebulizer.....	17
36.2.5.2	Large Volume Nebulizer	18
36.2.5.3	Compressors and other DME used with Large Volume Nebulizers	18
36.2.5.4	Filtered Nebulizer.....	18
36.2.5.5	Ultrasonic Nebulizers	19
36.2.6	Oxygen Therapy.....	19
36.2.6.1	Stationary Oxygen Systems	22
36.2.6.2	Portable Oxygen Systems	22
36.2.7	Pulse Oximeters	22
36.2.8	Tracheostomy Tubes and Related Supplies	23
36.2.8.1	Tracheostomy Tube Inner Cannula	24
36.2.9	Cardiorespiratory Monitor (CRM)	25
36.2.10	Mechanical Ventilation	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>	6
37.2.2.3	Prior Authorization Request for Extension of Therapy Services.....	7
37.2.2.3.1	<i>Supporting Documentation</i>	7
37.2.2.3.2	<i>Discontinuation of Therapy or Change of Provider</i>	8
37.2.3	Services That Are Not a Benefit.....	8
37.3	Coordination with the Public School System	8

37.4

Claims Information.....

9

37.5

Reimbursement.....

9

37.6

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

9

Tele-communication Services

38.1

Enrollment

3

38.2

Benefits, Limitations, and Authorization Requirements.....

3

38.2.1

Patient Health Information Security

4

38.2.2

Telemedicine Services

4

38.2.2.1

Distant Site

5

38.2.2.2

Other Patient Site.....

5

38.2.2.3

Patient Site.....

6

38.2.3

Telehealth Services

7

38.2.3.1

Distant Site.....

8

38.2.3.2

Patient Site.....

8

38.2.4

Telemonitoring Services

9

38.2.4.1

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	<i>Scleral Lenses and Liquid Bandages</i>	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 Center8

Appendix A: Acronyms and Initialisms Dictionary

A.1 Acronym Dictionary2