Texas Medicaid

Provider Procedures Manual

July 2024

Volume 2

Provider Handbooks

Certified Respiratory Care Practitioner (CRCP) Services Handbook

The Texas Medicaid & Healthcare Partnership (TMHP) is the claims administrator for Texas Medicaid under contract with the Texas Health and Human Services Commission.

CERTIFIED RESPIRATORY CARE PRACTITIONER (CRCP) SERVICES

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1 General Information

This handbook contains information about Texas Medicaid fee-for-service benefits. For information about managed care benefits, refer to the Medicaid Managed Care Handbook.

Managed care carve-out services are administered as fee-for-service benefits. A list of all carve-out services is available in Section 8, "Carve-Out Services" in the *Medicaid Managed Care Handbook* (*Vol. 2, Provider Handbooks*).

The information in this handbook is intended for CRCP services and provides information about Texas Medicaid's benefits, policies, and procedures applicable to these therapies.

Important: *All providers are required to read and comply with Section 1: Provider Enrollment and Responsibilities. In addition to required compliance with all requirements specific to Texas Medicaid, it is a violation of Texas Medicaid rules when a provider fails to provide healthcare services or items to Medicaid clients in accordance with accepted medical community standards and standards that govern occupations, as explained in Title 1 Texas Administrative Code (TAC) §371.1659. Accordingly, in addition to being subject to sanctions for failure to comply with the requirements that are specific to Texas Medicaid, providers can also be subject to Texas Medicaid sanctions for failure, at all times, to deliver health-care items and services to Medicaid clients in full accordance with all applicable licensure and certification requirements including, without limitation, those related to documentation and record maintenance.*

Refer to: "Section 1: Provider Enrollment and Responsibilities" (*Vol. 1, General Information*) for more information about enrollment procedures.

2 Enrollment

Refer to: Subsection 1.7.16, "Certified Respiratory Care Practitioner (CRCP) Services" in "Section 1: Provider Enrollment and Responsibilities" (*Vol. 1, General Information*) for additional information about enrollment.

3 CRCP Services

3.1 * Services, Benefits, Limitations, and Prior Authorization

Certified respiratory care practitioner services are a benefit of Texas Medicaid when provided in the home setting for ventilator-dependent clients by providers enrolled in Texas Medicaid as respiratory therapists.

Subject to the following specifications, conditions, and limitations, in-home certified respiratory care practitioner services are available to eligible clients who:

- Are ventilator-dependent for life support at least six hours per day.
- Have been ventilator-dependent for at least 30 consecutive days as an inpatient in one or more hospitals, skilled nursing facilities (SNF), or intermediate care facilities (ICF).
- But for the availability of these respiratory care services at home, would require respiratory care as an inpatient in a hospital, SNF, or ICF.
- Would be eligible to have reimbursement made for such inpatient care under the state Medicaid plan.
- Have adequate social support services to be cared for at home.

- Wish to be cared for at home.
- Require professional respiratory therapy services in addition to those respiratory therapy services that are provided through the Home Health durable medical equipment (DME) lease of a ventilator.

Note: *For clients who are birth through 20 years of age who do not meet the criteria above, services to be performed by a certified respiratory care practitioner may be considered through the Comprehensive Care Program (CCP).*

Benefits include:

- [Revised] Respiratory therapy services and treatments prescribed by a physician or allowed practitioner who is familiar with the client's medical history and care, and who has medically determined that in-home care is safe and feasible for the client.
- Education of the client, the appropriate family members, or support persons regarding the in-home respiratory care. Education must include the use and maintenance of required supplies, equipment, and techniques appropriate to the situation.

Note: ***[Revised]*** *An allowed practitioner is an individual licensed in Texas as a physician assistant (PA), a certified nurse practitioner (CNP), or clinical nurse specialist (CNS).*

Providers must use procedure code 99504 for in-home respiratory services.

Providers of respiratory therapy services must meet the following requirements:

- Be certified by the Texas Medical Board to practice under Chapter 604 of the Texas Occupations Code.
- Be enrolled and approved for participation in the Texas Medical Assistance Program.
- Bill for benefit services in the manner and format prescribed by HHSC or its designee.
- Comply with all applicable federal, state, and local laws and regulations.

The professional service may be billed by the certified respiratory care practitioner for services provided in the client's home (procedure code 99504). The professional service will be allowed once per day up to a limit of 24 visits per year. The recommended schedule includes 7 visits during the first week, a total of 6 visits during the second through fourth week, and 11 monthly visits for the second through the 12th month.

Providers will not be reimbursed for procedure codes 99503 and 99504 on the same date of service, any provider.

Disposable respiratory supplies are a benefit through Texas Medicaid Title XIX Home Health Services and are not reimbursed to the certified respiratory therapist.

3.1.1 * Authorization Requirements

Prior authorization requests may be submitted to the TMHP Prior Authorization Department via mail, fax, or the electronic portal. Prescribing or ordering providers, dispensing providers, clients' responsible adults, and clients may sign prior authorization forms and supporting documentation using electronic or wet signatures.

Refer to: Subsection 5.5.1.2, "Document Requirements and Retention" in "Section 5: Fee-for-Service Prior Authorizations" (*Vol. 1, General Information*) for additional information about electronic signatures.

Prior authorization is required for in-home certified respiratory care practitioner services (procedure code 99504).

[Revised] A completed Special Medical Prior Authorization (SMPA) Request Form prescribing the service must be signed and dated by a physician or allowed practitioner familiar with the client before requesting prior authorization for respiratory care services. The completed SMPA Request Form must include the procedure codes and quantities for services requested. Without this information, requests will be considered incomplete.

[Revised] The completed SMPA Request Form with the original dated signature must be maintained by the prescribing physician or allowed practitioner in the client's medical record. A copy of the completed, signed, and dated form must be maintained by the certified respiratory care practitioner in the client's medical record.

Refer to: Special Medical Prior Authorization (SMPA) Request Form on the TMHP website at www.tmhp.com.

[Revised] To complete the prior authorization process by paper, the requesting provider must fax or mail the completed form to the Special Medical Prior Authorization (SMPA) Department. To complete the prior authorization process electronically, the requesting provider must submit the prior authorization requirements through any approved electronic methods.

[Revised] To facilitate the determination of medical necessity and avoid unnecessary denials, the physician or allowed practitioner must provide correct and complete information, including documentation of medical necessity for the service requested and is subject to retrospective review. The physician or allowed practitioner must maintain documentation of medical necessity in the client's medical record. The requesting provider may be asked for additional information to clarify or complete a request for the service.

The SMPA Request Form must be submitted with the following documentation supporting medical necessity for the requested procedure:

- The client is on a ventilator at least six hours per day.
- The client has been ventilator dependent for 30 consecutive days or more as an inpatient in one or more hospitals, SNF, or ICF.
- The respiratory therapy services are in lieu of respiratory services requiring the client to remain in an inpatient care setting.
- Identification of the adequate support services in place that allow the client to be cared for at home.
- The respiratory services and goals for the services that will be provided by the certified respiratory care practitioner.
- The frequency and number of home visits requested by the certified respiratory care practitioner.
- The client's wish to be cared for at home.
- Documentation supporting why the respiratory therapy visits included in the Home Health DME rental of a ventilator would not meet the client's medical needs.

The request may be authorized for up to a 12-month period. Requests for more than 24 visits in a 12-month period will be referred for the medical director to review and a determination will be based on the individual client's medical needs.

Retrospective review may be performed to ensure documentation supports the medical necessity of the service when billing the claim for the procedure codes listed within the policy.

4 CRCP-CCP Services

4.1 * Services, Benefits, Limitations, and Prior Authorization

In-home respiratory services by a licensed certified respiratory care practitioner are a benefit of the Texas Medicaid Comprehensive Care Program (CCP) for non-ventilator dependent clients who are birth through 20 years of age when rendered by providers who are enrolled with Texas Medicaid as follows:

- Respiratory Therapist
- Physicians
- Home Health Agency

CRCP services are a benefit when provided in the home setting for a client with a chronic underlying respiratory illness, or a newly diagnosed long-term respiratory condition that is currently resulting in a suboptimal respiratory status.

[Revised] The services provided through this policy are designed to maximize the client or caregiver's ability to self-manage the client's disease when the physician or allowed practitioner deems the client or caregiver will benefit from the expertise of a respiratory care practitioner for the provision of respiratory care or education. Respiratory therapy care services that do not require the specialty of a certified respiratory care practitioner are not a benefit. The certified respiratory care practitioner's services allow for the performance of pulmonary care, when required, and the education of the client or caregivers in:

- Disease management.
- Prevention of infections and/or complications.
- Proper use of medications and respiratory equipment which the client is using.

Note: ***[Revised]*** *An allowed practitioner is an individual licensed in Texas as a physician assistant (PA), a certified nurse practitioner (CNP), or clinical nurse specialist (CNS).*

Refer to: Section 3, "CRCP Services" in this handbook for respiratory care practitioner services for clients who are ventilator-dependent.

Providers must use the following procedure codes for in-home respiratory services:

Procedure Codes		
S9441	98960	99503

A certified respiratory care practitioner must hold a certificate or temporary permit in compliance with the *Texas Occupations Code* §604.105a.

A certified respiratory care practitioner must meet the following requirements:

- Be enrolled and approved for participation with Texas Medicaid as an independent practitioner or be employed by a physician, physicians group, or home health agency.
- Submit claims for covered services in the manner and format prescribed by HHSC or its designee
- Comply with all applicable federal, state, and local laws and regulations

Procedure codes S9441, 98960, and 99503 are each limited to once per day, by any provider, and twice per lifetime. Additional visits may be reimbursed when additional prior authorization criteria have been met.

Providers will not be reimbursed for procedure codes S9441, 98960, 99503, or 99504, in any combination, if submitted on the same date of service, by any provider.

Disposable respiratory supplies are a benefit through Texas Medicaid Title XIX Home Health Services and are not reimbursed to the certified respiratory therapist. Retrospective review may be performed to ensure documentation supports the medical necessity of the service when claims are submitted for the procedure codes listed within this handbook.

4.1.1 * Authorization Requirements

Prior authorization requests may be submitted to the TMHP Prior Authorization Department via mail, fax, or the electronic portal. Prescribing or ordering providers, dispensing providers, clients' responsible adults, and clients may sign prior authorization forms and supporting documentation using electronic or wet signatures.

Refer to: Subsection 5.5.1.2, "Document Requirements and Retention" in "Section 5: Fee-for-Service Prior Authorizations" (*Vol. 1, General Information*) for additional information about electronic signatures.

Prior authorization is required for in-home certified respiratory care practitioner's services.

[Revised] A completed CRCP Prior Authorization Request Form requesting respiratory care services must be signed and dated by a physician or allowed practitioner familiar with the client, before requesting prior authorization for respiratory care services. The completed CRCP Prior Authorization Request Form must include the procedure codes and quantities for services requested.

[Revised] The completed CRCP Prior Authorization Request Form with the original dated signature must be maintained by the prescribing physician or allowed practitioner in the client's medical record. A copy of the completed, signed, and dated form must be maintained by the certified respiratory care practitioner in the client's medical record.

Refer to: CRCP Prior Authorization Request Form on the TMHP website at www.tmhp.com.

[Revised] To complete the prior authorization process by paper, the requesting provider must fax or mail the completed form to the CCP prior authorization unit. To complete the prior authorization process electronically, the requesting provider must submit the prior authorization requirements through any approved electronic methods.

[Revised] To facilitate the determination of medical necessity and avoid unnecessary denials, the physician or allowed practitioner must provide correct and complete information, including documentation of medical necessity for the services requested and is subject to retrospective review. The physician or allowed practitioner must maintain documentation of medical necessity in the client's medical record. The requesting provider may be asked for additional information to clarify or complete a request for the service.

The following documentation must be submitted to the CCP Prior Authorization Unit for prior authorization:

- [Revised] A physician or allowed practitioner's order
- Client's primary diagnosis with details of current suboptimal respiratory status and history of more than one emergency room or acute care clinic visits within the last three months
- The services the certified respiratory care practitioner will provide
- Reason this service or education needs to be provided in the home setting and cannot be provided in the office or facility setting. These may include, but are not limited to:
  - Testing of home equipment.
  - Evaluation of the patient or caregiver's technique with home respiratory care equipment.
  - Evaluation of caregiver's ability to assess the client's respiratory status and intervene appropriately if necessary.

  - Home environment assessment.
- The goals of the services to be provided in the home and the estimated length of time to attain these goals

Prior authorization is required for procedure code S9441, and services must be performed by a certified respiratory care practitioner who has been certified by the National Asthma Educator Certification Board (NAECB) as a certified asthma educator. Certification documentation must be provided with the CRCP Prior Authorization Request Form in order to be considered for prior authorization.

Asthma conditions may include, but are not limited to:

- Extrinsic asthma
- Intrinsic asthma
- Chronic obstructive asthma
- Exercise-induced asthma

Prior authorization is required for procedure codes 98960 and 99503. Respiratory conditions may include, but are not limited to:

- Cystic fibrosis
- Obstructive sleep apnea (use of CPAP or BiPAP)
- Chronic respiratory insufficiency

Prior authorization will not be considered for certified respiratory care practitioners to perform routine respiratory treatment or services in the home.

Prior authorization requests for conditions or quantities beyond those limits established in this policy (two per lifetime) will be considered on a case-by-case basis upon review by the Texas Medicaid & Healthcare Partnership (TMHP) Medical Director. The following additional information must be provided:

- Documentation of how the objectives of prior visits have not been achieved to support the need for additional visits beyond those limits established in this policy.
- Reason these additional services need to be provided in the home setting.
- The goals of these services and the estimated length of time to attain these goals.
- The frequency and number of home visits requested by the certified respiratory care practitioner.

5 Documentation Requirements

All supporting documentation must be included with the request for prior authorization. Providers can submit requests to TMHP as follows:

- TMHP Prior Authorization on the Portal: www.tmhp.com/topics/prior-authorization

  Note: *The above link is to the TMHP Prior Authorization web page. From the TMHP Prior Authorization web page, click "PA On the Portal" to access the TMHP PA on the Portal application.*
- CCP requests, Fax to: 1-512-514-4212
- Non-CCP requests, Fax to: 1-512-514-4213

6 Prescribed Pediatric Extended Care Center (PPECC) Services

CRCP services may be reimbursed when provided in a PPECC setting. When services are rendered in a PPECC setting, the PPECC's name and NPI number must appear on the professional claim, in addition to the certified respiratory care provider's NPI. The certified respiratory care practitioner must also indicate outpatient hospital as the place of service when rendering services in a PPECC, or the claim will be denied.

When certified respiratory care services are rendered in a PPECC, the certified respiratory care provider must document coordination with the PPECC.

The PPECC and the certified respiratory care practitioner must have a written agreement for each client related to the provision of respiratory care practitioner services provided at the PPECC. The written agreement must address responsibilities of both parties, and how the parties will coordinate related to the client's plan of care. The written agreement must be maintained in the client's medical record.

7 Claims Filing and Reimbursement

7.1 Claims Information

CRCP services must be submitted to the Texas Medicaid & Healthcare Partnership (TMHP) in an approved electronic format or on the CMS-1500 paper claim form. Providers may purchase CMS-1500 paper claim forms from the vendor of their choice. TMHP does not supply the forms.

When completing a CMS-1500 paper claim form, all required information must be included on the claim, as TMHP does not key any information from claim attachments. Superbills, or itemized statements, are not accepted as claim supplements.

Refer to: "Section 3: TMHP Electronic Data Interchange (EDI)" (*Vol. 1, General Information*) for information on electronic claims submissions.

"Section 6: Claims Filing" (*Vol. 1, General Information*) for general information about claims filing.

Subsection 6.5, "CMS-1500 Paper Claim Filing Instructions" in "Section 6: Claims Filing" (*Vol. 1, General Information*). Blocks that are not referenced are not required for processing by TMHP and may be left blank.

Electronic billers must submit the prior authorization number (PAN) on the electronic claim form.

Providers should consult the software vendor for the location of this field in the software.

7.2 Reimbursement

Respiratory therapy services provided by a participating CRCP are reimbursed the lesser of the provider's billed charges or the rate calculated in accordance with 1 TAC §355.8089.

Providers can refer to the Online Fee Lookup (OFL) or the applicable fee schedule on the TMHP website at www.tmhp.com.

Texas Medicaid implemented mandated rate reductions for certain services. The OFL and static fee schedules include a column titled "Adjusted Fee" to display the individual fees with all mandated percentage reductions applied. Additional information about rate changes is available on the TMHP website at www.tmhp.com/resources/rate-and-code-updates/rate-changes.

Refer to: Subsection 2.2, "Fee-for-Service Reimbursement Methodology" in "Section 2: Texas Medicaid Fee-for-Service Reimbursement" (*Vol. 1, General Information*) for more information about reimbursement.

Providers will not be reimbursed for procedure codes 99503 and 99504 on the same date of service, any provider.

The professional service may be billed by the CRCP for services provided in the client's home (procedure code 99504). The professional service will be allowed once per day up to a limit of 24 visits per year. The recommended frequency for CRCP services is as follows: 7 visits during the first week, a total of 6 visits during the second through fourth weeks, and 11 monthly visits for the second through the 12th month.

Disposable respiratory supplies and respiratory equipment rental or purchase are a home health services benefit and are not reimbursed to the certified respiratory therapist.

Refer to: Subsection 2.2, "Services, Benefits, Limitations and Prior Authorization" in the *Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook* (*Vol. 2, Provider Handbooks*) for more information about DME or medical supplies prior authorization information.

Retrospective review may be performed to ensure documentation supports the medical necessity of the service when claims are submitted for the procedure codes listed within this handbook.

The *Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT)* codes included in this policy are subject to National Correct Coding Initiative (NCCI) relationships. Any exceptions to NCCI code relationships are specifically noted in the policy. Providers should refer to NCCI for correct coding guidelines and specific applicable code combinations.