

TABLE OF CONTENTS

CSHCN SERVICES PROGRAM PROVIDER MANUAL

JULY 2026



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 7

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 12

1.3.2.9 Regions 9 and 10 13

1.3.2.10 Region 11 13

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
 - 2.3.12 2.3.12 Texas Medicaid and CHIP Hospital Data Collection and Reporting Requirements 18
 - 2.4 TMHP-CSHCN Services Program Contact Center19**

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 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	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 Receipt	8
11.4	Claims Information	8
11.5	Reimbursement	9
11.6	TMHP-CSHCN Services Program Contact Center	9

Certified Registered Nurse Anesthetist (CRNA)

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

Certified Respiratory Care Practitioner (CRCP)

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

Dental

14.1	Enrollment	4
14.2	Benefits, Limitations, and Authorization Requirements	4
14.2.1	Prior Authorization Requirements	4
14.2.2	Substitute Dentist	5
14.2.3	Diagnostic Services	6
14.2.3.1	Prior Authorization Requirements	6
14.2.3.2	Clinical Oral Evaluations	7
14.2.3.3	14.2.3.3 Teledentistry Services	9
14.2.3.3.1	14.2.3.3.1 Synchronous Teledentistry Services	9
14.2.3.4	Cone-Beam Imaging	9
14.2.3.5	First Dental Home	10
14.2.3.6	Radiographs or Diagnostic Imaging	11
14.2.3.7	Tests and Oral Pathology Procedures	13
14.2.4	Orthodontia Services	13
14.2.4.1	Prior Authorization Requirements	13
14.2.4.2	Required Documentation	14
14.2.4.3	Submitting Local Codes for Orthodontic Procedures	15

14.2.5	Preventive Services	19
14.2.5.1	Authorization Requirements	19
14.2.5.2	Oral Hygiene Instruction	19
14.2.5.3	Dental Prophylaxis and Topical Fluoride Treatment	20
14.2.5.4	Dental Sealants	20
14.2.5.5	Caries Arresting Medicament	21
14.2.5.6	Space Maintainers	21
14.2.5.7	Noncovered Counseling Services	22
14.2.5.7.1	Dental Nutrition Counseling	22
14.2.5.7.2	Tobacco Counseling	22
14.2.6	Therapeutic Services	22
14.2.6.1	Prior Authorization Requirements	22
14.2.6.2	Anesthesia Requirements for Clients who are Six Years of Age or Younger	23
14.2.6.3	Interrupted Treatment Plan	24
14.2.6.4	Restorations	24
14.2.6.4.1	Direct Restorations and Other Restorative Services	27
14.2.6.5	Endodontics	28
14.2.6.5.1	Prior Authorization	28
14.2.6.5.2	Pulp Caps and Pulpotomy	28
14.2.6.5.3	Root Canals	29
14.2.6.6	Periodontics	31
14.2.6.7	Prosthodontics (Removable) and Maxillofacial Prosthetics	33
14.2.6.7.1	Maxillofacial Prosthetics	35
14.2.6.7.2	Fixed Prosthodontics	37
14.2.6.8	Oral and Maxillofacial Surgery	38
14.2.6.9	Adjunctive General Services	40
14.2.6.9.1	Emergency Dental Treatment Services	42
14.2.6.10	Dental Anesthesia	43
14.2.6.10.1	Anesthesia Permit Levels	43
14.2.6.10.2	Method for Counting Minutes for Timed Procedure Codes	44
14.2.6.11	Dental Behavior Management	45
14.2.6.12	Internal Bleaching of Discolored Tooth	45
14.2.6.13	Noncovered Services	45
14.2.7	Dental Treatment in Hospitals and ASCs	46
14.2.7.1	Dental Hospital Calls	46
14.2.7.2	Authorization and Prior Authorization Requirements	46
14.2.7.3	Dental General Anesthesia Provided in the Inpatient or Outpatient Setting (Medically Necessary Dental Rehabilitation or Restoration Services)	46
14.2.8	Doctor of Dentistry Services as a Limited Physician	47
14.2.8.1	Authorization Requirements	48
14.2.8.2	Surgery	48
14.2.8.3	Cleft/Craniofacial Surgery by a Dentist Physician	50
14.2.8.4	Evaluation and Management or Consultation	50
14.2.8.5	Radiology and Laboratory Procedures	50
14.2.8.6	Other Procedures Payable to a Dentist Physician	51
14.2.8.7	Anesthesia by Dentist Physician	51
14.3	Claims Information	51
14.3.1	Dental Emergency Claims	52
14.3.2	Tooth Identification (TID) and Surface Identification (SID) Systems	52

14.3.3	Supernumerary Tooth Identification	53
14.4	Reimbursement.....	53
14.5	TMHP-CSHCN Services Program Contact Center.....	54

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	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 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	10
16.2.10.5	X-ray and Ultrasound Prior Authorization Requirements	10
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.....	13

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</i>	

	<i>Chair</i>	15
17.3.10.4.3	<i>Prior Authorization Requirements for Level 3: Custom Commode Chair</i>	15
17.3.10.4.4	<i>Authorization Requirements for Extra-wide and Heavy-Duty Commode Chair</i>	15
17.3.10.4.5	<i>Authorization Requirements for Foot Rest</i>	15
17.3.10.4.6	<i>Authorization Requirements for Replacement Commode Pail or Pan</i>	15
17.3.10.5	Commode Chair with Integrated Seat Lifts	15
17.3.10.6	Commode Seat Lift Mechanism	16
17.3.11	Infusion Pumps	17
17.3.12	Portable Paraffin Units	17
17.3.13	Seat Lift Mechanism	17
17.3.14	Special Needs Car Seats and Travel Restraints	18
17.3.14.1	Car Seats	18
17.3.14.1.1	<i>Prior Authorization Requirement for Car Seats</i>	19
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	21
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	25
17.3.19.6.1	<i>Age</i>	25
17.3.19.6.2	<i>Level of Physical Function</i>	25
17.3.19.6.3	<i>Cognitive Level</i>	25
17.3.19.6.4	<i>Environmental Assessment</i>	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	26
17.3.19.10	Wheelchair Power Seat Elevation System	26
17.3.20	Portable Wheelchair Ramps	27
17.3.21	Noncovered Rehabilitative and Therapeutic DME	27
17.3.22	Repairs and Modifications	27
17.4	Documentation of Receipt	28
17.5	Rental of Equipment	28
17.6	Claims Information	28
17.7	Reimbursement	29
17.8	TMHP-CSHCN Services Program Contact Center	30

Expendable Medical Supplies

18.1	Enrollment	3
-------------	-------------------------	----------

18.2	Benefits, Limitations, and Authorization Requirements	3
18.2.1	Incontinence Supplies	4
18.2.2	Wound Care Supplies	6
18.2.3	Examples of Covered Supplies	7
18.2.4	Diapers, Briefs, Pull-ups, and Liners	7
18.2.4.1	Gastrostomy Devices	7
18.2.4.1.1	Authorization Requirements	7
18.3	Claims Information	8
18.4	Reimbursement	9
18.5	TMHP-CSHCN Services Program Contact Center	9

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

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

Hearing Services

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

20.2.5.3	Limitations	13
20.3	Benefits, Limitations, and Authorization Requirements – Implantable Devices and Services	13
20.3.1	Bone-Anchored Hearing Device (BAHD)	14
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	15
20.3.2.1	Device, Implantation and Supplies	15
20.3.2.2	Auditory Rehabilitation	15
20.3.2.3	Frequency Modulation (FM) Systems	16
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	19
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 Orthoses (THKAO)	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	22
28.6	CSHCN Services Program Documentation of Receipt	22
28.7	Claims Information	22
28.8	Reimbursement	23
28.9	TMHP-CSHCN Services Program Contact Center	23

Outpatient Behavioral Health

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

Physical Medicine and Rehabilitation

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

30.2.8.1	Initial Prior Authorization Requests	9
30.2.8.2	Extension of Services Requests	10
30.2.8.3	Discontinuation of Therapy or Change of Provider	10
30.3	Coordination with the Public School System	11
30.4	Claims Information.....	11
30.5	Reimbursement.....	12
30.6	TMHP-CSHCN Services Program Contact Center	12

Physician

31.1	Enrollment	8
31.1.1	Group Practices	9
31.1.2	Changes in Provider Enrollment.....	9
31.1.3	Substitute Physician	9
31.2	Benefits, Limitations, and Authorization Requirements.....	9
31.2.1	Authorization and Prior Authorization Requirements	10
31.2.2	Aerosol Treatments/Inhalation Therapy	11
31.2.3	Allergy Services	13
31.2.3.1	Collagen Skin Tests	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>	<i>18</i>
31.2.5.3.2	<i>Anesthesiologist Services and Modifier Combinations</i>	<i>18</i>
31.2.5.3.3	<i>CRNA, AA, or Other Qualified Professional Services</i>	<i>19</i>
31.2.5.3.4	<i>Monitored Anesthesia Care</i>	<i>20</i>
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>	<i>24</i>
31.2.9.1.2	<i>Non-Invasive Bone Growth Stimulators</i>	<i>24</i>
31.2.9.1.3	<i>Invasive Bone Growth Stimulators</i>	<i>25</i>
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	36
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.....	44
31.2.18.6	Prolonged Physician Services	45
31.2.18.7	Observation Room Services	45
31.2.18.8	Preventive Care Services	46
31.2.18.9	Preventive Care Medical Checkups and Developmental Testing	47
31.2.18.9.1	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.....	49
31.2.18.10.1	Oral Evaluation and Fluoride Varnish in the Medical Home (OEFV).....	50
31.2.18.10.2	Mental Health Screening.....	50
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).....	53
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	Vestibular Evoked Myogenic Potentials (VEMP).....	60
31.2.19.3.2	Intraoperative Neurophysiology Monitoring (IONM).....	61
31.2.19.4	Motion Analysis Studies (MAS).....	62
31.2.19.5	Prior Authorization for Unlisted Procedure Code 95999.....	62
31.2.20	Extracapsular Cataract Removal.....	63
31.2.21	Extracorporeal Shock Wave Lithotripsy (ESWL).....	63
31.2.22	Gastrostomy Devices.....	63
31.2.23	Genetics.....	63
31.2.23.1	Family History.....	64
31.2.23.2	Genetic Tests.....	64
31.2.23.3	Laboratory Practices.....	65
31.2.23.4	Genetic Counselors.....	65
31.2.24	Hyperbaric Oxygen Therapy (HBOT).....	65
31.2.24.1	Prior Authorization Requirements.....	66
31.2.25	Immunizations (Vaccines and Toxoids).....	69
31.2.25.1	Texas Vaccines for Children (TVFC) Program.....	70
31.2.25.2	Documentation Recommendations.....	70
31.2.25.3	Vaccine Reporting to the DSHS.....	70
31.2.25.3.1	Vaccine Adverse Event Reporting System (VAERS).....	70
31.2.25.4	Authorization Requirements.....	71
31.2.25.5	Vaccine Reimbursement.....	71
31.2.25.6	Vaccine Administration.....	71
31.2.25.6.1	Administration With Counseling.....	72
31.2.25.6.2	Administration Without Counseling.....	73
31.2.25.7	Vaccine and Toxoid Procedure Codes.....	74
31.2.25.8	Influenza Vaccines.....	75
31.2.25.9	Bacille Calmette-Guerin (BCG) Vaccine.....	76
31.2.25.10	Botulinum Antitoxin.....	76
31.2.25.11	Hepatitis B Vaccine.....	76
31.2.25.12	Rabies Postexposure Prophylaxis.....	76
31.2.25.13	Respiratory Syncytial Virus (RSV) Prophylaxis.....	77
31.2.26	Injections and Oral Medications.....	77
31.2.26.1	Reimbursement for the Unused Portion of the Single-Dose Vial.....	78
31.2.26.2	Injection Administration Billed by a Physician.....	78
31.2.26.3	Unit Calculations for Billing Drugs.....	78
31.2.26.4	JW Modifier Claims Filing Instructions.....	79
31.2.26.5	Injection Procedure Codes.....	80
31.2.26.6	Adalimumab.....	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	Prior Authorization Requirements.....	90
31.2.26.9.2	Reimbursement.....	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	Prior Authorization Requirements.....	94
31.2.26.13	Immune Globulins.....	95
31.2.26.13.1	Authorization Requirements.....	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> (H. pylori)	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	<i>Modifiers</i>	116
31.2.39.6.2	<i>Documentation Requirements</i>	117
31.2.39.6.3	<i>Preoperative Services</i>	117
31.2.39.6.4	<i>Intraoperative Services</i>	118
31.2.39.6.5	<i>Postoperative Services</i>	118
31.2.39.6.6	<i>Return Trips to the Operating Room</i>	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	<i>Diagnostic Breast Procedures</i>	124
31.2.40.2	Surgical Breast Procedures	125
31.2.40.2.1	<i>Mastectomy</i>	125
31.2.40.2.2	<i>Prophylactic Mastectomy</i>	125
31.2.40.2.3	<i>Mastectomy for Gynecomastia</i>	126
31.2.40.2.4	<i>Breast Reconstruction</i>	126
31.2.40.2.5	<i>Excision or Destruction of Benign Lesions</i>	128
31.2.40.2.6	<i>Treatment for Complications of Breast Reconstruction</i>	128
31.2.40.2.7	<i>Reduction Mammoplasty</i>	128
31.2.40.2.8	<i>External Breast Prostheses</i>	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	<i>Mastectomy and Breast Reconstruction</i>	130
31.2.40.4.2	<i>Breast Reconstruction</i>	130
31.2.40.4.3	<i>Mastectomy for Gynecomastia</i>	130
31.2.40.4.4	<i>Reduction Mammoplasty</i>	131
31.2.40.4.5	<i>Unlisted Procedure</i>	131
31.2.40.4.6	<i>Breast Prostheses</i>	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	<i>Oral Procedures</i>	133
31.2.40.7.2	<i>Dermatological and Blepharoplasty Procedures</i>	133
31.2.40.7.3	<i>Panniculectomy and Abdominoplasty</i>	133
31.2.40.7.4	<i>Noncovered Services</i>	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	140
31.2.43.1	First-Line Wound Care Therapy.....	140
31.2.43.1.1	* Compression	140
31.2.43.1.2	Debridement	141
31.2.43.2	Second-Line Wound Care Therapy	141
31.2.43.2.1	Pulsatile-Jet Irrigation	142
31.2.43.2.2	* Application of Metabolically Active Skin Equivalents and Wound Preparation.....	142
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	146
31.4.1.1	Reimbursement Reduction.....	146
31.5	TMHP-CSHCN Services Program Contact Center	146

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	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services	5
34.2.5	Proton-Beam and Neutron-Beam Delivery	5
34.2.5.1	Prior Authorization Requirements	6
34.2.5.1.1	Proton-Beam Treatment Delivery	6
34.2.5.1.2	Neutron-Beam Treatment Delivery	6
34.2.6	Radiation Treatment Management and Delivery	6
34.2.6.1	Radioisotope Therapy	6
34.2.7	Stereotactic Radiosurgery	7
34.2.7.1	Prior Authorization Requirements	7
34.2.8	Strontium-89	8
34.2.9	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	Reimbursement	5
35.3.1.1	Renal Dialysis Facilities - Consolidated Billing	5
35.3.1.1.1	Maintenance Hemodialysis	5
35.3.1.1.2	Maintenance IPD	6
35.3.1.1.3	Maintenance CAPD and CCPD	6
35.3.1.2	Maintenance Hemodialysis	7
35.3.1.2.1	Training for Hemodialysis, IPD, CCPD, and CAPD	7
35.3.1.3	Ultrafiltration	8
35.3.1.4	Home Dialysis Items and Services	8
35.3.1.5	Unscheduled or Emergency Dialysis in a Non-Certified ESRD Facility	9
35.3.1.6	Ultrafiltration	12
35.3.1.7	Evaluation and Management	12
35.3.2	Renal Transplants	14
35.3.3	Prior Authorization Requirements	14
35.4	Claims Information	14
35.5	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	<i>RAD for Treatment of Severe COPD</i>	11
36.2.2.2.4	<i>RAD for Treatment of Central sleep Apnea (CSA) or Complex Sleep apnea (CompSA)</i>	11
36.2.2.2.5	<i>RAD for Treatment of Hypoventilation Syndrome</i>	12
36.2.2.2.6	<i>Extension Request for RAD With or Without a Set Backup Rate</i>	12
36.2.3	Controlled Dose Inhalation Drug Delivery System	13
36.2.4	Secretion and Mucus Clearance Devices.....	13
36.2.4.1	Cough Augmentation Device (Insufflation Devices or Cough Assist Machine)	14
36.2.4.2	Electrical Percussors	14
36.2.4.3	High Frequency Chest Wall Oscillation (HFCWO) System	14
36.2.4.4	Percussion Cup	16
36.2.4.5	Intermittent Positive Pressure Breathing (IPPB) Devices	16
36.2.5	Nebulizers.....	16
36.2.5.1	Medications Small Volume Nebulizer.....	17
36.2.5.2	Large Volume Nebulizer	18
36.2.5.3	Compressors and other DME used with Large Volume Nebulizers	18
36.2.5.4	Filtered Nebulizer.....	18
36.2.5.5	Ultrasonic Nebulizers	19
36.2.6	Oxygen Therapy.....	19
36.2.6.1	Stationary Oxygen Systems	22
36.2.6.2	Portable Oxygen Systems	22
36.2.7	Pulse Oximeters	22
36.2.8	Tracheostomy Tubes and Related Supplies	24
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.....	28
36.2.14	Aerosol Treatments.....	28
36.2.15	Diagnostic Testing.....	29
36.2.16	Other Equipment.....	29
36.3	Claims Information	29
36.4	Reimbursement	30
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 System8

37.4 Claims Information.....9

37.5 Reimbursement.....9

37.6 TMHP-CSHCN Services Program Contact Center.....9

Telecommunication Services

38.1 Enrollment3

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 Enrollment3

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 Enrollment3

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