

# Texas



## At A Glance

### MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: Yes
- Remote Patient Monitoring: Yes
- Audio Only: Yes

### PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: No

### PROFESSIONAL REQUIREMENTS

- Licensure Compacts: EMS, IMLC, NLC, PSY, PTC
- Consent Requirements: Yes

### STATE RESOURCES

1. Medicaid Program: Texas Medicaid
2. Administrator: Texas Health and Human Services Commission
3. Regional Telehealth Resource Center: TexLa Telehealth Resource Center

# Private Payer

## DEFINITIONS

*Last updated 08/17/2024*

“Telehealth service” means a health service, other than a telemedicine medical service or a teledentistry dental service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional’s license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

“Telemedicine medical service” means a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician’s or health professional’s license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.

“Teledentistry dental service” means a health care service delivered by a dentist, or a health professional acting under the delegation and supervision of a dentist, acting within the scope of the dentist’s or health professional’s license or certification to a patient at a different physical location than the dentist or health professional using telecommunications or information technology.

SOURCE: TX Insurance Code Sec. 1455.001 (refers to Occupations Code Sec. 111.001). (Accessed Aug. 2024)

### Workers Compensation Health Care Networks

Telehealth service, telemedicine medical service, and teledentistry dental service—Have the meanings assigned by Occupations Code §111.001, concerning Definitions.

SOURCE: TX Administrative Code Title 28, Part 1 Ch. 10, Rule 10.2 (Accessed Aug. 2024).

## REQUIREMENTS

*Last updated 08/16/2024*

A health benefit plan:

1. must provide coverage for a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service, teledentistry dental service, or telehealth service on the same basis and to the same extent that the plan provides coverage for the service or procedure in an in-person setting; and
2. may not:
  - a. exclude from coverage a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service, a teledentistry dental service, or a telehealth service solely because the covered health care service or procedure is not provided through an in-person consultation; and
  - b. subject to Subsection (c), limit, deny, or reduce coverage for a covered health care service or procedure delivered as a telemedicine medical service, teledentistry dental service, or telehealth service based on the health professional's choice of platform for delivering the service or procedure.

A health benefit plan may require a deductible, a copayment, or coinsurance for a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service, a teledentistry dental service, or a telehealth service. The amount of the deductible, copayment, or coinsurance may not exceed the amount of the deductible, copayment, or coinsurance required for the covered health care service or procedure provided through an in-person consultation.

SOURCE: TX Insurance Code Sec. 1455.004. (Accessed Aug. 2024).

Each issuer of a health benefit plan shall adopt and display in a conspicuous manner on the health benefit plan issuer's Internet website the issuer's policies and payment practices for telemedicine medical services, teledentistry dental services, and telehealth services.

SOURCE: TX Insurance Code Sec. 1455.006. (Accessed Aug. 2024).

Each evidence of coverage or certificate delivered or issued for delivery by an HMO may provide enrollees the option to access covered health care services through a telehealth service or telemedicine service.

SOURCE: Texas Admin Code, Title 28, Part 1, Ch. 11, Subchapter Q, Sec. 11.1607, (Accessed Aug. 2024).

## Worker's Compensation

A health care provider must bill for telemedicine, telehealth, and teledentistry services according to applicable:

- Medicare payment policies, as defined in §134.203 of this title (relating to Medical Fee Guideline for Professional Services);
- Medicaid payment policies, in accordance with the dental fee guideline in §134.303 of this title (relating to 2005 Dental Fee Guideline); and
- provisions of Chapter 133 of this title.

A health care provider may bill and be reimbursed for telemedicine, telehealth, or teledentistry services regardless of where the injured employee is located at the time the telemedicine, telehealth, or teledentistry services are provided.

The provisions of this section take precedence over any conflicting provisions adopted or used by:

- the Centers for Medicare and Medicaid Services in administering the Medicare program; and
- the Texas Health and Human Services Commission in administering the Texas Medicaid Program.

SOURCE: TX Admin. Code, Title 28 Sec. 2.133.30 (Accessed Aug. 2024).

In providing covered benefits to a child, a health plan provider must permit benefits to be provided through telemedicine medical services, teledentistry dental services, and telehealth services in accordance with policies developed by the commission.

The policies must provide for:

- the availability of covered benefits appropriately provided through telemedicine medical services, teledentistry dental services, and telehealth services that are comparable to the same types of covered benefits provided without the use of telemedicine medical services, teledentistry dental services, and telehealth services; and
- the availability of covered benefits for different services performed by multiple health care providers during a single session of telemedicine medical services, teledentistry dental services, or both services, or of telehealth services, if the executive commissioner determines that delivery of the covered benefits in that manner is cost-effective in comparison to the costs that would be involved in obtaining the services from providers without the use of telemedicine medical services, teledentistry dental services, or telehealth services, including the costs of transportation and lodging and other direct costs.

SOURCE: Health and Safety Code 62.1571, (Accessed Aug. 2024).

An insurer must submit network configuration information as specified in this section in connection with a request for a waiver under §3.3707 of this title (relating to Waiver Due to Failure to Contract in Local Markets), an annual network adequacy report required under §3.3709 of this title (relating to Annual Network Adequacy Report), or an

application for a network modification under §3.3722 of this title (relating to Application for Preferred and Exclusive Provider Benefit Plan Approval; Qualifying Examination; Network Modifications).

...

A network configuration filing must contain the following items.

- Provider listing data. The insurer must use the provider listings form available at [www.tdi.texas.gov](http://www.tdi.texas.gov) to provide a comprehensive searchable and sortable listing of physicians and health care providers in the plan's network that includes: ...
- whether the preferred provider offers telemedicine or telehealth

SOURCE: TX Insurance Code Part 1, Ch. 3, Subch. X, Div. 1, Rule Sec. 3.3712, (Accessed Aug. 2024).

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## PARITY

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*Last updated 08/16/2024*

### SERVICE PARITY

A health benefit plan may not exclude from coverage a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service, a teledentistry dental service, or a telehealth service solely because the covered health care service or procedure is not provided through an in-person consultation

A health benefit plan is not required to provide coverage for a telemedicine medical service, a teledentistry dental service, or a telehealth service provided by only synchronous or asynchronous audio interaction, including:

- an audio-only telephone consultation;
- a text-only e-mail message; or
- a facsimile transmission.

SOURCE: TX Insurance Code 1455.004(a) (Accessed Aug. 2024).

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### PAYMENT PARITY

No Reference Found

# Medicaid

## OVERVIEW

*Last updated 08/18/2024*

Texas Medicaid reimburses for live video, and store-and-forward in some circumstances. Home telemonitoring is reimbursable for some conditions when a provider is approved to deliver those services. Texas Medicaid has two telehealth manuals (which they title “telecommunications services”), one for the general Medicaid program and one specifically for Children with Special Health Care Needs (CSHCN) as well as specific telehealth sections in a variety of other program provider manuals.

Audio-only service deliver is also allowed for behavioral health services under certain circumstances.

## DEFINITIONS

*Last updated 08/16/2024*

### Teledentistry

“Teledentistry dental service” means a health care service delivered by a dentist, or a health professional acting under the delegation and supervision of a dentist, acting within the scope of the dentist’s or health professional’s license or certification to a patient at a different physical location than the dentist or health professional using telecommunications or information technology.

SOURCE: Insurance Code Title 8, Subtitle F, Ch. 1455.001 refers to Occupations Code, Sec. 111.001. (Accessed Aug. 2024).

“Telehealth service” means a health service, other than a telemedicine medical service or a teledentistry dental service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional’s license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

“Telemedicine medical service” means a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and

supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.

SOURCE: TX Admin. Code, Title 1 Sec. 354.1430, & TX Government Code, Sec. 531.001 refers to Occupations Code, Sec. 111.001. (Accessed Aug. 2024).

**Synchronous audiovisual technology** – An interactive, two-way audio and video telecommunications platform that meets the privacy requirements of the Health Insurance Portability and Accountability Act.

Telemedicine services are defined as health-care services delivered by a physician licensed in Texas or a health professional who acts under the delegation and supervision of a health professional licensed in Texas and within the scope of the health professional's license to a client at a different physical location using telecommunications or information technology. Telemedicine excludes teledentistry services.

Telehealth services are defined as health-care services, other than telemedicine medical services or a teledentistry service, delivered by a health professional licensed, certified or otherwise entitled to practice in Texas and acting within the scope of the health professional's license, certification or entitlement to a patient at a different physical location other than the health professional using telecommunications or information technology.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 5, 7 & 12 (Aug. 2024). (Accessed Aug. 2024).

## **Standards of Care in Crisis Stabilization Units**

**Telehealth service**—A health-care service, other than telemedicine medical services, delivered by a health professional licensed, certified or otherwise entitled to practice in Texas and acting within the scope of the health professional's license, certification or entitlement to an individual at a different physical location other than the health professional using telecommunications or information technology, in accordance with Texas Occupation Code §111.001(3).

**Telemedicine medical service**—A health-care service delivered to an individual at a different physical location using telecommunications or information technology by:

- a physician licensed in Texas; or

- a health professional who acts under the delegation and supervision of a physician licensed in Texas and within the scope of the health professional's license in Texas.

SOURCE: TX Admin Code, Title 26, Part 1, Ch. 306, Subchapter B, Sec. 306.45, (Accessed Aug. 2024).

## Hospital Licensing

**Telehealth service**—A health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology as defined in Texas Occupations Code §111.001.

**Telemedicine medical service**—A health care service delivered by a physician licensed in this state, or health professional acting under the delegation and supervision of a physician licensed in this state and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or technology as defined in Texas Occupations Code §111.001.

SOURCE: TX Admin Code Sec. 133.182, (Accessed Aug. 2024).

## Children with Special Health Care Needs (CSHCN) Program

Telemedicine is defined as a health-care service that is either initiated by a physician who is licensed to practice medicine in Texas or provided by a health professional who is acting under physician delegation and supervision.

SOURCE: TX Medicaid CSHCN Services Program Provider Manual: Telecommunication Services (Jul. 2024), p. 4. (Accessed Aug. 2024).

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## LIVE VIDEO

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*Last updated 08/17/2024*

### POLICY

**Synchronous audiovisual technology** – An interactive, two-way audio and video telecommunications platform that meets the privacy requirements of the Health Insurance Portability and Accountability Act.

**Telemedicine/Telehealth Service Delivery:** The following delivery methods may be used to provide telemedicine within fee-for-service (FFS) Medicaid:

- Synchronous audiovisual technology between the distant site provider and the client in another location ...

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 5 & 9 (Aug. 2024), (Accessed Aug. 2024).

The executive commissioner by rule shall develop and implement a system to reimburse providers of services under Medicaid for services performed using telemedicine medical services, teledentistry dental services, or telehealth services.

SOURCE: TX Govt. Code Sec. 531.0216. [repealed eff. April 1, 2025], (Accessed Aug. 2024).

The executive commissioner by rule shall require each health and human services agency that administers a part of Medicaid to provide Medicaid reimbursement for a telemedicine medical service initiated or provided by a physician.

The commission shall ensure that reimbursement is provided only for a telemedicine medical service initiated or provided by a physician.

The commission shall ensure that Medicaid reimbursement is provided to a physician for a telemedicine medical service provided by the physician, even if the physician is not the patient's primary care physician or provider, if:

- The physician is an authorized health care provider under Medicaid;
- The patient is a child who receives the services in a primary or secondary school-based setting; and
- The parent or legal guardian of the patient provides consent before the services is provided.

The commission shall require reimbursement for a telemedicine medical service at the same rate as Medicaid reimburses for the same in-person medical service. A request for reimbursement may not be denied solely because an in-person medical service between a physician and a patient did not occur. The commission may not limit a physician's choice of platform for providing a telemedicine medical service or telehealth service by requiring that the physician use a particular platform to receive reimbursement for the service.

SOURCE: TX Govt. Code Sec. 531.0217(d), [repealed eff. April 1, 2025 (Accessed Aug. 2024).

Texas Medicaid managed care organizations (MCOs) are prohibited from denying reimbursement for covered services solely because they are delivered remotely. MCOs must consider reimbursement for all medically necessary Medicaid-covered services that are provided using telemedicine or telehealth.

Texas Medicaid MCOs must determine whether to reimburse for a telemedicine or telehealth service based on clinical and cost effectiveness, among other factors.

Texas Medicaid MCOs cannot deny, limit, or reduce reimbursement for a covered health-care service or procedure based on the provider's choice of telecommunications platform to provide the service or procedure using telemedicine or telehealth.

Providers should refer to individual MCO policies for additional coverage information.

Clinical and cost effectiveness determinations that result in prohibiting a service from being delivered using a synchronous audio-only technology, or store and forward technology in conjunction with synchronous audio-only technology are not considered denying, limiting, or reducing reimbursement for a covered health care service.

Telemedicine and telehealth services are reimbursed in accordance with 1 TAC §355.

In the event of a Declaration of State of Disaster, HHSC will issue direction to providers regarding the use of telemedicine or telehealth services to include the use of a synchronous telephone (audio-only) platform to provide covered services outside of the allowances described herein to the extent permitted by Texas law.

Declaration of State of Disaster is when to an executive order or proclamation is issued by the governor declaring a state of disaster in accordance with Texas Government Code §418.014.

A valid practitioner-patient relationship must exist between the distant site provider and the patient. A valid practitioner-patient relationship exists between the distant site provider and the patient if:

- The distant site provider meets the same standard of care required for and in-person service.
- The relationship can be established through:
  - A prior in-person service.
  - A prior telemedicine service that meets the delivery method requirements specified in Texas Occupations Code §111.005(a)(3).
  - The current telemedicine service that meets the delivery method requirements specified in Texas Occupations Code §111.005(a)(3).

A call coverage agreement established in accordance with Texas Medical Board (TMB) administrative rules in 22 TAC §177.20.

SOURCE: TX Medicaid Telecommunication Services Handbook, Jan. 2024, p. 5, 7 and 8, (Aug. 2024) (Accessed Aug. 2024).

The following delivery methods may be used to provide telemedicine [telehealth] within fee-for-service (FFS) Medicaid:

- Synchronous audiovisual technology between the distant site provider and the client in another location
- Synchronous audio-only technology between the distant site provider and the client in another location
- Store and forward technology in conjunction with synchronous audio-only technology between the distant site provider and the client in another location. The distant site provider must use one of the following:
  - Clinically relevant photographic or video images, including diagnostic images
  - The client's relevant medical records, such as medical history, laboratory and pathology results, and prescriptive histories

SOURCE: TX Medicaid Telecommunication Services Handbook, pg. 9, & 13-14, (Aug. 2024). (Accessed Aug. 2024).

Eligible distant site providers are reimbursed in the same manner as their other professional services. See administrative code for each provider type and the reference for the code under which TX Medicaid pays in the same manner of.

SOURCE: TX Admin. Code, Title 1 Sec. 355.7001, (Accessed Aug. 2024).

## **CSHCN Program**

Authorization is not required for telemedicine or telehealth services, however prior authorization may be required for the individual procedure codes billed.

Telemedicine and telehealth services must be provided in compliance with standards established by the respective licensing or certifying board of the professional providing the services.

Only those services that involve direct face-to-face interactive video communication between the client and the distant-site provider constitute a telemedicine or telehealth service. No separate reimbursement will be made for the cost of telemedicine and telehealth hardware or equipment, electronic documentation, and transmissions. Telephone conversations, chart reviews, electronic mail messages, and fax transmissions alone do not constitute a telemedicine or telehealth interactive video service and will not be reimbursed as telemedicine or telehealth services.

Telecommunication services may be reimbursed the lower of the billed amount or the amount allowed by Texas Medicaid.

SOURCE: TX Medicaid CSHCN Services Program Provider Manual: Telecommunication Services (Jul. 2024), p. 3, 13 (Accessed Aug. 2024).

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## ELIGIBLE SERVICES/SPECIALTIES

Telemedicine medical services and telehealth services are authorized service delivery methods for Texas Medicaid covered services as provided in this section. All telemedicine medical services and telehealth services are subject to the specifications, conditions, limitations, and requirements established by the Texas Health and Human Services Commission (HHSC) or its designee.

- A client must not be required to receive a covered service as a telemedicine medical service or telehealth service except in the event of an active declaration of state of disaster and at the direction of HHSC.
- In the event of a declaration of state of disaster, HHSC may issue direction to providers regarding the use of telemedicine medical services and telehealth services, including the use of an audio-only platform, to provide covered services to clients who reside in the area subject to the declaration of state of disaster.
- HHSC considers the following criteria when determining whether a covered service may be delivered as telemedicine medical service or telehealth service, including via an audio-only platform:
  - Clinical effectiveness;
  - Cost effectiveness;
  - Health and safety;
  - Patient choice and access to care; and
  - Other criteria specific to the service.

Conditions for reimbursement applicable to telemedicine medical services.

- The provider must be enrolled in Texas Medicaid.
- The covered services must be provided in compliance with Texas Occupations Code Chapter 111 and Title 22 Texas Administrative Code Chapter 174 (relating to Telemedicine).
- A telemedicine medical service must be designated for reimbursement by HHSC. Telemedicine medical services designated for reimbursement are those that are clinically effective and cost-

effective, as determined by HHSC and in accordance with paragraph (3) of this section. Covered services that HHSC has determined are clinically effective and cost-effective when provided as a telemedicine medical service can be found in the Texas Medicaid Provider Procedures Manual (TMPPM).

\*See regulations for eligible sites topic for conditions for school-based settings.

### Conditions for reimbursement applicable to telehealth services.

- The provider must be enrolled in Texas Medicaid.
- The covered services must be provided in compliance with Texas Occupations Code Chapter 111 and standards established by the respective licensing or certifying board of the professional providing the telehealth service.
- Telehealth services must be designated for reimbursement by HHSC. Telehealth services designated for reimbursement are those that are clinically effective and cost-effective, as determined by HHSC and in accordance with paragraph (3) of this section. Covered services that HHSC has determined are clinically effective and cost-effective when provided as a telehealth service can be found in the TMPPM.

### Conditions for reimbursement applicable to both telemedicine medical services and telehealth services.

- Preventive health visits under Texas Health Steps (THSteps), also known as Early and Periodic Screening, Diagnosis and Treatment program, are not reimbursed if performed using telemedicine medical services or telehealth services. Health care or treatment provided using telemedicine medical services or telehealth services after a THSteps preventive health visit for conditions identified during a THSteps preventive health visit may be reimbursed.
- Documentation in the patient's medical record for a telemedicine medical service or a telehealth service must be the same as for a comparable in-person evaluation.
- Providers of telemedicine medical services and telehealth services must maintain confidentiality of protected health information (PHI) as required by Title 42 Code of Federal Regulations (CFR) Part 2, 45 CFR Parts 160 and 164, Texas Occupations Code Chapters 111 and 159, and other applicable federal and state law.
- Providers of telemedicine medical services and telehealth services must comply with the requirements for authorized disclosure of PHI relating to patients in state mental health facilities and residents in state supported living centers, which are included in, but not limited to, 42 CFR Part 2, 45 CFR Parts 160 and 164, Texas Health and Safety Code §611.004, and other applicable federal and state law.
- Telemedicine medical services and telehealth services are reimbursed in accordance with Chapter 355 of this title (relating to Reimbursement Rates).

SOURCE: TX Admin Code Title 1, Sec. 354.1432, (Accessed Aug. 2024).

## Telemedicine & Telehealth

Not all Medicaid-covered services are authorized by HHSC for telemedicine or telehealth delivery in fee-for-service. Providers must always ensure the covered service is allowable by HHSC for telemedicine or telehealth services delivery.

Note: For example, if a service is authorized for telemedicine or telehealth delivery only when using synchronous audiovisual technology, that service may not be delivered using store and forward technology, store and forward technology in conjunction with synchronous audio-only technology, synchronous audio-only technology, or asynchronous audio-only technology.

Telemedicine or telehealth may be provided if clinically appropriate and safe, as determined by the provider, and agreed to by the person receiving services. Whenever possible, HHSC encourages face-to-face interaction, such as an in-person visit.

SOURCE: TX Medicaid Telecommunication Services Handbook, pg. 6, Aug. 2024, (Accessed Aug. 2024).

Telemedicine and telehealth services must be provided in compliance with standards established by the respective licensing or certifying board of the professional providing the services.

The use of telemedicine and telehealth services within intermediate care facilities for individuals with intellectual disabilities (ICD-IID) and State Supported Living Centers is subject to the policies established by the Health and Human Services Commission (HHSC).

More than one medically necessary telemedicine service or telehealth service may be reimbursed for the same date and same place of service if the services are billed by providers of different specialties.

Telemedicine medical services, also known as telemedicine, are allowable for Texas Medicaid. Telemedicine has the meaning assigned by Texas Occupations Code §111.001. Telemedicine services are defined as health-care services delivered by a physician licensed in Texas or a health professional who acts under the delegation and supervision of a health professional licensed in Texas and within the scope of the health professional's license to a client at a different physical location using telecommunications or information technology. Telemedicine excludes teledentistry services.

Telehealth services, also known as telehealth, are allowable for Texas Medicaid. Telehealth has the meaning assigned by Texas Occupations Code §111.001. Telehealth

services are defined as health-care services, other than telemedicine medical services or a teledentistry service, delivered by a health professional licensed, certified or otherwise entitled to practice in Texas and acting within the scope of the health professional's license, certification or entitlement to a patient at a different physical location other than the health professional using telecommunications or information technology.

Telehealth services are reimbursed in accordance with 1 TAC §355.

Procedure codes that are reimbursed to distant site providers when billed with the 95 modifier (synchronous audiovisual technology) are included in the individual TMPPM handbooks. Procedure codes that indicate remote (telemedicine/telehealth) delivery in the description do not need to be billed with the 95 modifier.

Behavioral health procedure codes that are reimbursed to distant site providers when billed with the FQ modifier (audio-only services) are included in the individual TMPPM handbooks. Procedure codes that indicate telephone or audio-only delivery in their description do not need to be billed with the FQ modifier.

See manual for codes MCOs must reimburse when delivered via telehealth.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 4, 7, 8-9 12 (Aug. 2024). (Accessed Aug. 2024).

Conditions for reimbursement applicable to telemedicine and telehealth provided using a synchronous audiovisual technology platform, or using store and forward technology in conjunction with synchronous audio-only are those that meet the following conditions:

- Must be designated for reimbursement by HHSC.
- Must be clinically effective and cost-effective, as determined and published in the benefit language by HHSC.
- May not be denied solely because an in-person medical service between a provider and client did not occur.
- May not be limited by requiring the provider to use a particular synchronous audiovisual technology platform to receive reimbursement for the service.

Other conditions for reimbursement applicable to services may vary by service type. Providers may refer to the appropriate TMPPM handbook for additional information on synchronous audiovisual technology platform coverage conditions.

Note: Telemedicine and telehealth services that HHSC has determined are clinically effective and cost-effective when provided via a synchronous audiovisual technology

platform or using store and forward technology in conjunction with synchronous audio-only technology can be found in the appropriate TMPPM handbooks.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 6. (Aug. 2024). (Accessed Aug. 2024).

To the extent permitted by federal law and to the extent it is cost-effective and clinically effective, as determined by the commission, the commission shall ensure that Medicaid recipients, child health plan program enrollees, and other individuals receiving benefits under a public benefits program administered by the commission or a health and human services agency, regardless of whether receiving benefits through a managed care delivery model or another delivery model, have the option to receive services as telemedicine medical services, telehealth services, or otherwise using telecommunications or information technology, including the following services:

- preventive health and wellness services;
- case management services, including targeted case management services;
- subject to Subsection (c), behavioral health services;
- occupational, physical, and speech therapy services;
- nutritional counseling services; and
- assessment services, including nursing assessments under the following Section 1915(c) waiver programs:
  - the community living assistance and support services (CLASS) waiver program;
  - the deaf-blind with multiple disabilities (DBMD) waiver program;
  - the home and community-based services (HCS) waiver program; and
  - the Texas home living (TxHmL) waiver program.

SOURCE: TX Statute Sec. 531.02161, [repealed eff. April 1, 2025] (Accessed Aug. 2024).

Providers must defer to the needs of the person receiving services, allowing the mode of service delivery to be accessible, person- and family-centered, and primarily driven by the person's choice and not provider convenience.

Providers must provide outpatient mental health services to Medicaid eligible persons in accordance with accepted medical community standards and standards that govern occupations, as explained in Title 1 Texas Administrative Code (TAC) §371.1659. In addition, providers must deliver, to include delivery by telemedicine or telehealth, outpatient

mental health services in full accordance with all applicable licensure and certification requirements.

During a Declaration of State of Disaster, the Health and Human Services Commission (HHSC) may issue direction to providers regarding the use of a telemedicine or telehealth services to include the use of a synchronous telephone (audio-only) platform to provide covered services outside of the allowances described herein to the extent permitted by Texas law. A Declaration of State of Disaster is when an executive order or proclamation is issued by the governor declaring a state of disaster in accordance with Section 418.014 of the Texas Government Code.

## Outpatient Mental Health Services

The following outpatient mental health services may be provided by synchronous audiovisual technology if clinically appropriate and safe, as determined by the billing provider, and agreed to by the person receiving services. Outpatient mental health services provided by synchronous audiovisual technology must be billed using modifier 95.

- Psychiatric diagnostic evaluation services with and without medical services
- Psychotherapy (individual, family, or group) services
- Pharmacological management services (most appropriate E/M code with modifier UD) for psychiatric care only
- Neurobehavioral services
- Neuropsychological and psychological testing services if the following conditions are met:
  - The psychometric test must be available in an online format, except for tests that are administered and responded to orally;
  - The provider, or test administrator, must observe the person, in real-time, for the duration of the test; and
  - The provider delivers the psychometric test in accordance with their licensing board and professional guidelines.

See manual for procedure codes and specific instructions.

## Follow Up Visits

A follow-up visit may be completed in-person or through the use of synchronous audiovisual technology, or synchronous telephone (audio-only) technology. Follow-up visits completed using synchronous audiovisual technology or synchronous telephone

(audio-only) technology should only be provided if agreed to by the person or the person's parent or guardian.

### **Intellectual and Developmental Disabilities Service Coordination**

Supportive Encounter (Type B): A face-to-face, telephone, or telemedicine contact with a person or with a collateral on the person's behalf to provide service coordination.

### **Mental Health Targeted Case Management (MHTCM) Services**

MHTCM services may be provided by synchronous audiovisual technology if clinically appropriate and safe, as determined by the billing provider, and agreed to by the person receiving services or LAR. In addition, approval to deliver the services by synchronous audiovisual technology must be documented in the plan of care of the person receiving services. MHTCM services provided by synchronous audiovisual technology must be billed using modifier 95.

### **Intensive Case Management for Persons 20 Years of Age and Younger**

Intensive case management services are primarily community-based, meaning that services are provided in whatever setting is clinically appropriate and person-centered, to include telehealth delivery.

### **Mental Health Rehabilitative Services**

The following MHR services may be provided by synchronous audiovisual technology if clinically appropriate and safe, as determined by the billing provider, and agreed to by the person receiving services or LAR. In addition, except for crisis intervention services, approval to deliver the services by synchronous audiovisual technology must be documented in the plan of care of the person receiving services. MHR services provided by synchronous audiovisual technology must be billed using modifier 95.

- Medication training and support
- Skills training and development
- Psychosocial rehabilitation services
- Crisis intervention services
- Documented approval of the mode of delivery in the plan of care is not required prior to the delivery of crisis intervention services by synchronous audiovisual technology.

### **Peer Specialist Services**

Peer specialist services may be provided by synchronous audiovisual technology if clinically appropriate and safe, as determined by the billing provider, and agreed to by the person receiving services. In addition, approval to deliver the services by synchronous audiovisual technology must be documented in the person-centered recovery plan of the person receiving services. Peer specialist services provided by synchronous audiovisual technology must be billed using modifier 95.

### **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**

SBIRT services may be provided by synchronous audiovisual technology if clinically appropriate and safe, as determined by the provider, and agreed to by the person receiving services. SBIRT services provided by synchronous audiovisual technology must be billed using modifier 95.

### **Substance Use Disorder**

The following SUD services may be provided by synchronous audiovisual technology if clinically appropriate and safe, as determined by the billing provider, and agreed to by the person receiving services. SUD services provided by synchronous audiovisual technology must be billed using modifier 95.

- Comprehensive assessment
- Individual and group counseling
- MAT services – Prescribing of certain MAT medications may be done via telemedicine presuming all other applicable state and federal laws and regulations are followed.

### **Case Management**

Synchronous audiovisual and audio only modifiers are allowed for procedure code G9012 (see chart on page 11), which is to be used for all Case Management for Children and Pregnant Women services. Modifiers are used to identify which service component is provided.

SOURCE: TX Medicaid Behavioral Health and Case Management Services Handbook, (Aug. 2024). (Accessed Aug. 2024).

### **Children's Services**

Telehealth services may be provided using synchronous audiovisual technologies if clinically appropriate and safe, as determined by the provider, and agreed to by the client receiving services. Whenever possible, HHSC encourages face-to-face interaction,

such as an in-person visit, as well as the use of synchronous audiovisual technology over synchronous telephone (audio-only) technology of telehealth services.

Providers must defer to the needs of the client receiving services, allowing the mode of service delivery to be accessible, person- and family-centered, and primarily driven by the client in service's choice and not provider convenience.

Services delivered by synchronous audiovisual technology will require participation of a parent or caregiver to assist with the treatment.

Therapy assistants may deliver services and receive supervision using synchronous audiovisual technology in accordance with each discipline's rules. Providers should refer to state practice rules and national guidelines regarding supervision requirements for each discipline

The following procedure codes may be provided through telehealth delivery using synchronous audiovisual technology:

- Specialized skills training (SST)
- Targeted case management (TCM)
- Physical therapy (PT) evaluations and reevaluations
- Occupational therapy (OT) evaluations and reevaluations
- PT and OT treatments
- Speech therapy (ST) evaluations and reevaluations
- ST treatments

Providers must use modifier 95 to indicate remote delivery. Providers are reminded to use the required modifiers GP, GO, and GN on all claims except evaluation and re-evaluation procedures for physical, occupational, or speech therapy treatment.

See manual for excluded services.

## **Applied Behavioral Analysis**

Services must be provided in compliance with the Texas Health Step-Comprehensive Care Program, medical standards for telehealth, and these Medicaid Autism Services requirements, which may be more restrictive than general ABA practice.

Some service delivery to children or youth and to the parents or caregivers may be delivered remotely. It is the LBA's responsibility to ensure that remotely delivered

telehealth services are within scope of practice, are not contraindicated for the child or youth, family, or particular situation, are clinically appropriate and effective, and are in compliance with Texas licensure and standards for telehealth as well as follow all Medicaid, Texas Health Steps-CCP and the Medicaid Autism Services requirements.

ABA evaluation and treatment services may only be delivered via telehealth using synchronous audio-visual technology.

### **Health and Behavior Assessment and Intervention**

HBAI services may be provided by synchronous audiovisual technology if clinically appropriate and safe, as determined by the provider, and agreed to by the person receiving services. HBAI services provided by synchronous audiovisual technology must be billed using modifier 95. See manual for eligible services.

### **Medical Nutrition Counseling Services (CCP)**

Synchronous audio-visual technology may be provided using procedure code S9470 if clinically appropriate and safe, as determined by the provider, and agreed to by the client receiving services. Services provided by synchronous audio-visual technology must be billed using modifier 95.

### **Medical Checkups During a Declaration of State Disaster**

The following limitations apply to all THSteps preventive medical checkups and exception-to-periodicity checkups during a Declaration of State Disaster when HHSC issues direction regarding the use of synchronous audiovisual and synchronous telephone (audio-only) technologies:

- Clients who are 2 years through 20 years of age may receive a THSteps medical checkup or exception-to-periodicity checkup using synchronous audiovisual or synchronous telephone (audio-only) technologies.
- Clients from birth through 2 years of age may not receive a THSteps checkup or exception-to-periodicity checkup using synchronous audiovisual or synchronous telephone (audio-only) technologies.
- Clients from birth through 24 months of age must receive in-person checkups.

A medical checkup provided using synchronous audiovisual or synchronous telephone (audio-only) technologies must be completed according to the age-specific checkup requirements listed on the THSteps Periodicity Schedule.

Synchronous audiovisual delivery for medical checkups is preferred over synchronous telephone (audio-only) delivery.

An in-person THSteps follow-up visit must be completed within six months of the synchronous audiovisual or synchronous telephone (audio-only) checkup in order for the checkup to be considered a complete THSteps checkup.

When HHSC issues direction, the following THSteps medical checkup services are authorized for delivery using synchronous audiovisual or synchronous telephone (audio-only) technologies during a Declaration of State Disaster (see manual).

Medical checkups and exception-to-periodicity checkups provided using synchronous audiovisual or synchronous telephone (audio-only) technologies are limited to checkups for clients who are over 24 months of age for the following procedure codes (see manual).

Medical checkups for clients who are 2 years of age or younger must be completed in-person and may not be completed using synchronous audiovisual or synchronous telephone (audio-only) technologies (procedure codes 99381, 99382, 99391 and 99392).

THSteps providers should use their clinical judgement regarding which checkup components may be appropriate for completion using synchronous audiovisual or synchronous telephone (audio-only) technologies.

THSteps providers are encouraged to ensure that clients receiving a medical checkup using synchronous audiovisual or synchronous telephone (audio-only) technologies receive age-appropriate vaccines and laboratory screenings in a timely manner.

Medical checkup services using synchronous audiovisual or synchronous telephone (audio-only) technologies should only be provided if agreed to by the client or parent/guardian.

See Children's Services Handbook for additional information and a list of procedure codes.

SOURCE: TX Medicaid Children's Services Handbook, (Aug. 2024), (Accessed Aug. 2024).

Telemedicine medical services used for the treatment of chronic pain with scheduled drugs via audio-only is prohibited, except in certain circumstances (see audio-only section for more info).

Treatment of a client for acute pain with scheduled drugs using telemedicine is permitted, as provided by 22 TAC §174.5(e). Acute pain is defined by 22 TAC §170.2(2).

All physicians must comply by 22 TAC §174.5 when issuing prescriptions through a telemedicine service.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 10, (Aug. 2024). (Accessed Aug. 2024).

LEAs that participate in the SHARS program may be reimbursed for telehealth and telemedicine services delivered to children in school-based settings, or while receiving remote instruction.

A school-based setting is defined in Texas Government Code §531.02171(b) as a school district or an open enrollment charter school.

Remote instruction is defined according to requirements set forth by TEA and includes technologybased learning in home or community-based settings.

Providers may be reimbursed for telehealth and telemedicine services delivered to children in schoolbased settings, or while learning remotely with the following criteria:

- Reimbursement for providers is only available when the patient site is a school, home, or community-based setting.
  - A patient site is the physical location of the student while the service is being rendered.
- Reimbursement for providers is only available when the distant site is a school or office-based setting.
  - A distant site is the physical location of the Texas Medicaid provider rendering the service.
- A telehealth or telemedicine visit may not be conducted if the provider and student are both physically located at the same school at the time the services are rendered.
- All medical necessity criteria for in-person services apply when services are delivered to children in school-based settings.

Providers must be able to defer to the needs of the student receiving services, allowing the mode of service delivery (synchronous audiovisual, synchronous telephone (audio-only), or in-person) to be accessible.

Providers should obtain informed consent for treatment from the student's parent or legal guardian and the student prior to rendering a telehealth or telemedicine service. Verbal consent is permissible and should be documented in the student's medical record.

Services delivered by synchronous audiovisual or synchronous telephone (audio-only) technology may require participation of a parent or caregiver to assist with the

treatment.

During a Declaration of State of Disaster, HHSC may issue direction to providers regarding the use of a telemedicine or telehealth service to include the use of a synchronous telephone (audio-only) platform to provide covered services outside of the allowances described herein to the extent permitted by Texas law.

A Declaration of State of Disaster is when an executive order or proclamation is issued by the governor declaring a state of disaster in accordance with Section 418.014 of the Texas Government Code.

Telehealth services are a benefit of Texas Medicaid and SHARS. Telehealth services has the meaning assigned by Texas Occupations Code (TOC) §111.001. Telehealth services are defined as healthcare services, other than telemedicine medical services or a teledentistry service, delivered by a health professional licensed, certified, or otherwise entitled to practice in Texas and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

Telehealth services must be provided in compliance with standards established by the respective licensing or certifying board of the professional providing the services.

LEAs that participate in the SHARS program may be reimbursed for telehealth occupational therapy (OT), physical therapy (PT), speech therapy (ST), counseling, and psychological services.

All other reimbursement and billing guidelines that are applicable to in-person services will also apply when OT, PT, ST, counseling, and psychological services are delivered as telehealth services.

OT, PT, ST, counseling, and psychological telehealth services provided by LEAs during school hours through SHARS may be delivered via synchronous audiovisual technologies.

Synchronous audiovisual technology is defined as an interactive, two-way audio and video telecommunications platform that meets the privacy requirements of HIPAA.

### **Synchronous Audiovisual Technology**

The following procedure codes may be provided to children eligible through SHARS as telehealth services via synchronous audiovisual technology if clinically appropriate (as

determined by the treating provider), safe and agreed to by the student receiving services.

The patient site must be a school, home, or community-based setting in order for the distant site provider to be eligible for reimbursement of these services.

All telehealth services provided by synchronous audiovisual technology must be billed using modifier 95.

The following procedure codes must be billed for telehealth services delivered via synchronous audiovisual technology:

See manual for additional details for synchronous audio visual technology and telemedicine services.

SOURCE: TX Medicaid School Health and Related Services (SHARS) Handbook, (Aug. 2024). (Accessed Aug. 2024).

In addition to the service requirements in this division, a child or adolescent must receive additional assessments, including a developmental assessment and history of trauma assessment, performed by an LPHA with appropriate training and experience in the assessment and treatment of children in a crisis setting. The assessments must:

- be administered in person or through telehealth or telemedicine medical services; and
- include the individual's parents, LAR, or adult caregiver, as applicable and as clinically appropriate according to the child's or adolescent's age, functioning, and current living situation.

SOURCE: TX Admin Code, Title 26, Part 1 Ch. 306, Sec. 306.67, (Accessed Aug. 2024).

In providing covered benefits to a child with special health care needs, a health plan provider must permit benefits to be provided through telemedicine medical services, teledentistry dental services, and telehealth services in accordance with policies developed by the commission. See statute for additional requirements.

SOURCE: TX Statute 62.157 (Accessed Aug. 2024).

## **Federally Qualified Health Center Services Reimbursement**

A visit is a face-to-face, telemedicine, or telehealth encounter between an FQHC patient and a physician, physician assistant, nurse practitioner, certified nurse-midwife, visiting nurse, a qualified clinical psychologist, clinical social worker, other health professional for mental health services, dentist, dental hygienist, or an optometrist. Encounters with more than one health professional and multiple encounters with the same health

professional that take place on the same day and at a single location constitute a single visit, except where one of the following conditions exist:

- after the first encounter, the patient suffers illness or injury requiring additional diagnosis or treatment; or
- the FQHC patient has a medical visit and an “other” health visit, as defined in paragraph (13) of this subsection.

A medical visit is a face-to-face, telemedicine, or telehealth encounter between an FQHC patient and a physician, physician assistant, nurse practitioner, certified nurse midwife, or visiting nurse. An “other” health visit includes, but is not limited to, a face-to-face, telemedicine, or telehealth encounter between an FQHC patient and a qualified clinical psychologist, clinical social worker, other health professional for mental health services, a dentist, a dental hygienist, an optometrist, or a Texas Health Steps Medical Screen.

SOURCE: TX Admin Code, Title 1, Part 15, Ch. 355 Subchapter J, 355. 8261. (Accessed Aug. 2024).

### **Physical Therapy, Occupational Therapy, and Speech Therapy**

Providers must defer to the needs of the person receiving services, allowing the mode of service delivery (synchronous audiovisual or in-person) to be accessible, person- and family-centered, and primarily driven by the person’s choice and not provider convenience.

Evaluation, reevaluation, and treatment of some PT, OT, and ST services may be provided by synchronous audiovisual technology.

Telehealth services for OT, PT or ST by synchronous audiovisual technology are allowed for specific procedure codes if clinically appropriate as determined by the practitioner, per standard of care, safe, agreed to by the person receiving services or by the legally authorized representative (LAR), and in compliance with each discipline’s rules.

The following procedure codes may be provided by synchronous audiovisual technology:

- Physical Therapy Evaluations- Low, Moderate, and High Complexity and re-evaluation
- Occupational Therapy Evaluation- Low, Moderate, and High Complexity and re-evaluation
- PT or OT Services (individual or group)
- Community reintegration (procedure code 97537) may be provided if the person receiving services is currently receiving other therapeutic procedure codes and may not be billed separately.
- Speech Evaluations and re-evaluations

- ST (individual or group) services
- The provider should obtain informed consent for treatment from the patient, patient's parent, or the patient's legal guardian prior to rendering a telehealth service. Verbal consent is permissible and should be documented in the client's medical record.
- Services delivered by synchronous audiovisual technology may require participation of a caregiver or parent to assist with the treatment.
- Therapy assistants may deliver services and receive supervision by synchronous audio-visual technology within limits outlined in each discipline's rules. Providers should refer to state practice rules and national guidelines regarding supervision requirements for each discipline.
- Providers must use modifier 95 to indicate remote delivery. Providers are reminded to use the required modifiers GP, GO, and GN on all claims for physical, occupational, or speech therapy treatment

See section 4.5 in the manual for a list of telehealth service procedure codes and section 4.8.1 for a list of in-person **(did you mean excluded?)** procedure codes.

SOURCE: TX Medicaid Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook pg. 9-10 (Aug. 2024). (Accessed Aug. 2024).

### **Physical Therapy, Occupational Therapy, and Speech and Language Pathology as a Telehealth Service.**

Except as described in subsection (c) of this section, a service provider of physical therapy, occupational therapy, or speech and language pathology may provide physical therapy, occupational therapy, or speech and language pathology to an individual as a telehealth service.

If a service provider of physical therapy, occupational therapy, or speech and language pathology provides physical therapy, occupational therapy, or speech and language pathology to an individual as a telehealth service, a program provider must ensure that the service provider:

- uses a synchronous audio-visual platform to interact with the individual, supplemented with or without asynchronous store and forward technology;
- does not use an audio-only platform to provide the service; and
- before providing the telehealth service:
  - obtains the written informed consent of the individual or LAR to provide the service; or
  - obtains the individual or LAR's oral consent to receive the telehealth service and documents the oral consent in the individual's record.

A program provider must ensure that a service provider of physical therapy, occupational therapy, or speech and language pathology performs certain services in person, as required by the Texas Medicaid Provider Procedures Manual. See regulation for list.

SOURCE: 26 TAC Sec. 262.9, (Accessed Aug. 2024).

Providers must defer to the needs of the client receiving services, allowing the mode of service delivery to be accessible, person- and family-centered, and primarily driven by the client's choice and not provider convenience.

Providers must provide the services to Medicaid eligible clients in accordance with accepted medical community standards and standards that govern occupations, as explained in Title 1 Texas Administrative Code (TAC) §371.1659. In addition, providers must deliver, to include delivery by telemedicine or telehealth, services in full accordance with all applicable licensure and certification requirements.

During a Declaration of State of Disaster, the Health and Human Services Commission (HHSC) may issue direction to providers regarding the use of a telemedicine or telehealth service to include the use of a synchronous telephone (audio-only) platform to provide covered services outside of the allowances described herein to the extent permitted by Texas law. A Declaration of State of Disaster is when an executive order or proclamation is issued by the governor declaring a state of disaster in accordance with Section 418.014 of the Texas Government Code.

The following office and other outpatient services may be provided by synchronous audiovisual technology if clinically appropriate and safe, as determined by the provider, and agreed to by the client receiving services. New and established patient services provided by synchronous audiovisual technology must be billed with modifier 95.

See manual for procedure codes that can be reimbursed for telemedicine (physician-delivered) evaluation and management to new and established clients.

SOURCE: TX Medicaid Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, (Aug. 2024), pg. 179 (Accessed Aug. 2024).

## **Other Family Planning Office or Outpatient Visits**

New and established patient E/M services for general family planning visits (procedure codes 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215) may be provided via a telemedicine service delivered using synchronous audiovisual technology if clinically appropriate and safe, as determined by the provider, and agreed to by the

person receiving services. Whenever possible, HHSC encourages face-to-face interaction, such as an in-person visit.

New and established patient E/M services delivered using synchronous audiovisual technology must be billed using the 95 modifier.

Documentation requirements for a telemedicine service are the same as for an in-person visit and must accurately reflect the services rendered. Documentation must identify the service delivery method when provided via telemedicine.

During a Declaration of State of Disaster, HHSC may issue direction to providers regarding the use of a telemedicine or telehealth services to include the use of a synchronous telephone (audio-only) platform to provide covered services outside of the allowances described herein. A Declaration of State of Disaster is when an executive order or proclamation by the governor declaring a state of disaster in accordance with Section 418.014 of the Texas Government Code.

SOURCE: TX Medicaid Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook pg. 9-10, (Aug. 2024). (Accessed Aug. 2024).

### **Healthy Texas Women Program/HTW Plus**

Certain telemedicine and telehealth services may be provided for HTW clients if clinically appropriate and safe, as determined by the provider, and agreed to by the person receiving services. Whenever possible, HHSC encourages face-to-face interactions, such as an in-person visit, as well as the use of synchronous audio-visual technology over synchronous telephone (audio-only) technology of telemedicine and telehealth services. Therefore, providers must document in the person's medical record the reason(s) for why services were delivered by synchronous telephone (audio-only) technology. The following HTW services are authorized for telemedicine delivery using synchronous audiovisual and synchronous telephone (audio-only), when noted, technologies. See manual for codes.

New patient and established client services provided by synchronous audiovisual technology must be billed using modifier 95. See manual for procedure codes are for new and established client services.

Established client service (procedure code 99211) is only during certain public health emergencies. Procedure codes that indicate remote (telemedicine medical and telehealth services) delivery in the description do not need to be billed with the 95 modifier.

FQHCs and RHCs may be reimbursed for telemedicine and telehealth in the following manner:

- The distant site provider fee is reimbursable as a prospective payment system (PPS), alternative prospective payment system (APPS), or AIR (All Inclusive Rate) PPS.
- The facility fee (procedure code Q3014) is an add-on procedure code that should not be included in any cost reporting that is used to calculate a FQHC PPS, APPS, or the RHC AIR (All Inclusive Rate) PPS per visit encounter rate.

SOURCE: TX Medicaid Healthy Texas Women Program Handbook, (Aug. 2024), pg. 12-13 (Accessed Aug. 2024).

Notwithstanding §263.8(a) of this chapter (relating to Comprehensive Nursing Assessment), the comprehensive nursing assessment completed by an RN is not required to be completed in person for an individual who resides in the disaster area, if the RN conducts the assessment as a telehealth service or by telephone.

SOURCE: 26 TAC Sec. 263.1000, (Accessed Aug. 2024).

An assessment of an individual may be performed as a telemedicine medical service or a telehealth service, including via an audio-only platform, in accordance with the requirements and limitations of Subchapter A, Division 33 of this chapter (relating to Advanced Telecommunications Services).

A service described in this subsection may be delivered as a telemedicine medical service or a telehealth service, including via an audio-only platform, in accordance with the requirements and limitations of Subchapter A, Division 33 of this chapter. The comprehensive provider agency and staff members must implement procedures to ensure that each individual is provided mental health services based on:

- the assessment conducted under subsection (a) of this section;
- medical necessity as determined by an LPHA; and
- when available, physical health care needs as determined by a physician, physician assistant, or advanced practice registered nurse.

SOURCE: TX Admin Code Title 1, Sec. 354.2607, (Accessed Aug. 2024).

**Mental Health Recovery Treatment Planning, Mental Health Targeted Case Management, Crisis Intervention Services, Medication Training and Support Services, Psychosocial Rehabilitative Services, Skills Training and Development Services**

The aforementioned may be delivered as a telemedicine medical service or a telehealth service, including via an audio-only platform, in accordance with the requirements and limitations of Subchapter A, Division 33 of this chapter (relating to Advanced Telecommunications Services). See applicable Administrative Code section for more details.

SOURCE: TX Admin Code Title 1, Sec. 354.2609, TX Admin Code Title 1, Sec. 354.2655, TX Admin Code Title 1, Sec. 354.2707, TX Admin Code Title 1, Sec. 354.2709, TX Admin Code Title 1, Sec. 354.2711, TX Admin Code Title 1, Sec. 354.2713, (Accessed Aug. 2024).

## **Ongoing Evaluation and Management of Chronic Pain and Chronic Pain Management (CPM)**

The first time that procedure code G3002 is billed, the physician or qualified health practitioner must see the client in person. After the initial visit, any of the CPM in-person components included in procedure codes G3002 and G3003 may be provided through telehealth, as clinically appropriate, to increase access to care for Medicaid clients.

SOURCE: TX Medicaid Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, (Aug. 2024), pg. 173 (Accessed Aug. 2024).

## **Managed Care**

MCOs may offer to STAR+PLUS members a choice of audio-visual communication in place of in-person change in condition assessments, as long as the assessment does not require or potentially require a change in the RUG level.

During a declared state of disaster, HHSC may issue direction to STAR+PLUS [STAR Kids and STAR Health] MCOs regarding whether initial, annual renewal, or change in condition assessments may be conducted through audio-visual or audio-only communication for STAR+PLUS members who reside in the area subject to the declared state of disaster.

For limited circumstances, STAR+PLUS [STAR Kids and STAR Health] MCOs may submit, in a manner and format prescribed by HHSC, an exceptions policy for required in-person assessments for approval by HHSC. The policy must be developed by the MCO's clinical staff, such as the Chief Medical Director or the Director's designee.

See rules Sec. 1604-1506 for additional requirements for each program.

SOURCE: Title 1, Part 15, Sec. 353.1503, (Accessed Aug. 2024).

## **Ambulance Services**

Emergency Triage, Treat, Transport (ET3) permits emergency transportation (ground ambulance) providers to: ... Initiate and facilitate appropriate TIP through telemedicine or telehealth.

Treatment on scene may also be performed, when medically necessary, via a telemedicine or telehealth visit performed in accordance with telemedicine and telehealth services requirements outlined in the Telecommunication Services Handbook (Vol. 2, Provider Handbooks).

When billing for TIP via telemedicine or telehealth, providers must bill using the most clinically appropriate emergency transport code (A0427 or A0429), the ET modifier, the W destination modifier to indicate TIP, and procedure code Q3014. Procedure code Q3014 will be informational only and used by Medicaid to identify TIP through telemedicine or telehealth services.

SOURCE: TX Medicaid Ambulance Services, (Aug. 2024). (Accessed Aug. 2024).

Emergency triage, treat and transport (ET3) services. HHSC may reimburse a Medicaid-enrolled ambulance provider responding to a call initiated by an emergency response system and upon arrival at the scene the ambulance provider determines the recipient's needs are nonemergent, but medically necessary. ET3 services may be reimbursed for: ...

- initiating and facilitating treatment in place via telemedicine or telehealth.

SOURCE: TX Admin Code Sec. 354.1115, (Accessed Aug. 2024).

## CSHCN Program

Only those services that involve direct face-to-face interactive video communication between the client and the distant-site provider constitute a telemedicine or telehealth service. No separate reimbursement will be made for the cost of telemedicine and telehealth hardware or equipment, electronic documentation, and transmissions. Telephone conversations, chart reviews, electronic mail messages, and fax transmissions alone do not constitute a telemedicine or telehealth interactive video service and will not be reimbursed as telemedicine or telehealth services.

Emergency room care, critical care, home care, preventive care, newborn care, and care provided in a nursing home, skilled nursing facility, or client's home, are not approved telemedicine or telehealth services. Consultative, but not routine, inpatient care, is included as a telemedicine or telehealth service.

Telemedicine is provided for the purpose of the following:

- Client assessment by a health professional
- Diagnosis, consultation, or treatment by a physician
- Transfer of medical data that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including the following:
  - Compressed digital interactive video, audio, or data transmission.
  - Clinical data transmission using computer imaging by way of still-image capture and store-and-forward.
  - Other technology that facilitates access to health-care services or medical specialty expertise.

See manual for specific codes.

SOURCE: TX Medicaid CSHCN Services Program Provider Manual: Telecommunication Services (Jul. 2024), p. 3-4. (Accessed Aug. 2024).

## **Inpatient Outpatient Hospital – Radiation Therapy**

Teletherapy is covered by Texas Medicaid once per day in an outpatient hospital setting.

SOURCE: TX Medicaid Inpatient and Outpatient Hospital Services Handbook, p. 61 (Aug. 2024). (Accessed Aug. 2024).

## **Emergency Triage, Treat, and Transport (ET3)**

Emergency Triage, Treat, and Transport (ET3) services are designed to allow greater flexibility for Medicaid-enrolled ambulance providers to address clients' health-care needs following a 9-1-1 call, fire, police, or other locally established system for emergency calls. ET3 permits emergency transportation (ground ambulance) providers to: ...

- Initiate and facilitate appropriate TIP through telemedicine or telehealth.

## **Treatment in Place**

Treatment on scene may also be performed, when medically necessary, through a telemedicine or telehealth visit performed in accordance with telemedicine and telehealth services requirements outlined in the Telecommunication Services Handbook (Vol. 2, Provider Handbooks).

When billing for TIP via telemedicine or telehealth, providers must bill using the most clinically appropriate emergency transport code (A0427 or A0429), the ET modifier, the W destination modifier to indicate TIP, and procedure code Q3014. Procedure code Q3014

will be informational only and used by Medicaid to identify TIP through telemedicine or telehealth services.

Note: Similar section contained in CSHCN Ambulance Provider Manual.

SOURCE: TX Medicaid Ambulance Services Handbook, p. 7-8 (Aug. 2024). (Accessed Aug. 2024).

Preventive care medical checkups are not a benefit of a telemedicine or telehealth service.

SOURCE: TX Medicaid CSHCN Services Program Manual – Physician, (Jul. 2024), (Accessed Aug. 2024).

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## ELIGIBLE PROVIDERS

The information in this handbook is intended for home health agencies, hospitals, nurse practitioners (NP), clinical nurse specialists (CNS), certified nurse midwives (CNM), licensed professional counselors (LPC), licensed marriage and family therapists (LMFT), licensed clinical social workers (LCSW), physicians, physician assistants (PA), psychologists, licensed psychological associates, provisionally licensed psychologists, and licensed dietitians.

Providers may provide telecommunication services for Texas Medicaid clients under the provider's National Provider Identifier (NPI). No additional enrollment is required to provide telemedicine medical service or telehealth services.

## Telemedicine Services

A distant site is the location of the provider rendering the service. Distant-site telemedicine benefits include services that are performed by the following providers, who must be enrolled as a Texas Medicaid provider:

- Physician
- Clinical Nurse Specialist (CNS)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Certified Nurse Midwife (CNM)
- Federally Qualified Health Center (FQHC) (in manual only)

A distant site provider is the physician, or PA, NP, CNM, FQHC, Rural Health Clinic (RHC), or CNS who is supervised by and has delegated authority from a licensed Texas physician, who uses telemedicine to provide health-care services to a client in Texas.

Distant site providers must be licensed in Texas.

An out-of-state physician who is a distant site provider may provide episodic telemedicine without a Texas medical license as outlined in Texas Occupations Code §151.056 and Title 22 Texas Administrative Code (TAC) §172.2(g)(4) and 172.12(f).

Distant site providers that provide mental health services must be appropriately licensed or certified in Texas, or be a qualified mental health professional-community services (QMHP-CS), as defined in 26 TAC §301.303(48).

**School Based Services:** Telemedicine services provided in a school-based setting are also a benefit if the physician delegates provision of services to a nurse practitioner, clinical nurse specialist, or physician assistant, as long as the nurse practitioner, clinical nurse specialist, or physician assistant is working within the scope of their professional license and within the scope of their delegation agreement with the physician.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 7-8, 10 (Aug. 2024) (Accessed Aug. 2024).

## Telehealth Services

A distant site is the location of the provider rendering the service. A distant site provider is the health professional licensed, certified, or otherwise entitled to practice in Texas who uses telehealth services to provide health care services to a patient in Texas.

Licensed psychological associates (LPAs), provisionally licensed psychologists (PLPs), post-doctoral psychology fellows, and pre-doctoral psychology interns under psychologist supervision may also deliver telehealth services. All requirements outlined in the Outpatient Mental Health Services benefit language must be met.

Distant site providers who provide mental health services must be appropriately licensed or certified in Texas or be a QMHP-CS as defined in 26 Texas Administrative Code §301.303(48).

A distant-site provider that is located outside of state lines while rendering services is considered an out-of-state provider.

The distant site provider must obtain informed consent to treatment from the patient, patient's parent or the patient's legal guardian prior to rendering a telehealth service.

Distant site providers should meet all other telehealth service requirements specified in Texas Occupations Code §111.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 12 (Aug. 2024) (Accessed Aug. 2024).

The executive commissioner by rule shall ensure that a rural health clinic as defined by 42 U.S.C. Section 1396d(l)(1) and a federally-qualified health center as defined by 42 U.S.C. Section 1396d(l)(2)(B) may be reimbursed for the originating site facility fee or the distant site practitioner fee or both, as appropriate, for a covered telemedicine medical service, teledentistry dental service, or telehealth service delivered by a health care provider to a Medicaid recipient. The commission is required to implement this subsection only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the commission may, but is not required to, implement this subsection using other money available to the commission for that purpose.

SOURCE: TX Statute Sec. 531.0216, [repealed eff. April 1, 2025], (Accessed Aug. 2024).

The Health and Human Services Commission (HHSC) reimburses eligible distant site professionals providing telemedicine medical services as follows:

- Physicians
- Physician assistants
- Advanced Practice Registered Nurses (APRNs)
- Certified nurse midwives

HHSC reimburses eligible distant site professionals providing telehealth services as follows:

- Licensed professional counselors, including licensed marriage and family therapists, and licensed clinical social workers (including Comprehensive Care Program social workers) are reimbursed for their Medicaid telehealth services in the same manner as their other professional services in accordance with §355.8091 of this title (relating to Reimbursement to Licensed Professional Counselors, Licensed Clinical Social Workers, and Licensed Marriage and Family Therapists).
- Licensed psychologists (including licensed psychological associates) and psychology groups are reimbursed for their Medicaid telehealth services in the same manner as their other professional services in accordance with §355.8085 of this title.
- Durable medical equipment suppliers are reimbursed for their Medicaid telehealth services in the same manner as their other professional services in accordance with §355.8023 of this

title (relating to Reimbursement Methodology for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)).

Telemedicine medical services provided in a school-based setting by a physician, even if the physician is not the patient's primary care physician, will be reimbursed in accordance with the applicable methodologies described in subsection (b)(1) of this section and §355.8443 of this title (relating to Reimbursement Methodology for School Health and Related Services (SHARS)) if the following conditions are met:

- the physician is an authorized health care provider under Medicaid;
- the patient is a child who receives the service in a primary or secondary school-based setting;
- the parent or legal guardian of the patient provides consent before the service is provided; and
- a health professional as defined by Government Code §531.0217(a)(1) is present with the patient during the treatment.

Fees for telemedicine, telehealth, and home telemonitoring services are adjusted within available funding as described in §355.201 of this title (relating to Establishment and Adjustment of Reimbursement Rates by the Health and Human Services Commission).

SOURCE: TX Admin Code. Title 1, Sec. 355.7001 (Accessed Aug. 2024).

### **School Health and Related Services (SHARS)**

LEAs that participate in the SHARS program may be reimbursed for telehealth and telemedicine services delivered to children in school-based settings, or while receiving remote instruction.

See manual for specific requirements.

LEAs that participate in the SHARS program may be reimbursed for telehealth occupational therapy (OT), physical therapy (PT), speech therapy (ST), counseling, and psychological services.

All other reimbursement and billing guidelines that are applicable to in-person services will also apply when OT, PT, ST, counseling, and psychological services are delivered as telehealth services.

See manual for procedure codes and requirements that may be provided to children eligible through SHARS as telehealth services via synchronous audiovisual technology if clinically appropriate (as determined by the treating provider), safe and agreed to by the student receiving services.

SOURCE: TX Medicaid School Health and Related Services (SHARS) Handbook, (Aug. 2024). (Accessed Aug. 2024).

School-based telemedicine medical services. If a telemedicine medical service provided by an out-of-network physician to a member in a primary or secondary school-based setting meets the conditions for reimbursement in § 354.1432 of this title (relating to Telemedicine and Telehealth Benefits and Limitations), a health care MCO must reimburse the out-of-network physician without prior authorization, even if the physician is not the member's primary care provider. The MCO must use the reasonable reimbursement methodology described in subsection (f)(2) of this section to reimburse an out-of-network physician.

SOURCE: TX Admin Code Title 1, Sec. 353.4, (Accessed Aug. 2024).

## FQHCS

FQHCs may be reimbursed the distant-site provider fee for telemedicine services at the Prospective Payment System (PPS) rate or Alternative Prospective Payment System (APPS) rate.

FQHC practitioners may be employees of the FQHC or contracted with the FQHC.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 10 & 12 (Aug. 2024). (Accessed Aug. 2024).

The executive commissioner by rule shall ensure that a rural health clinic as defined by 42 U.S.C. Section 1396d(l)(1) and a federally-qualified health center as defined by 42 U.S.C. Section 1396d(l)(2)(B) may be reimbursed for the originating site facility fee or the distant site practitioner fee or both, as appropriate, for a covered telemedicine medical service, teledentistry dental service, or telehealth service delivered by a health care provider to a Medicaid recipient. The commission is required to implement this subsection only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the commission may, but is not required to, implement this subsection using other money available to the commission for that purpose.

SOURCE: TX Statute Sec. 531.0216, [repealed eff. Apr. 1, 2025], (Accessed Aug. 2024).

A visit is a face-to-face, telemedicine, or telehealth encounter between an FQHC patient and a physician, physician assistant, nurse practitioner, certified nurse-midwife, visiting nurse, a qualified clinical psychologist, clinical social worker, other health professional for mental health services, dentist, dental hygienist, or an optometrist. Encounters with

more than one health professional and multiple encounters with the same health professional that take place on the same day and at a single location constitute a single visit, except where one of the following conditions exist:

- After the first encounter, the patient suffers illness or injury requiring additional diagnosis or treatment; or
- The FQHC patient has a medical visit and an “other” health visit, as defined in paragraph (13) of this subsection.

A medical visit is a face-to-face, telemedicine, or telehealth encounter between an FQHC patient and a physician, physician assistant, nurse practitioner, certified nurse midwife, or visiting nurse. An “other” health visit includes, but is not limited to, a face-to-face, telemedicine, or telehealth encounter between an FQHC patient and a qualified clinical psychologist, clinical social worker, other health professional for mental health services, a dentist, a dental hygienist, an optometrist, or a Texas Health Steps Medical Screen.

SOURCE: Texas Admin Code Title 1, Sec. 355.8261, (Accessed Aug. 2024).

The commission by rule shall require each health and human services agency that administers a part of the Medicaid program to provide Medicaid reimbursement for teledentistry dental services provided by a dentist licensed to practice dentistry in this state.

The commission shall require reimbursement for a teledentistry dental service at the same rate as the Medicaid program reimburses for the same in-person dental service. A request for reimbursement may not be denied solely because an in-person dental service between a dentist and a patient did not occur. The commission may not limit a dentist’s choice of platform for providing a teledentistry dental service by requiring that the dentist use a particular platform to receive reimbursement for the service.

SOURCE: TX Govt. Code Sec. 531.02172, [repealed Apr. 1, 2025], (Accessed Aug. 2024)

## Rural Health Clinics

RHCs may be reimbursed the distant-site provider fee for telemedicine services at the PPS rate. RHC practitioners may be employees of the RHC or contracted with the RHC.

The facility fee (procedure code Q3014) may be reimbursed as an add-on procedure code that should not be included in any cost reporting that is used to calculate the RHC AIR (All Inclusive Rate) PPS per visit encounter rate.

To receive reimbursement for more than one facility fee for the same client on the same date of service, an RHC must submit documentation of medical necessity that the client needed multiple distant-site provider consultations. An RHC can use a signed letter from the client's treating health care provider at the RHC documenting that the client suffered an illness or injury requiring additional diagnosis or treatment by a distant site provider. This will suffice to document the client's medical need for purposes of receiving additional facility fee payments for the same client on the same date of service. The letter must state that the client suffered an illness or injury that required additional diagnosis or treatment by a distant-site provider.

If an RHC is eligible for payment of both an encounter fee and a facility fee for the same client on the same date of service, the RHC must submit a claim for the facility fee separate from the claim submitted for the encounter.

The facility fee should not be included in any cost reporting that is used to calculate the RHC All Inclusive Rate (AIR) prospective payment system (PPS) per-visit encounter rate.

Note: Telemedicine and telehealth services must be billed with modifier 95. Procedure codes that indicate remote delivery (telemedicine medical services or telehealth services) in the description do not need to be billed with modifier 95.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 11 (Aug. 2024). (Accessed Aug. 2024).

A medical visit is a face-to-face or telemedicine medical service encounter between an RHC patient and a physician, physician assistant, advanced nurse practitioner, certified nurse-midwife, visiting nurse, or clinical nurse practitioner. Encounters with more than one health professional and multiple encounters with the same health professional that take place on the same day and at a single location constitute a single visit, except where one of the following conditions exists:

- after the first encounter, the patient suffers illness or injury requiring additional diagnosis or treatment; or
- the RHC patient has a medical visit and an "other" health visit as defined in subsection (n) of this section.

An "other" health visit includes, but is not limited to, a face-to-face or **telehealth** service encounter between an RHC patient and a clinical social worker.

SOURCE: 15 TAC Sec. 355.8101. (Accessed Aug. 2024).

## **Physical Therapy, Occupational Therapy, and Speech and Language Pathology as a Telehealth Service.**

Except as described in subsection (c) of this section, a service provider of physical therapy, occupational therapy, or speech and language pathology may provide physical therapy, occupational therapy, or speech and language pathology to an individual as a telehealth service.

SOURCE: 26 TAC Sec. 263.6, (Accessed Aug. 2024).

## **CSHCN Program**

A distant site is the location of the provider rendering the service. Distant-site benefits include services that are performed by the following providers, who must be enrolled as a CSHCN Services Program provider:

### **Telemedicine Services**

- Physician
- Advanced Practice Registered Nurse (APRN)
- Physician assistant (PA)

### **Telehealth Services**

- Licensed professional counselor
- Licensed marriage and family therapist
- Licensed clinical social worker
- Psychologist
- Licensed dietician

See manual for other specific requirements.

SOURCE: TX Medicaid CSHCN Services Program Provider Manual (Jul. 2024), p. 5 & 8. (Aug. 2024).

## **School-Based Services**

The commission shall ensure that Medicaid reimbursement is provided to a school district or open-enrollment charter school for telehealth services provided through the school district or charter school by a health professional, even if the health professional is not the patient's primary care provider, if:

- the school district or charter school is an authorized health care provider under Medicaid; and
- the parent or legal guardian of the patient provides consent before the service is provided.

A health professional is defined as:

- Licensed, registered, certified, or otherwise authorized by this state to practice as a social worker, occupational therapist, or speech-language pathologist;
- Licensed professional counselor
- Licensed marriage and family therapist; or
- Licensed specialist in school psychology.

SOURCE: TX Government Code Sec. 531.02171, [repealed eff. Apr. 1, 2025] (Accessed Aug. 2024).

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## ELIGIBLE SITES

The physical environments of the client and the distant site provider must ensure that the client's protected health information remains confidential. A parent or legal guardian may be physically located in the patient site or distant site environment during a telehealth or telemedicine service with a child.

A patient site is the place where the client is physically located. A client's home may be the patient site for telemedicine.

A patient site is the place where the client is physically located while the service is rendered. Patient-site providers that are enrolled in Texas Medicaid may only be reimbursed for the facility fee using procedure code Q3014. Charges for other services that are performed at the patient site may be submitted separately.

A client's home may be the patient site for telehealth. Procedure code Q3014 is not a benefit if the patient site is the client's home.

SOURCE: TX Medicaid Telecommunication Services Handbook, pg. 4, 10, 13-13 (Aug. 2024), (Accessed Aug. 2024).

## School-Based Setting

Conditions for telemedicine medical services provided in a primary or secondary school-based setting.

- For a child receiving telemedicine medical services in a primary or secondary school-based setting, advance parent or legal guardian consent for a telemedicine medical service must be obtained.
- The patient's primary care physician or provider must be notified of a telemedicine medical service, unless the patient does not have a primary care physician or provider. (i) The patient

receiving the telemedicine medical service, or the patient's parent or legal guardian, must consent to the notification. (ii) For a telemedicine medical service provided to a child in a primary or secondary school-based setting, the notification must include a summary of the service, including:

- Exam findings;
- Prescribed or administered medications; and
- Patient instructions.

See Administrative Code Section for more details.

SOURCE: TX Admin Code Title 1, Sec. 354.1432, (Accessed Aug. 2024).

Telemedicine provided in a school-based setting by a physician, even if the physician is not the client's primary care physician or provider, are benefits if all of the following criteria are met:

- The physician is an authorized health-care provider enrolled in Texas Medicaid.
- The client is a child who is receiving the service in a primary or secondary school-based setting.
- The parent or legal guardian of the client provides consent before the service is provided.

Telemedicine services provided in a school-based setting are also a benefit if the physician delegates provision of services to a nurse practitioner, clinical nurse specialist, or physician assistant, as long as the nurse practitioner, clinical nurse specialist, or physician assistant is working within the scope of their professional license and within the scope of their delegation agreement with the physician.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 10 (Aug. 2024), (Accessed Aug. 2024).

Telemedicine medical services provided in a school-based setting by a physician, even if the physician is not the patient's primary care physician, will be reimbursed in accordance with the applicable methodologies described in subsection (b)(1) of this section and §355.8443 of this title (relating to Reimbursement Methodology for School Health and Related Services (SHARS)) if the following conditions are met:

- The physician is an authorized health care provider under Medicaid;
- The patient is a child who receives the service in a primary or secondary school-based setting;
- the parent or legal guardian of the patient provides consent before the service is provided; and
- a health professional as defined by Government Code §531.0217(a)(1) is present with the patient during the treatment.

SOURCE: TX Admin. Code, Title 1, Sec. 355.7001(f). (Accessed Aug. 2024).

## School Health and Related Services (SHARS)

LEAs that participate in the SHARS program may be reimbursed for telehealth and telemedicine services delivered to children in school-based settings, or while receiving remote instruction.

OT, PT, ST, counseling, and psychological telehealth services provided by LEAs during school hours through SHARS may be delivered via synchronous audiovisual technologies.

SOURCE: TX Medicaid School Health and Related Services (SHARS) Handbook, (Aug. 2024). (Accessed Aug. 2024).

## CSHCN Program

A patient site is where the client is physically located while the service is rendered. The patient-site must be one of the following:

- Established medical site – A location where clients will present to seek medical care. There must be a patient-site presenter and sufficient technology and medical equipment to allow for an adequate physical evaluation, as appropriate for the client's presenting complaint. A defined physician-client relationship is required. A client's private home is not considered an established medical site.
- Established health site – A location where clients will present to seek a health service. There must be a patient-site presenter and sufficient technology and medical equipment to allow for an adequate physical evaluation or assessment, as appropriate for the client's presenting complaint. A defined health provider-client relationship is required. A client's private home is not considered an established health site.

SOURCE: TX Medicaid CSHCN Services Program Provider Manual (Jul. 2024), p. 6, 8-9. (Aug. 2024).

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## GEOGRAPHIC LIMITS

No Reference Found

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## FACILITY/TRANSMISSION FEE

Patient-site providers that are enrolled in Texas Medicaid may only be reimbursed for the facility fee using procedure code Q3014. Procedure code Q3014 is payable to NP, CNS, PA,

physicians, and outpatient hospital providers. Charges for other services that are performed at the patient site may be submitted separately. Procedure code Q3014 is not a benefit if the patient site is the client's home.

### **Telemedicine Services for FQHCs**

FQHCs may be reimbursed the facility fee (procedure code Q3014) as an add-on procedure code that should not be included in any cost reporting that is used to calculate a PPS or APPS per visit encounter rate.

To receive reimbursement for more than one facility fee for the same client on the same date of service, an FQHC must submit documentation of medical necessity that indicates that the client needed multiple distant-site provider consultations. An FQHC can use a signed letter from the client's treating health-care provider at the FQHC to document the client's medical need for receiving multiple distant-site provider consultations on the same date of service. The letter must state that the client suffered an illness or injury that required additional diagnosis or treatment by a distant-site provider.

If an FQHC is eligible for payment of both an encounter fee and a facility fee for the same client on the same date of service, the FQHC must submit a claim for the facility fee separate from the claim that was submitted for the encounter.

### **Telemedicine Services for RHCs**

The facility fee (procedure code Q3014) may be reimbursed as an add-on procedure code that should not be included in any cost reporting that is used to calculate the RHC AIR (All Inclusive Rate) PPS per visit encounter rate.

To receive reimbursement for more than one facility fee for the same client on the same date of service, an RHC must submit documentation of medical necessity that the client needed multiple distant-site provider consultations. An RHC can use a signed letter from the client's treating health care provider at the RHC documenting that the client suffered an illness or injury requiring additional diagnosis or treatment by a distant site provider. This will suffice to document the client's medical need for purposes of receiving additional facility fee payments for the same client on the same date of service. The letter must state that the client suffered an illness or injury that required additional diagnosis or treatment by a distant-site provider.

If an RHC is eligible for payment of both an encounter fee and a facility fee for the same client on the same date of service, the RHC must submit a claim for the facility fee

separate from the claim submitted for the encounter.

The facility fee should not be included in any cost reporting that is used to calculate the RHC All Inclusive Rate (AIR) prospective payment system (PPS) per-visit encounter rate.

Note: Telemedicine and telehealth services must be billed with modifier 95. Procedure codes that indicate remote delivery (telemedicine medical services or telehealth services) in the description do not need to be billed with modifier 95.

### **Distant-Site Telehealth Services for FQHCs**

The facility fee (procedure code Q3014) may be reimbursed as an add-on procedure code and should not be included in any cost reporting that is used to calculate a PPS or APPS per visit encounter rate.

To receive reimbursement for more than one facility fee for the same client on the same date of service, an FQHC must submit documentation of medical necessity indicating that the client needed multiple distant site provider consultations.

An FQHC can use a signed letter from the client's treating health care provider at the FQHC documenting that the client suffered an illness or injury requiring additional diagnosis or treatment by a distant site provider. This will suffice to document the client's medical need for purposes of receiving additional facility fee payments for the same client on the same date of service.

If an FQHC is eligible for payment of both an encounter and a facility fee for the same client on the same date of service, the FQHC must submit claims for the facility fee separate from claims submitted for the encounter.

### **Distant-Site Telehealth Services for RHCs**

RHCs may be reimbursed the distant-site provider fee for telehealth services at the PPS rate.

RHC practitioners may be employees of the RHC or contracted with the RHC.

The facility fee (procedure code Q3014) may be reimbursed as an add-on procedure code that should not be included in any cost reporting that is used to calculate the RHC AIR (All Inclusive Rate) PPS per visit encounter rate.

To receive reimbursement for more than one facility fee for the same client on the same date of service, an RHC must submit documentation of medical necessity indicating that the client needed multiple distant site provider consultations.

A signed letter from the client's treating health care provider at the RHC documenting that the client suffered an illness or injury requiring additional diagnosis or treatment by a distant site provider will suffice to document the client's medical need for purposes of receiving additional facility fee payments for the same client on the same date of service.

If an RHC is eligible for payment of both an encounter and a facility fee for the same client on the same date of service, the RHC must submit claims for the facility fee separate from claims submitted for the encounter.

SOURCE: TX Medicaid Telecommunication Services Handbook, (Aug. 2024). (Accessed Aug. 2024).

Telemedicine and telehealth patient site locations, as defined in §354.1430 and §354.1432 of this title, are reimbursed a facility fee determined by HHSC.

SOURCE: TX Admin. Code, Title 1 Sec. 355.7001(d), (Accessed Aug. 2024).

## Healthy Texas Women Program

FQHCs and RHCs may be reimbursed for telemedicine and telehealth in the following manner: ...

- The facility fee (procedure code Q3014) is an add-on procedure code that should not be included in any cost reporting that is used to calculate a FQHC PPS, APPS, or the RHC AIR (All Inclusive Rate) PPS per visit encounter rate.

SOURCE: TX Medicaid Healthy Texas Women Program Handbook, (Aug. 2024), pg. 13, (Accessed Aug. 2024).

## CSHCN Program

Patient-site providers enrolled in the CSHCN Services Program may only be reimbursed for the facility fee using procedure code Q3014. Procedure code Q3014 is payable to advanced practice registered nurses, physician assistants, and physicians in the office and outpatient hospital settings and to hospitals in the outpatient hospital setting. Charges for other services that are performed at the patient site may be submitted separately.

Procedure code Q3014 is not a benefit if the patient site is the client's home.

The facility fee (procedure code Q3014) is not a benefit for telehealth services. Charges for other services that are performed at the patient site may be submitted separately.

SOURCE: TX Medicaid CSHCN Services Program Provider Manual (Jul. 2024), p. 6, 7, 9. (Aug. 2024).

## Treatment in Place

When billing for TIP via telemedicine or telehealth, providers must bill using the most clinically appropriate emergency transport code (A0427 or A0429), the ET modifier, the W destination modifier to indicate TIP, and procedure code Q3014. Procedure code Q3014 will be informational only and used by Medicaid to identify TIP through telemedicine or telehealth services.

SOURCE: TX Medicaid Ambulance Services Handbook, p. 7-8 (Aug. 2024). (Accessed Aug. 2024).

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## STORE-AND-FORWARD

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*Last updated 08/16/2024*

### POLICY

Clinical and cost effectiveness determinations that result in prohibiting a service from being delivered using a synchronous audio-only technology, or store and forward technology in conjunction with synchronous audio-only technology are not considered denying, limiting, or reducing reimbursement for a covered health care service.

Store and forward technology – A telecommunications platform that stores and transmits or grants access to a person’s clinical information for review by a health professional at a different physical location than the person that meets the privacy requirements of the Health Insurance Portability and Accountability Act.

The following delivery methods may be used to provide telehealth/telemedicine within fee-for-service (FFS) Medicaid:

- Synchronous audiovisual technology between the distant site provider and the client in another location
- Synchronous audio-only technology between the distant site provider and the client in another location
- Store and forward technology in conjunction with synchronous audio-only technology between the distant site provider and the client in another location. The distant site provider must use one of the following:
  - Clinically relevant photographic or video images, including diagnostic images
  - The client’s relevant medical records, such as medical history, laboratory and pathology results, and prescriptive histories

A Texas Medicaid managed care organization (MCO) is not required to provide reimbursement for telemedicine services that are provided through the following methods:

- A text-only email message
- A facsimile transmission

SOURCE: TX Medicaid Telecommunication Services Handbook, pg. 5, 6, 9, & 13 (Aug. 2024).  
(Accessed Aug. 2024).

Reimbursement to eligible providers must be made in the same manner as in-person services.

SOURCE: TX Admin. Code, Title 1 Sec. 355.7001. (Accessed Aug. 2024).

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## ELIGIBLE SERVICES

Not all Medicaid-covered services are authorized by HHSC for telemedicine or telehealth delivery in fee-for-service. Providers must always ensure the covered service is allowable by HHSC for telemedicine or telehealth services delivery.

Note: For example, if a service is authorized for telemedicine or telehealth delivery only when using synchronous audiovisual technology, that service may not be delivered using store and forward technology, store and forward technology in conjunction with synchronous audio-only technology, synchronous audio-only technology, or asynchronous audio-only technology.

Telemedicine or telehealth may be provided if clinically appropriate and safe, as determined by the provider, and agreed to by the person receiving services. Whenever possible, HHSC encourages face-to-face interaction, such as an in-person visit.

Conditions for reimbursement applicable to telemedicine and telehealth provided using a synchronous audiovisual technology platform, or using store and forward technology in conjunction with synchronous audio-only are those that meet the following conditions:

- Must be designated for reimbursement by HHSC.
- Must be clinically effective and cost-effective, as determined and published in the benefit language by HHSC.
- May not be denied solely because an in-person medical service between a provider and client did not occur.
- May not be limited by requiring the provider to use a particular synchronous audiovisual technology platform to receive reimbursement for the service.

Other conditions for reimbursement applicable to services may vary by service type. Providers may refer to the appropriate TMPPM handbook for additional information on synchronous audiovisual technology platform coverage conditions.

Note: Telemedicine and telehealth services that HHSC has determined are clinically effective and cost-effective when provided via a synchronous audiovisual technology platform or using store and forward technology in conjunction with synchronous audio-only technology can be found in the appropriate TMPPM handbooks.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 6. (Aug. 2024). (Accessed Aug. 2024).

To the extent permitted by federal law and to the extent it is cost-effective and clinically effective, as determined by the commission, the commission shall ensure that Medicaid recipients, child health plan program enrollees, and other individuals receiving benefits under a public benefits program administered by the commission or a health and human services agency, regardless of whether receiving benefits through a managed care delivery model or another delivery model, have the option to receive services as telemedicine medical services, telehealth services, or otherwise using telecommunications or information technology, including the following services:

- preventive health and wellness services;
- case management services, including targeted case management services;
- subject to Subsection (c), behavioral health services;
- occupational, physical, and speech therapy services;
- nutritional counseling services; and
- assessment services, including nursing assessments under the following Section 1915(c) waiver programs:
  - the community living assistance and support services (CLASS) waiver program;
  - the deaf-blind with multiple disabilities (DBMD) waiver program;
  - the home and community-based services (HCS) waiver program; and
  - the Texas home living (TxHmL) waiver program.

SOURCE: TX Statute Sec. 531.02161, [repealed eff. Apr. 1, 2025], (Accessed Aug. 2024).

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## GEOGRAPHIC LIMITS

No Reference Found

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## TRANSMISSION FEE

No Reference Found

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# REMOTE PATIENT MONITORING

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*Last updated 08/16/2024*

## POLICY

“Home telemonitoring service” means a health service that requires scheduled remote monitoring of data related to a patient’s health and transmission of the data to a licensed home and community support services agency, a federally qualified health center, a rural health clinic, or a hospital, as those terms are defined by Section 531.02164(a). The term is synonymous with “remote patient monitoring.”

SOURCE: TX Government Code, Sec. 531.001(4-a) (Accessed Aug. 2024).

HHSC reimburses eligible providers performing home telemonitoring services in the same manner as their other professional services described in §355.8021 of this title (relating to Reimbursement Methodology for Home Health Services).

SOURCE: TX Admin Code, Title 1, Sec. 355.7001(e). (Accessed Aug. 2024).

Home telemonitoring is a health service that requires scheduled remote monitoring of data related to a client’s health, and transmission of the data from the client’s home to a licensed home health agency or a hospital. The data transmission must comply with standards set by HIPAA.

Data parameters are established as ordered by a physician’s plan of care.

Data must be reviewed by a registered nurse (RN), NP, CNS, or PA, who is responsible for reporting data to the prescribing physician in the event of a measurement outside the established parameters.

The provision and maintenance of home telemonitoring equipment is the responsibility of the home health agency or the hospital. The one-time initial setup and installation (procedure code S9110 with modifier U1) of the equipment in the client’s home is a benefit when services are provided by a home health agency or an outpatient hospital.

Monthly home monitoring services (procedure code S9110 with the appropriate modifier) are a benefit when services are provided by a home health agency or an outpatient hospital. Hospital providers must submit revenue code 780 with procedure code S9110 and one of the appropriate modifiers listed in the table within this section.

Documentation supporting medical necessity for telemonitoring services must be maintained in the client's medical record by the entity providing the service (home health agency or hospital) and is subject to retrospective review. All paid telemonitoring services not supported by documentation of medical necessity are subject to recoupment.

Procedure code 99091 does not require prior authorization. Procedure code S9110 with or without modifier U1 requires prior authorization. Home telemonitoring services may be approved for up to 180 days per prior authorization request. Procedure code S9110 with modifier U1 can only be prior authorized once per episode of care even if monitoring parameters are added after initial setup and installation, unless the provider submits documentation that extenuating circumstances require another installation of telemonitoring equipment.

Procedure code S9110 for the transmission of client data will be prior authorized no more than once per month for the duration of the prior authorization period.

See manual for prior authorization requirements.

SOURCE: TX Medicaid Telecommunication Services Handbook, pg. 14-16 (Aug. 2024), (Accessed Aug. 2024).

## **CSHCN Program**

Home telemonitoring services are a benefit of the CSHCN Services Program.

Home telemonitoring is a health service that requires scheduled remote monitoring of data related to a client's health, and transmission of the data from the client's home to a licensed home health agency or a hospital. The data transmission must comply with standards set by the Health Insurance Portability and Accountability Act (HIPAA).

Data parameters are established as ordered by a physician's plan of care. Data must be reviewed by a registered nurse (RN), APRN, or PA, who is responsible for reporting data to the prescribing physician in the event of a measurement outside the established parameters.

Procedure code S9110 (with modifier U1) is limited to once per episode of care even if monitoring parameters are added after initial setup and installation. A claim for a subsequent set up and installation will not be reimbursed unless there is a documented new episode of care or documentation of the occurrence of extenuating circumstances.

Home monitoring (procedure code S9110 with the appropriate modifier) is a benefit when services are provided by a home health agency or an outpatient hospital. Hospital providers must submit revenue code 780 with procedure code S9110 and the appropriate modifier for monthly home monitoring. Refer to table below for the appropriate modifier.

Providers must bill the appropriate modifier to indicate the number of days that transmissions of data were received and reviewed for the client within a rolling month.

Providers are not required to submit modifiers U2, U3, U4, U7, U8, or U9 for telemonitoring on the prior authorization request, but are required to submit the appropriate modifier on the claim for reimbursement based on the number of days as outlined in the table.

Procedure code S9110 with or without modifier U1 requires prior authorization. Telemonitoring services may be requested and approved for up to 90 days per prior authorization request. The initial setup and installation (procedure code S9110 with modifier U1) may be prior authorized once per episode of care, unless the provider submits documentation of extenuating circumstances that require another installation of telemonitoring equipment. If additional home telemonitoring services are needed, the home health agency or hospital must request prior authorization before the current prior authorization period ends.

Telecommunication services may be reimbursed the lower of the billed amount or the amount allowed by Texas Medicaid.

See manual for prior authorization requirements.

SOURCE: TX Medicaid, CSHCN Program Services Provider Manual Telecommunication Services (Jul. 2024), p. 9-13. (Accessed Aug. 2024).

Concurrent services for telemonitoring are allowed for distinctly different medical reasons. Duplication of services by any provider will not be prior authorized.

SOURCE: TX Medicaid CSHCN Services Program Manual – Home Health Services, (Jul. 2024), pg. 7 (Accessed Aug. 2024).

## CONDITIONS

Home telemonitoring is a benefit for clients who have been diagnosed with either diabetes or hypertension or both.

Home telemonitoring services are also a benefit for clients who are 20 years of age and younger, with one or more of the following conditions:

- End-stage solid organ disease
- Organ transplant recipient
- Requiring mechanical ventilation

The physician who orders home telemonitoring services has a responsibility to ensure the following:

- The client has a choice of home telemonitoring providers.
- The client has the right to discontinue home telemonitoring services at any time.

Although Texas Medicaid supports the use of home telemonitoring, clients are not required to use this service.

## Prior Authorization Requirements

Procedure code 99091 does not require prior authorization.

Procedure code S9110 with or without modifier U1 requires prior authorization. Home telemonitoring services may be approved for up to 180 days per prior authorization request.

See manual for additional prior authorization requirements.

Telemonitoring services will not be approved for clients of any age who have diabetes or hypertension unless they have two or more of the following risk factors:

- Two or more hospitalizations in the previous 12-month period
- Frequent or recurrent emergency department visits
- A documented history of poor adherence to medication regimens
- Documented history of falls in the previous 6-month period
- Limited or absent informal support systems
- Living alone or being home alone for extended periods of time
- A documented history of care access challenges

Prior authorization will be considered for clients who are 20 years of age and younger and have at least one of the following conditions:

- End-stage solid organ disease
- Organ transplant recipient
- Mechanical ventilation

To avoid unnecessary denials, the requesting provider must provide correct and complete information, including documentation for medical necessity of the equipment requested. The physician and telemonitoring provider must maintain documentation of medical necessity in the client's medical record.

Providers submitting claims for clients who have dual eligibility for Medicaid and Medicare must first submit their claims to Medicare for procedure code 99091. Claims for procedure code S9110 with any modifier should not be submitted to Medicare. Procedure code S9110 is not payable by Medicare.

A claim submitted for a subsequent set up and installation of telemonitoring equipment (procedure code S9110 with modifier U1) will not be reimbursed unless there is a documented new episode of care.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 16 & 18 (Aug. 2024). (Accessed Aug. 2024).

Home telemonitoring services are available only to Texas Medicaid clients who:

- are diagnosed with diabetes, hypertension, or any other conditions allowed by Texas Government Code §531.02164 and determined by HHSC to be cost effective and feasible; and
- exhibit two or more of the following risk factors:
  - Two or more hospitalizations in the previous 12-month period
  - Frequent or recurrent emergency department visits
  - A documented history of poor adherence to ordered medication regime
  - A documented history of falls in the previous 6-month period
  - Limited or absent informal support systems
  - Living alone or being home alone for extended periods of time
  - A documented history of care access challenges

Home telemonitoring services are reimbursed in accordance with Chapter 355 of this title (relating to Reimbursement Rates).

Home telemonitoring services are available to Texas Medicaid clients who are 20 years of age and younger, with one or more of the following conditions [prior authorization applies according to telecommunications manual]:

- end-stage solid organ disease;
- organ transplant recipient; or
- requiring mechanical ventilation.

SOURCE: TX Admin Code. Title 1, Sec. 354.1434, (Accessed Aug. 2024).

The executive commissioner shall adopt rules for the provision and reimbursement of home telemonitoring services under Medicaid as provided under this section. See sections below for additional details.

For purposes of adopting rules under this section, the commissioner shall:

- Identify and provide home telemonitoring services to persons diagnosed with conditions for which the commission determines the provision of home telemonitoring services would be cost-effective and clinically effective;
- consider providing home telemonitoring services under Subdivision (1) to Medicaid recipients who:
  - Are diagnosed with one or more of the following conditions:
    - pregnancy;
    - diabetes;
    - heart disease;
    - cancer;
    - chronic obstructive pulmonary disease;
    - hypertension;
    - congestive heart failure;
    - mental illness or serious emotional disturbance;
    - asthma;
    - myocardial infarction;
    - stroke;
    - end stage renal disease; or
    - a condition that requires renal dialysis treatment; and

- Exhibit at least one of the following risk factors
  - two or more hospitalizations in the prior 12-month period;
  - frequent or recurrent emergency room admissions;
  - a documented history of poor adherence to ordered medication regimens;
  - a documented risk of falls; and
  - a documented history of care access challenges
- Ensure that clinical information gathered by the following providers while providing home telemonitoring services is shared with the recipient's physician:
  - a home and community support services agency;
  - a federally qualified health center;
  - a rural health clinic; or
  - a hospital
- Ensure that the home telemonitoring provided under this section do not duplicate disease management program services provided under 32.057, Human Resources Code; and require providers to:
  - establish a plan of care that includes outcome measures for each recipient who receives home telemonitoring services under this section; and
  - share the plan and outcome measures with the recipient's physician.

Notwithstanding any other provision of this section, the commission shall ensure that home telemonitoring services are available to pediatric persons who:

- are diagnosed with end-stage solid organ disease;
- have received an organ transplant; or
- require mechanical ventilation.

In addition to determining whether to provide home telemonitoring services to Medicaid recipients with the conditions described under Subsection (c)(2), the commission shall determine whether high-risk pregnancy is a condition for which the provision of home telemonitoring services is cost-effective and clinically effective. If the commission determines that high-risk pregnancy is a condition for which the provision of home telemonitoring services is cost-effective and clinically effective:

- the commission shall, to the extent permitted by state and federal law, provide recipients experiencing a high-risk pregnancy with clinically appropriate home telemonitoring services equipment for temporary use in the recipient's home; and

- the executive commissioner by rule shall:
  - establish criteria to identify recipients experiencing a high-risk pregnancy who would benefit from access to home telemonitoring services equipment;
  - ensure that, if cost-effective, feasible, and clinically appropriate, the home telemonitoring services equipment provided includes uterine remote monitoring services equipment and pregnancy-induced hypertension remote monitoring services equipment;
  - subject to Subsection (c-3), require that a provider obtain:
    - prior authorization from the commission before providing home telemonitoring services equipment to a recipient during the first month the equipment is provided to the recipient; and
    - an extension of the authorization under Subparagraph (i) from the commission before providing the equipment in a subsequent month based on the ongoing medical need of the recipient; and
  - prohibit payment or reimbursement for home telemonitoring services equipment during any period that the equipment was not in use because the recipient was hospitalized or away from the recipient's home regardless of whether the equipment remained in the recipient's home while the recipient was hospitalized or away.

For purposes of Subsection (c-2), the commission shall require that:

- a request for prior authorization under Subsection (c-2)(2)(C)(i) be based on an in-person assessment of the recipient; and
- documentation of the recipient's ongoing medical need for the equipment is provided to the commission before the commission grants an extension under Subsection (c-2)(2)(C)(ii).

If, after implementation, the commission determines that a condition for which the commission has authorized the provision and reimbursement of home telemonitoring services under Medicaid under this section is not cost-effective and clinically effective, the commission may discontinue the availability of home telemonitoring services for that condition and stop providing reimbursement under Medicaid for home telemonitoring services for that condition, notwithstanding Section 531.0216 or any other law.

The commission shall determine whether the provision of home telemonitoring services to persons who are eligible to receive benefits under both Medicaid and the Medicare program achieves cost savings for the Medicare program.

To comply with state and federal requirements to provide access to medically necessary services under Medicaid, including the Medicaid managed care program, and if the commission determines it is cost-effective and clinically effective, the commission or a

Medicaid managed care organization, as applicable, may reimburse providers for home telemonitoring services provided to persons who have conditions and exhibit risk factors other than those expressly authorized by this section.

SOURCE: TX Government Code Sec. 531.02164 (Accessed Aug. 2024).

## CSHCN Program

Home telemonitoring services are a benefit only for clients who are diagnosed with one or more of the following conditions:

- Diabetes
- Hypertension
- Congestive heart failure
- End-stage solid organ disease
- Organ transplant recipient
- Requiring mechanical ventilation

Clients with diabetes or hypertension must exhibit two or more of the following risk factors for approval of telemonitoring services:

- Two or more hospitalizations in the previous 12-month period
- Frequent or recurrent emergency department visits
- A documented history of poor adherence to ordered medication regimens
- Documented history of falls in the previous six-month period
- Limited or absent informal support systems
- Living alone or being home alone for extended periods of time
- A documented history of care access challenges

SOURCE: TX Medicaid CSHCN Services Program Provider Manual Telecommunications Services (Jul. 2024), p. 11. (Accessed Aug. 2024).

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## PROVIDER LIMITATIONS

Data must be reviewed by a registered nurse (RN), NP, CNS, or PA, who is responsible for reporting data to the prescribing physician in the event of a measurement outside the established parameters.

Scheduled periodic reporting of the client data to the physician is required at least once every 30 days, even when there have been no readings outside the parameters established in the physician's orders. The RN, NP, CNS, or PA in a licensed home health agency or a hospital is responsible for reporting data to the prescribing physician. Telemonitoring providers must be available 24 hours a day, 7 days a week. Although transmissions are generally at scheduled times, they can occur any time of the day or any day of the week, according to the client's plan of care.

Collection and interpretation of a client's data for home telemonitoring services (procedure code 99091) is a benefit in the office or outpatient hospital setting when services are provided by a physician or other qualified health care professional. Procedure code 99091 is limited to once in a 30-day period.

The physician who orders home telemonitoring services has a responsibility to ensure the following:

- The client has a choice of home telemonitoring providers.
- The client has the right to discontinue home telemonitoring services at any time.

Although Texas Medicaid supports the use of home telemonitoring, clients are not required to use this service.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 14-15 (Aug. 2024). (Accessed Aug. 2024).

Home telemonitoring service providers must:

- Comply with all applicable federal, state and local laws and regulations;
- Be enrolled and approved as home telemonitoring services providers;
- Bill for the services covered under the Texas Medicaid Program in the manner and format prescribed by HHSC;
- Share clinical information gathered while providing home telemonitoring services with the patient's physician; and
- not duplicate disease management program services provided under Human Resources Code §32.057 and further described in Division 32 of this subchapter (relating to Texas Medicaid Wellness Program).

See specific documentation requirements for telemonitoring providers in manual.

SOURCE: TX Admin Code. Title 1, Sec. 354.1434(c). (Accessed Aug. 2024).

## OTHER RESTRICTIONS

Home health agency and hospital providers who wish to provide telemonitoring services must notify the Texas Medicaid & Healthcare Partnership (TMHP) as follows:

- Current providers must use the Provider Enrollment and Management System (PEMS) to indicate that they provide telemonitoring services.
- Newly enrolling or re-enrolling home health agency or outpatient hospital providers must indicate whether they provide telemonitoring services during the enrollment process.

The provision and maintenance of home telemonitoring equipment is the responsibility of the home health agency or the hospital. The one-time initial setup and installation (procedure code S9110 with modifier U1) of the equipment in the client's home is a benefit when services are provided by a home health agency or an outpatient hospital. Monthly home monitoring services (procedure code S9110 with the appropriate modifier) are a benefit when services are provided by a home health agency or an outpatient hospital. Hospital providers must submit revenue code 780 with procedure code S9110 and one of the appropriate modifiers listed in the table within this section.

Documentation supporting medical necessity for telemonitoring services must be maintained in the client's medical record by the entity providing the service (home health agency or hospital) and is subject to retrospective review. All paid telemonitoring services not supported by documentation of medical necessity are subject to recoupment.

SOURCE: TX Medicaid Telecommunication Services Handbook, pg. 3 & 14-15 (Aug. 2024). (Accessed Aug. 2024).

## CSHCN Program

The CSHCN Program has certain requirements around equipment, prior authorization, and billing instructions similar to the main Telecommunication Services manual above. Please refer to manual for specifics.

SOURCE: TX Medicaid, CSHCN Program Services Provider Manual Telecommunication Services (Jul. 2024), p. 9-13 (Accessed Aug. 2024).

A cardiac rehabilitation program in which the cardiac monitoring is done using telephonically transmitted electrocardiograms to a remote site is not covered by Texas Medicaid.

Cardiac rehabilitation must be provided in a facility that has the necessary cardiopulmonary, emergency, diagnostic, and therapeutic life-saving equipment (i.e.

oxygen, cardiopulmonary resuscitation equipment, or defibrillator) available for immediate use. If no clinically significant arrhythmia is documented during the first three weeks of the program, the provider may have the client complete the remaining portion without telemetry monitoring by the physician's order.

SOURCE: TX Medicaid Inpatient and Outpatient Hospital Services Handbook, p. 54 (Aug. 2024). (Accessed Aug. 2024).

## DME and Supplies

CGMs are devices that measure glucose levels taken from interstitial fluid continuously throughout the day and night, providing real-time data to the client or physician. See manual for complete description.

There are no devices on the United States market that function as stand-alone adjunctive CGM devices. Current technology for adjunctive CGM devices operates in conjunction with an insulin pump.

See manual for non-adjunctive CGM device procedure codes and related supplies that are a benefit when provided by medical supplier durable medical equipment (DME) providers in the home setting.

Prior authorization requirements apply. See manual.

## Non-Covered Services (CGM)

CGM devices (procedure code A9278) and supplies (procedure codes A9276 and A9277) for use with non-durable medical equipment are informational only. DME is defined as:

- Medical equipment or appliances that are manufactured to withstand repeated use, ordered by a physician or allowed practitioner for use in the home, and required to correct or ameliorate a client's disability, condition, or illness.

The following services are not benefits of Texas Medicaid:

- Rental of adjunct CGM devices
- Smart devices (smart phones, tablets, personal computers, etc.) used as GCM monitors
- Medical supplies used with non-covered equipment

SOURCE: TX Medicaid DME and Supplies Handbook, p. 52 (Aug. 2024). (Accessed Aug. 2024).

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## EMAIL, PHONE & FAX

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*Last updated 08/17/2024*

Telemedicine medical services and telehealth services are authorized service delivery methods for Texas Medicaid covered services as provided in this section. All telemedicine medical services and telehealth services are subject to the specifications, conditions, limitations, and requirements established by the Texas Health and Human Services Commission (HHSC) or its designee.

- A client must not be required to receive a covered service as a telemedicine medical service or telehealth service except in the event of an active declaration of state of disaster and at the direction of HHSC.
- In the event of a declaration of state of disaster, HHSC may issue direction to providers regarding the use of telemedicine medical services and telehealth services, including the use of an audio-only platform, to provide covered services to clients who reside in the area subject to the declaration of state of disaster.
- HHSC considers the following criteria when determining whether a covered service may be delivered as telemedicine medical service or telehealth service, including via an audio-only platform:
  - Clinical effectiveness;
  - Cost effectiveness;
  - Health and safety;
  - Patient choice and access to care; and
  - Other criteria specific to the service.

SOURCE: TX Admin Code Title 1, Sec. 354.1432, (Accessed Aug. 2024).

Conditions for reimbursement applicable to behavioral health services provided through an audio-only platform are described in this section.

- The provider must be enrolled in Texas Medicaid.
- The provider must obtain informed consent from the client, client's parent, or the client's legally authorized representative prior to rendering a behavioral health service via an audio-only platform; except when doing so is not feasible or could result in death or injury to the client. Verbal consent is permissible and must be documented in the client's medical record.
- The covered services must be provided in compliance with the standards established by the respective licensing or certifying board of the professional providing the audio-only telemedicine medical service or audio-only telehealth service.
- Behavioral health services provided via audio-only platform must be designated for reimbursement by HHSC. Behavioral health services provided via an audio-only platform designated for reimbursement are those that are clinically effective and cost-effective, as determined by HHSC and in accordance with §354.1432(3) of this subchapter (relating to

Telemedicine and Telehealth Benefits and Limitations). Behavioral health services that HHSC has determined are clinically effective and cost-effective when provided via an audio-only platform can be found in the Texas Medicaid Provider Procedures Manual (TMPPM).

SOURCE: TX Admin Code Title 1, Sec. 354.1435, (Accessed Aug. 2024).

An assessment of an individual may be performed as a telemedicine medical service or a telehealth service, including via an audio-only platform, in accordance with the requirements and limitations of Subchapter A, Division 33 of this chapter (relating to Advanced Telecommunications Services).

A service described in this subsection may be delivered as a telemedicine medical service or a telehealth service, including via an audio-only platform, in accordance with the requirements and limitations of Subchapter A, Division 33 of this chapter. The comprehensive provider agency and staff members must implement procedures to ensure that each individual is provided mental health services based on:

- the assessment conducted under subsection (a) of this section;
- medical necessity as determined by an LPHA; and
- when available, physical health care needs as determined by a physician, physician assistant, or advanced practice registered nurse.

SOURCE: TX Admin Code Title 1, Sec. 354.2607, (Accessed Aug. 2024).

### **Mental Health Recovery Treatment Planning, Mental Health Targeted Case Management, Crisis Intervention Services, Medication Training and Support Services, Psychosocial Rehabilitative Services, Skills Training and Development Services**

The aforementioned may be delivered as a telemedicine medical service or a telehealth service, including via an audio-only platform, in accordance with the requirements and limitations of Subchapter A, Division 33 of this chapter (relating to Advanced Telecommunications Services). See applicable Administrative Code section for more details.

SOURCE: TX Admin Code Title 1, Sec. 354.2609, TX Admin Code Title 1, Sec. 354.2655, TX Admin Code Title 1, Sec. 354.2707, TX Admin Code Title 1, Sec. 354.2709, TX Admin Code Title 1, Sec. 354.2711, TX Admin Code Title 1, Sec. 354.2713, (Accessed Aug. 2024).

Synchronous audio-only, also called synchronous telephone (audio-only), technology – An interactive, two-way audio telecommunications platform, including telephone technology, that uses only sound and meets the privacy requirements of the Health Insurance Portability and Accountability Act.

The following delivery methods may be used to provide telemedicine [or telehealth services] within fee-for-service (FFS) Medicaid: ...

- Synchronous audio-only technology between the distant site provider and the client in another location

A Texas Medicaid Managed Care organization (MCO) is not required to provide reimbursement for telemedicine services [or telehealth service] that are provided through the following methods:

- A text-only email message
- A facsimile transmission

SOURCE: TX Medicaid Telecommunication Services Handbook, pg. 6, 9, 12-13 (Aug. 2024). (Accessed Aug. 2024).

Conditions for reimbursement applicable to telemedicine and telehealth provided using a synchronous audiovisual technology platform, or using store and forward technology in conjunction with synchronous audio-only are those that meet the following conditions:

- Must be designated for reimbursement by HHSC.
- Must be clinically effective and cost-effective, as determined and published in the benefit language by HHSC.
- May not be denied solely because an in-person medical service between a provider and client did not occur.
- May not be limited by requiring the provider to use a particular synchronous audiovisual technology platform to receive reimbursement for the service.

Other conditions for reimbursement applicable to services may vary by service type. Providers may refer to the appropriate TMPPM handbook for additional information on synchronous audiovisual technology platform coverage conditions.

Note: : Telemedicine and telehealth services that HHSC has determined are clinically effective and cost-effective when provided via a synchronous audiovisual technology platform or using store and forward technology in conjunction with synchronous audio-only technology can be found in the appropriate TMPPM handbooks.

Conditions for reimbursement applicable to behavioral health services provided using a synchronous audio-only technology platform are those that meet the following conditions:

- Must be designated for reimbursement by HHSC.
- Provider must obtain informed consent from the client, client's parent, or the client's legally authorized representative prior to rendering a behavioral health service through a synchronous audio-only technology platform; except when doing so is not feasible or could result in death or injury to the client. Verbal consent is permissible and must be documented in the client's medical record.
- Must be clinically effective and cost-effective, as determined and published in the benefit language by HHSC.
- May not be denied solely because an in-person medical service between a provider and client did not occur.
- May not be limited by requiring the provider to use a particular synchronous audio-only technology platform to receive reimbursement for the service.
- Other conditions for reimbursement applicable to behavioral health services may vary by service type. Providers may refer to the appropriate TMPPM handbook for additional information on audio-only coverage conditions.

Conditions for reimbursement applicable to non-behavioral health services provided using a synchronous audio-only technology platform:

- Must be designated for reimbursement by HHSC.
- Clinically effective and cost-effective, as determined and published by HHSC.
- May not be denied solely because an in-person medical service between a provider and client did not occur.
- May not be limited by requiring the provider to use a particular synchronous audio-only technology platform to receive reimbursement for the service.

Note: Behavioral or non-behavioral health services that HHSC has determined are clinically effective and cost-effective when provided via a synchronous audio-only technology platform can be found in the appropriate TMPPM handbooks.

Telemedicine and telehealth services are reimbursed in accordance with 1 TAC §355.

In the event of a Declaration of State of Disaster, HHSC will issue direction to providers regarding the use of telemedicine or telehealth services to include the use of a synchronous telephone (audio-only) platform to provide covered services outside of the allowances described herein to the extent permitted by Texas law.

Declaration of State of Disaster is when to an executive order or proclamation is issued by the governor declaring a state of disaster in accordance with Texas Government Code §418.014.

SOURCE: TX Medicaid Telecommunication Services Handbook, pg. 6-7 (Aug. 2024). (Accessed Aug. 2024).

Procedure codes that are reimbursed to distant site providers when billed with the 93 modifier (audio-only services) are included in the individual TMPPM handbooks.

Procedure codes that indicate telephone or audio-only delivery in their description do not need to be billed with the 93 modifier.

Behavioral health procedure codes that are reimbursed to distant site providers when billed with the FQ modifier (audio-only services) are included in the individual TMPPM handbooks. Procedure codes that indicate telephone or audio-only delivery in their description do not need to be billed with the FQ modifier.

See manual for codes MCOs must reimburse when delivered via telemedicine services.

Texas Medicaid MCOs may optionally provide reimbursement for telemedicine services that are provided through asynchronous audio-only technology, such as voice mail technology. Distant site providers should contact each MCO to determine whether an MCO provides reimbursement for a specified modality.

SOURCE: TX Medicaid Telecommunication Services Handbook, pg. 8-9, Aug. 2024 (Accessed Aug. 2024).

Telemedicine medical services used for the treatment of chronic pain with scheduled drugs via audio-only is prohibited, unless a patient:

- Is an established chronic pain patient of the physician or health professional issuing the prescription;
- Is receiving a prescription that is identical to a prescription issued at the previous visit; and
- Has been seen by the prescribing physician or health professional defined under Section 111.001(1) of Texas Occupations Code, in the last 90 days either in-person or via telemedicine using audiovisual communication.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 10 (Aug. 2024). (Accessed Aug. 2024).

During a Declaration of State Disaster, HHSC may issue direction to providers regarding the use of a telemedicine or telehealth service to include the use of synchronous telephone (audio-only) platform to provide covered services outside of the allowances described herein to the extent permitted by Texas law. A Declaration of State of Disaster is when an executive order or proclamation is issued by the governor declaring a state of disaster in accordance with Section 418.014 of the Texas Government Code.

## Follow Up Visits

A follow-up visit may be completed in-person or through the use of synchronous audiovisual technology, or synchronous telephone (audio-only) technology. Follow-up visits completed using synchronous audiovisual technology or synchronous telephone (audio-only) technology should only be provided if agreed to by the person or the person's parent or guardian.

## Intellectual and Developmental Disabilities Service Coordination

Supportive Encounter (Type B): A face-to-face, telephone, or telemedicine contact with a person or with a collateral on the person's behalf to provide service coordination.

## Outpatient Mental Health Services

The following outpatient mental health services may be provided by synchronous telephone (audio-only) technology to persons with whom the billing provider has an existing clinical relationship and, if clinically appropriate and safe, as determined by the billing provider, and agreed to by the person receiving services. Whenever possible, HHSC encourages face-to-face interaction, such as an in-person visit, as well as, the use of synchronous audiovisual technology over synchronous telephone (audio-only) technology of telemedicine and telehealth services. Therefore, providers of outpatient mental health services must document in the person's medical record the reason(s) for why services were delivered by synchronous telephone (audio-only) technology.

Outpatient mental health services provided by synchronous telephone (audio-only) technology must be billed using modifier FQ.

- Psychiatric diagnostic evaluation services with and without medical services
- Psychotherapy (individual, family, or group) services
- Pharmacological management services (most appropriate E/M code with modifier UD) for psychiatric care only

An existing clinical relationship occurs when a person has received at least one in-person or synchronous audiovisual outpatient mental health service (psychiatric diagnostic evaluation, psychotherapy [individual, family, or group], pharmacological management, testing [neurobehavioral, psychological, or neuropsychological], or ECT) from the same billing provider within the six months prior to the initial service delivered by synchronous telephone (audio-only) technology. The six-month requirement for at least one in-person or synchronous audiovisual outpatient mental health service by the

same billing provider prior to the initial synchronous telephone (audio-only) service may not be waived.

Note: “Same billing provider” refers to providers that are within the same entity or organization, as identified by the entity’s or organization’s NPI number or numbers, if the entity or organization has multiple locations (e.g., a clinic/group practice, federally qualified health clinic or rural health clinic, and can include providers within the same community mental health center).

Note: The required in-person or synchronous audiovisual-delivered outpatient mental health service (psychiatric diagnostic evaluation, psychotherapy [individual, family, or group], pharmacological management, testing [neurobehavioral, psychological, or neuropsychological], or ECT) may be delivered by another authorized professional or paraprofessional of the same billing provider as the professional or paraprofessional who delivers the service by synchronous telephone (audio-only) technology.

The billing provider is required to conduct at least one in-person or synchronous audiovisual outpatient mental health service (psychiatric diagnostic evaluation, psychotherapy [individual, family, or group], pharmacological management, testing [neurobehavioral, psychological, or neuropsychological] or ECT) every rolling 12 months from the date of the initial service delivered by synchronous telephone (audio-only) technology unless the person receiving services and the billing provider agree that an in-person or synchronous audiovisual service is clinically contraindicated, or the risks or burdens of an in-person or synchronous audiovisual service outweigh the benefits. The decision to waive the 12-month requirement applies to that particular rolling 12-month period and the basis for the decision must be documented in the person’s medical record. Examples of when a synchronous telephone (audio-only) service may be more clinically appropriate or beneficial than an in-person or synchronous audiovisual service include, but are not limited to, the following:

- The person receiving services is located at a qualifying originating site in an eligible geographic area, e.g., a practitioner office in a rural Health Professional Shortage Area
- An in-person or synchronous audiovisual service is likely to cause disruption in service delivery or has the potential to worsen the person’s condition(s)

Note: The required in-person or synchronous audiovisual-delivered outpatient mental health service (psychiatric diagnostic evaluation, psychotherapy [individual, family, or group], pharmacological management, testing [neurobehavioral, psychological, or neuropsychological], or ECT) may be delivered by another authorized professional or

paraprofessional of the same billing provider (see note above for the definition of same billing provider) as the professional, or paraprofessional, who delivers the service by synchronous telephone (audio-only) technology.

See manual for procedure codes

### **Mental Health Targeted Case Management (MHTCM) Services**

MHTCM services may be provided by synchronous telephone (audio-only) technology to persons with whom the billing provider has an existing clinical relationship and, if clinically appropriate and safe, as determined by the billing provider, and agreed to by the person receiving services or LAR. In addition, approval to deliver the services by synchronous telephone (audio-only) technology must be documented in the plan of care of the person receiving services. Whenever possible, HHSC encourages face-to-face interaction, such as an in-person visit, as well as the use of synchronous audiovisual technology over synchronous telephone (audio-only) technology of telemedicine and telehealth services. Therefore, providers of MHTCM services must document in the person's medical record the reason(s) for why services were delivered by synchronous telephone (audio-only) technology. MHTCM services provided by synchronous telephone (audio-only) technology must be billed using modifier FQ.

An existing clinical relationship occurs when a person has received at least one in-person or synchronous audiovisual MHTCM, mental health rehabilitation (MHR), or peer specialist service from the same billing provider within the six months prior to the initial service delivered by synchronous telephone (audio-only) technology. The six-month requirement for at least one in-person or synchronous audiovisual MHTCM, MHR, or peer specialist service by the same billing provider prior to the initial synchronous telephone (audio-only) service may not be waived.

Note: "Same billing provider" refers to providers that are within the same entity, as identified by the entity's NPI number or numbers, if the entity has multiple locations (i.e., the same LMHA/LBHA or same non-LMHA/private provider).

Note: The required in-person or synchronous audiovisual-delivered MHTCM, MHR, or peer specialist service may be delivered by another authorized professional or paraprofessional of the same LMHA/LBHA or the same non-LMHA as the professional or paraprofessional who delivers the service by synchronous telephone (audio-only) technology.

The billing provider is required to conduct at least one in-person or synchronous audiovisual MHTCM, MHR, or peer specialist service every rolling 12 months from the date of the initial service delivered by synchronous telephone (audio-only) technology unless the person receiving services and the billing provider agree that an in-person or synchronous audiovisual service is clinically contraindicated, or the risks or burdens of an in-person or synchronous audiovisual service outweigh the benefits. The decision to waive the 12-month requirement applies to that particular rolling 12-month period and the basis for the decision must be documented in the person's medical record.

Examples of when a synchronous telephone (audio-only) service may be more clinically appropriate or beneficial than an in-person or synchronous audiovisual service include, but are not limited to, the following:

- The person receiving services is located at a qualifying originating site in an eligible geographic area, e.g., a practitioner office in a rural Health Professional Shortage Area.
- An in-person or synchronous audiovisual service is likely to cause disruption in service delivery or has the potential to worsen the person's condition(s).

Note: The required in-person or synchronous audiovisual-delivered MHTCM, MHR, or peer specialist service may be delivered by another authorized professional or paraprofessional of the same LMHA/LBHA or the same non-LMHA as the professional or paraprofessional who delivers the service by synchronous telephone (audio-only) technology.

## **Mental Health Rehabilitative Services**

The following MHR services may be provided by synchronous telephone (audio-only) technology to persons with whom the billing provider has an existing clinical relationship and if clinically appropriate and safe, as determined by the billing provider, and agreed to by the person receiving services or LAR. In addition, except for crisis intervention services, approval to deliver the services by synchronous telephone (audio-only) technology must be documented in the plan of care of the person receiving services. Whenever possible, HHSC encourages face-to-face interaction, such as an in-person visit, as well as the use of synchronous audiovisual technology over synchronous telephone (audio-only) technology of telemedicine and telehealth services. Therefore, providers of MHR services must document in the person's medical record the reason(s) for why services were delivered by synchronous telephone (audio-only) technology. MHR services provided by synchronous telephone (audio-only) technology must be billed using modifier FQ.

- Medication training and support

- Skills training and development
- Psychosocial rehabilitation services
- Crisis intervention services
  - Synchronous telephone (audio-only) technology may only be used for crisis intervention services as a back-up mode of delivery only, meaning if the person who is in crisis, not the billing provider, is unwilling or has limited technological capabilities that prevent them from using a synchronous audiovisual platform at the time the crisis intervention services are delivered. Also, the existing clinical relationship requirement is waived.
  - Documented approval of the use of synchronous telephone (audio-only) technology in the plan of care is not required prior to the delivery of crisis intervention services. However, providers must document the justification for using synchronous telephone (audio-only) technology to deliver crisis intervention services in the medical record.

An existing clinical relationship occurs when a person has received at least one in-person or synchronous audiovisual MHR, MHTCM, or peer specialist service from the same billing provider within the six months prior to the initial service delivered by synchronous telephone (audio-only) technology. The six-month requirement for at least one in-person or synchronous MHR, MHTCM, or peer specialist audiovisual service by the same billing provider prior to the initial synchronous telephone (audio-only) service may not be waived.

Note: “Same billing provider” refers to providers that are within the same entity, as identified by the entity’s NPI number or numbers, if the entity has multiple locations (i.e., the same LMHA/LBHA or same non-LMHA/private provider).

Note: The required in-person or synchronous audiovisual-delivered MHTCM, MHR, or peer specialist service may be delivered by another authorized professional or paraprofessional of the same LMHA/LBHA or the same non-LMHA as the professional or paraprofessional who delivers the service by synchronous telephone (audio-only) technology.

The billing provider is required to conduct at least one in-person or synchronous audiovisual MHR, MHTCM, or peer specialist service every rolling 12 months from the date of the initial service delivered by synchronous telephone (audio-only) technology unless the person receiving services and the billing provider agree that an in-person or synchronous audiovisual service is clinically contraindicated, or the risks or burdens of an in-person or synchronous audiovisual service outweigh the benefits. The decision to waive the 12-month requirement applies to that particular rolling 12-month period and

the basis for the decision must be documented in the person's medical record. Examples of when a synchronous telephone (audio-only) service may be more clinically appropriate or beneficial than an in-person or synchronous audiovisual service include, but are not limited to, the following:

- The person receiving services is located at a qualifying originating site in an eligible geographic area, e.g., a practitioner office in a rural Health Professional Shortage Area.
- An in-person or synchronous audiovisual service is likely to cause disruption in service delivery or has the potential to worsen the person's condition(s).

Note: The required in-person or synchronous audiovisual-delivered MHTCM, MHR, or peer specialist service may be delivered by another authorized professional or paraprofessional of the same LMHA/LBHA or the same non-LMHA as the professional or paraprofessional who delivers the service by synchronous telephone (audio-only) technology.

## Peer Specialist Services

Peer specialist services may be provided by synchronous telephone (audio-only) technology to persons with whom the billing provider has an existing clinical relationship and if clinically appropriate and safe, as determined by the billing provider, and agreed to by the person receiving services. In addition, approval to deliver the services by synchronous telephone (audio-only) technology must be documented in the person-centered recovery plan of the person receiving services.

Whenever possible, HHSC encourages face-to-face interaction, such as an in-person visit, as well as the use of synchronous audiovisual technology over synchronous telephone (audio-only) technology of telemedicine and telehealth services. Therefore, providers of peer specialist services must document in the person's medical record the reason(s) for why services were delivered by synchronous telephone (audio-only) technology. Peer specialist services provided by synchronous telephone (audio-only) technology must be billed using modifier FQ.

An existing clinical relationship occurs when a person has received at least one in-person or synchronous audiovisual peer specialist, MHTCM, or MHR service from the same billing provider within the six months prior to the initial service delivered by synchronous telephone (audio-only) technology. The six-month requirement for at least one in-person or synchronous audiovisual peer specialist, MHTCM, or MHR service from the same billing provider prior to the initial synchronous telephone (audio-only) service may not be waived.

Note: “Same billing provider” refers to providers that are within the same entity or organization, as identified by the entity’s or organization’s NPI number or numbers, if the entity or organization has multiple locations (i.e., the same LMHA/LBHA, comprehensive provider agency of mental health targeted case management or rehabilitative services, clinic/group practice, FQHC, rural health clinic, or chemical dependency treatment facility, or opioid treatment provider) presuming all other applicable state and federal laws and regulations are followed.

Note: The required in-person or synchronous audiovisual delivered peer specialist, MHTCM, or MHR service may be delivered by another authorized professional or paraprofessional of the same billing provider as the professional or paraprofessional who delivers the service by synchronous telephone (audio-only) technology.

The billing provider is required to conduct at least one in-person or synchronous audiovisual peer specialist, MHTCM, or MHR service every rolling 12 months from the date of the initial service delivered by synchronous telephone (audio-only) technology unless the person receiving services and the billing provider agree that an in-person or synchronous audiovisual service is clinically contraindicated, or the risks or burdens of an in-person or synchronous audiovisual service outweigh the benefits. The decision to waive the 12-month requirement applies to that particular rolling 12-month period and the basis for the decision must be documented in the person’s medical record. Examples of when a synchronous telephone (audio-only) service may be more clinically appropriate or beneficial than an in-person or synchronous audiovisual service include, but are not limited to, the following:

- The person receiving services is located at a qualifying originating site in an eligible geographic area, e.g., a practitioner office in a rural Health Professional Shortage Area.
- An in-person or synchronous audiovisual service is likely to cause disruption in service delivery or has the potential to worsen the person’s condition.

Note: The required in-person or synchronous audiovisual delivered peer specialist, MHTCM, or MHR service may be delivered by another authorized professional or paraprofessional of the same billing provider as the professional or paraprofessional who delivers the service by synchronous telephone (audio-only) technology.

## **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**

SBIRT services may be provided by synchronous telephone (audio-only) technology if clinically appropriate and safe, as determined by the provider, and agreed to by the person receiving services. Whenever possible, HHSC encourages face-to-face interaction,

such as an in-person visit, as well as the use of synchronous audiovisual technology over synchronous telephone (audio-only) technology of telemedicine and telehealth services. Therefore, providers must document in the person's medical record the reason(s) for why services were delivered by synchronous telephone (audio-only) technology. SBIRT services provided by synchronous telephone (audio-only) technology must be billed using modifier FQ. See manual for additional information.

## Medication Assisted Treatment Services

The following SUD services may be provided by synchronous telephone (audio-only) technology to persons with whom the billing provider has an existing clinical relationship and if clinically appropriate and safe, as determined by the billing provider, and agreed to by the person receiving services. Whenever possible, HHSC encourages face-to-face interaction, such as an in-person visit, as well as the use of synchronous audiovisual technology over synchronous telephone (audio-only) technology of telemedicine and telehealth services. Therefore, providers of SUD services must document in the person's medical record the reason(s) for why services were delivered by synchronous telephone (audio-only) technology. SUD services provided by synchronous telephone (audio-only) technology must be billed using modifier FQ.

- Comprehensive assessment (procedure code H0001) – Only during certain public health emergencies or natural disasters; to the extent allowed by federal law (assessments for withdrawal management services are excluded); and the existing clinical relationship requirement is waived.
- Individual and group counseling (procedure codes H0004 and H0005)

An existing clinical relationship occurs when a person has received at least one in-person or synchronous audiovisual SUD service (comprehensive assessment, individual or group counseling, MAT, outpatient or residential withdrawal management, or residential treatment services) from the same provider within the six months prior to the initial service delivered by synchronous telephone (audio-only) technology. The six-month requirement for at least one in-person or synchronous audiovisual service by the same billing provider prior to the initial synchronous telephone (audio-only) service may not be waived.

Note: "Same billing provider" refers to providers within the same entity or organization, as identified by the entity's or organization's NPI number or numbers, if the entity or organization has multiple locations (i.e., CDTF, OTP or clinic, or group practice).

Note: The required in-person or synchronous audiovisual-delivered SUD service (comprehensive assessment, individual or group counseling, MAT, outpatient or residential withdrawal management, or residential treatment services) may be delivered by another authorized professional or paraprofessional of the same billing provider as the professional or paraprofessional who delivers the service by synchronous telephone (audio-only) technology, presuming all other applicable state and federal laws and regulations are followed.

The billing provider is required to conduct at least 1 in-person or synchronous audiovisual SUD service (comprehensive assessment, individual or group counseling, MAT, outpatient or residential withdrawal management, or residential treatment services) every rolling 12 months from the date of the initial service delivered by synchronous telephone (audio-only) technology unless the person receiving services and the billing provider agree that an in-person or synchronous audiovisual service is clinically contraindicated, or the risks or burdens of an in-person or synchronous audiovisual service outweigh the benefits. The decision to waive the 12-month requirement applies to that particular rolling 12-month period and the basis for the decision must be documented in the person's medical record. Examples of when a synchronous telephone (audio-only) service may be more clinically appropriate or beneficial than an in-person or synchronous audiovisual service include, but are not limited to, the following:

- The person receiving services is located at a qualifying originating site in an eligible geographic area, e.g., a practitioner office in a rural Health Professional Shortage Area.
- An in-person or synchronous audiovisual service is likely to cause disruption in service delivery or has the potential to worsen the person's condition(s).

Note: The required in-person or synchronous audiovisual-delivered SUD service (comprehensive assessment, individual or group counseling, MAT, outpatient or residential withdrawal management, or residential treatment services) may be delivered by another authorized professional, or paraprofessional, of the same billing provider as the professional, or paraprofessional, who delivers the service by synchronous telephone (audio-only) technology, presuming all other applicable state and federal laws and regulations are followed.

## Case Management

Telehealth and audio only modifiers are allowed for procedure code G9012, which is to be used for all Case Management for Children and Pregnant Women services. Modifiers are

used to identify which service component is provided.

Comprehensive visits may not be completed or billed using synchronous telephone (audio-only) technology.

Follow-up visits completed using synchronous telephone (audio-only) technology must be billed with procedure code G9012 and modifiers TS and 93.

SOURCE: TX Medicaid Behavioral Health and Case Management Services Handbook, (Aug. 2024). (Accessed Aug. 2024).

A cardiac rehabilitation program in which the cardiac monitoring is done using telephonically transmitted electrocardiograms (ECGs) to a remote site is not a benefit of Texas Medicaid.

SOURCE: TX Medicaid Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, (Aug. 2024), pg. 66 (Accessed Aug. 2024).

For the diagnosis, evaluation and treatment of a mental health or substance use condition, as well as non-behavioral health conditions, the following office and other outpatient services may be provided by synchronous telephone (audio-only) technology if clinically appropriate and safe, as determined by the provider, and agreed to by the client receiving services. Whenever possible, HHSC encourages face-to-face interaction, such as an in-person visit, as well as the use of synchronous audiovisual technology over synchronous telephone (audio-only) technology for telemedicine and telehealth services. Therefore, providers must document in the client's medical record the reason(s) for why services were delivered by synchronous telephone (audio-only) technology. Established patient services for mental health or substance use conditions provided by synchronous telephone (audio-only) technology must be billed using modifier FQ. Established patient services for non-behavioral health conditions provided by synchronous telephone (audio-only) technology must be billed using modifier 93.

Procedure code 99211 may be delivered by synchronous telephone (audio-only) technology during certain public health emergencies only.

See manual for more details on procedure codes.

SOURCE: TX Medicaid Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, (Aug. 2024), pg. 179 (Accessed Aug. 2024).

## CSHCN – Physicians

Non-face-to-face specialist or subspecialist telephone consultations (procedure code 99499 with modifier U9) are a benefit for a specialist or subspecialist when the clinician providing the medical home contacts the specialist for advice or a referral and the consultation is at least 15 minutes in duration.

Telephone consultations are defined by the CSHCN Services Program as the process where the specialist or subspecialist receives a telephone call from the clinician providing the medical home. During the telephone call, the specialist or subspecialist assesses and manages the client's condition by providing advice or referral to a more appropriate provider.

Specifically, non-face-to-face clinician supervision of the development or revision of a client's care plan (care plan oversight services) may include the following activities.

These services do not have to be contiguous:

- Review of charts, reports, treatment plans, or lab or study results, except for the initial interpretation or review of lab or study results ordered during or associated with a face-to-face encounter
- Telephone calls with other clinicians (not employed in the same practice), including specialists or subspecialists involved in the care of the client
- Telephone or face-to-face discussions with a pharmacist about pharmacological therapies (not just ordering a prescription)
- Medical decision making
- Activities to coordinate services (if the coordination activities require the skill of a clinician)
- Documentation of the services provided, including writing a note in the client chart describing services provided, decision making performed, and amount of time spent performing the countable services, including time spent by the physician working on the care plan after the nurse has conveyed pertinent information from agencies or facilities to the physician, including the start and stop times

See manual or activities not covered as non-face-to-face oversight/supervision of the development or revision of the client's care plan.

Non-face-to-face specialist or subspecialist telephone consultations may be billed with procedure code 99499 and modifier U9.

A specialist or subspecialist telephone consultation is limited to two every 6 months by the same provider.

The specialist or subspecialist must maintain documentation of the telephone consultation using the CSHCN Services Program Authorization Request for Non-Face-to-Face Clinician-Directed Care Coordination Services Form or similar clinical record documentation. These records are subject to retrospective review.

Non-face-to-face specialist or subspecialist telephone consultations do not require authorization.

Preventive care medical checkups are not a benefit of a telemedicine or telehealth service.

SOURCE: TX Medicaid CSHCN Services Program Manual – Physician, (Jul. 2024), (Accessed Aug. 2024).

To the extent permitted by state and federal law and to the extent it is cost-effective and clinically effective, as determined by the commission, the executive commissioner by rule shall develop and implement a system that ensures behavioral health services may be provided using an audio-only platform consistent with Section 111.008, Occupations Code, to a Medicaid recipient, a child health plan program enrollee, or another individual receiving those services under another public benefits program administered by the commission or a health and human services agency.

If the executive commissioner determines that providing services other than behavioral health services is appropriate using an audio-only platform under a public benefits program administered by the commission or a health and human services agency, in accordance with applicable federal and state law, the executive commissioner may by rule authorize the provision of those services under the applicable program using the audio-only platform. In determining whether the use of an audio-only platform in a program is appropriate under this subsection, the executive commissioner shall consider whether using the platform would be cost-effective and clinically effective.

SOURCE: TX Government Code Title 4, Subtitle I, Chapter 531, Subchapter A, Sec. 531.02161. [Repealed eff. Apr. 1, 2025], (Accessed Aug. 2024).

Telehealth services may be provided using synchronous audiovisual technologies if clinically appropriate and safe, as determined by the provider, and agreed to by the client receiving services.

Whenever possible, HHSC encourages face-to-face interaction, such as an in-person visit, as well as the use of synchronous audiovisual technology over synchronous telephone (audio-only) technology of telehealth services.

Providers must defer to the needs of the client receiving services, allowing the mode of service delivery to be accessible, person- and family-centered, and primarily driven by the client in service's choice and not provider convenience.

Services delivered by synchronous audiovisual technology will require participation of a parent or caregiver to assist with the treatment.

Therapy assistants may deliver services and receive supervision using synchronous audiovisual technology in accordance with each discipline's rules. Providers should refer to state practice rules and national guidelines regarding supervision requirements for each discipline.

See manual for applicable codes.

### **Telehealth Exclusions**

See manual for procedure codes that are in-person only and will not be reimbursed if provided through telehealth delivery.

Any PT, OT, ST, and SST services delivered through synchronous telephone (audio-only) technology is not a benefit.

During a Declaration of State of Disaster, HHSC may issue direction to providers regarding the use of a telehealth service to include the use of a synchronous telephone (audio-only) platform to provide covered services outside of the allowances described herein to the extent permitted by Texas law. A Declaration of State of Disaster is when an executive order or proclamation is issued by the governor declaring a state of disaster in accordance with Section 418.014 of the Texas Government Code.

See Children's Services Handbook for a list of procedure codes that are in-person only and will not be reimbursed if provided through telehealth delivery.

### **Targeted Case Management (TCM)**

TCM services (procedure code T1017) may also be delivered using a synchronous telephone (audioonly) platform. TCM services delivered using a synchronous telephone (audio-only) platform are subject to the restrictions outlined in the Telecommunication Services Handbook (Vol. 2, Provider Handbooks).

### **Health and Behavior Assessment and Intervention**

HBAI services may be provided by synchronous telephone (audio-only) technology if clinically appropriate and safe, as determined by the provider, and agreed to by the

person receiving services. Whenever possible, HHSC encourages face-to-face interaction, such as an in-person visit, as well as the use of synchronous audiovisual technology over synchronous telephone (audio-only) technology of telemedicine and telehealth services. Therefore, providers must document in the person's medical record the reason(s) for why services were delivered by synchronous telephone (audio-only) technology. HBAI services provided by synchronous telephone (audio-only) technology must be billed using modifier FQ. See manual for eligible services and additional requirements.

### **Medical Nutrition Counseling Services (CCP)**

Procedure code S9470 may be authorized for delivery using synchronous telephone (audio-only) technologies during a Declaration of State of Disaster. Services delivered using audio-only technologies must be billed using modifier 93.

During a Declaration of State of Disaster, the Texas Health and Human Services Commission (HHSC) may issue direction to providers regarding the use of a telemedicine or telehealth service to include the use of a synchronous telephone (audio-only) platform to provide covered services outside of the allowances described herein to the extent permitted by Texas law. A Declaration of State of Disaster is when an executive order or proclamation is issued by the governor declaring a state of disaster in accordance with Section 418.014 of the Texas Government Code.

Whenever possible, HHSC encourages face-to-face interaction, such as an in-person visit, as well as the use of synchronous audio-visual technology over synchronous telephone (audio-only) technology of telemedicine and telehealth services.

### **Medical Checkups During a Declaration of State Disaster**

During a Declaration of State Disaster, Health and Human Services Commission (HHSC) may issue direction to providers regarding the use of telemedicine or telehealth services to include the use of synchronous telephone (audio-only) platform to provide coverage of services outside of the allowances described herein. A Declaration of State of Disaster is when an executive order or proclamation by the governor declaring a state of disaster in accordance with Section 418.014 of the Texas Government Code.

The following limitations apply to all THSteps preventive medical checkups and exception-to-periodicity checkups during a Declaration of State Disaster when HHSC issues direction regarding the use of synchronous audiovisual and synchronous telephone (audio-only) technologies:

- Clients who are 2 years through 20 years of age may receive a THSteps medical checkup or exception-to-periodicity checkup using synchronous audiovisual or synchronous telephone (audio-only) technologies.
- Clients from birth through 2 years of age may not receive a THSteps checkup or exception-to-periodicity checkup using synchronous audiovisual or synchronous telephone (audio-only) technologies.
- Clients from birth through 24 months of age must receive in-person checkups.

A medical checkup provided using synchronous audiovisual or synchronous telephone (audio-only) technologies must be completed according to the age-specific checkup requirements listed on the THSteps Periodicity Schedule.

Synchronous audiovisual delivery for medical checkups is preferred over synchronous telephone (audio-only) delivery.

An in-person THSteps follow-up visit must be completed within six months of the synchronous audiovisual or synchronous telephone (audio-only) checkup in order for the checkup to be considered a complete THSteps checkup.

When HHSC issues direction, the following THSteps medical checkup services are authorized for delivery using synchronous audiovisual or synchronous telephone (audio-only) technologies during a Declaration of State Disaster (see manual).

Medical checkups and exception-to-periodicity checkups provided using synchronous audiovisual or synchronous telephone (audio-only) technologies are limited to checkups for clients who are over 24 months of age for the following procedure codes (see manual).

Medical checkups for clients who are 2 years of age or younger must be completed in-person and may not be completed using synchronous audiovisual or synchronous telephone (audio-only) technologies (procedure codes 99381, 99382, 99391 and 99392).

THSteps providers should use their clinical judgement regarding which checkup components may be appropriate for completion using synchronous audiovisual or synchronous telephone (audio-only) technologies.

THSteps providers are encouraged to ensure that clients receiving a medical checkup using synchronous audiovisual or synchronous telephone (audio-only) technologies receive age-appropriate vaccines and laboratory screenings in a timely manner.

Medical checkup services using synchronous audiovisual or synchronous telephone (audio-only) technologies should only be provided if agreed to by the client or parent/guardian.

See Children's Services Handbook for additional information and a list of procedure codes.

### **Non-Face-to-Face Specialist or Subspecialist Telephone Consultation**

Telephone consultations are limited to two every six months to the same provider and will not be reimbursed to the clinician providing the medical home. The clinician providing the medical home must have an authorization on file for one of the following procedure codes before the specialist or subspecialist can be reimbursed (see manual).

Because the specialist or sub-specialists cannot be reimbursed without the medical home clinician's current prior authorization information, the clinician providing the medical home should provide their information to the specialist or subspecialist.

The specialist or subspecialist will not be separately reimbursed for the telephone consultation if he or she is the medical home clinician because care plan oversight by the medical home provider includes telephone consultations. The referring provider's NPI and prior authorization number must be submitted on the claim.

SOURCE: TX Medicaid Children's Services Handbook, (Aug. 2024), (Accessed Aug. 2024).

Providers must be able to defer to the needs of the student receiving services, allowing the mode of service delivery (synchronous audiovisual, synchronous telephone (audio-only), or in-person) to be accessible.

Services delivered by synchronous audiovisual or synchronous telephone (audio-only) technology may require participation of a parent or caregiver to assist with the treatment.

During a Declaration of State of Disaster, HHSC may issue direction to providers regarding the use of a telemedicine or telehealth service to include the use of a synchronous telephone (audio-only) platform to provide covered services outside of the allowances described herein to the extent permitted by Texas law.

Synchronous telephone (audio-only) technology is defined as an interactive, two-way audio telecommunications platform, including telephone technology, that uses only sound and meets the privacy requirements of HIPAA.

Counseling and psychological telehealth services provided by LEAs during school hours through SHARS may also be delivered via synchronous telephone (audio-only) technologies.

Synchronous telephone (audio-only) technology is defined as an interactive, two-way audio telecommunications platform, including telephone technology, that uses only sound and meets the privacy requirements of HIPAA.

### **Synchronous Telephone (Audio-Only) Technology**

The following procedure codes (see manual) may be provided to children eligible through SHARS as telehealth services via synchronous telephone (audio-only) technology to students with whom the treating provider has an ‘established relationship’ and if clinically appropriate (as determined by the treating provider), safe, and agreed to by the student receiving services.

HHSC encourages the use of synchronous audiovisual technology over telephone (audio-only) delivery of telehealth services whenever possible. Therefore, if delivered by synchronous telephone (audio-only) technology, providers must document in the student’s medical record the reason(s) for why a synchronous audiovisual platform was not used.

The patient site must be a school, home, or community-based setting in order for the distant site provider to be eligible for reimbursement of these services. All telehealth services provided by synchronous telephone (audio-only) technology must be billed using modifier 93.

SOURCE: TX Medicaid School Health and Related Services (SHARS) Handbook, (Aug. 2024). (Accessed Aug. 2024).

During a Declaration of State of Disaster, HHSC may issue direction to providers regarding the use of a telemedicine or telehealth services to include the use of a synchronous telephone (audio-only) platform to provide covered services outside of the allowances described herein. A Declaration of State of Disaster is when an executive order or proclamation by the governor declaring a state of disaster in accordance with Section 418.014 of the Texas Government Code.

SOURCE: TX Medicaid Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook pg. 10, (Aug. 2024). (Accessed Aug. 2024).

### **Healthy Texas Women (HTW) Program/HTW Plus**

Certain telemedicine and telehealth services may be provided for HTW clients if clinically appropriate and safe, as determined by the provider, and agreed to by the person receiving services. Whenever possible, HHSC encourages face-to-face interactions, such as an in-person visit, as well as the use of synchronous audio-visual technology over

synchronous telephone (audio-only) technology of telemedicine and telehealth services. Therefore, providers must document in the person's medical record the reason(s) for why services were delivered by synchronous telephone (audio-only) technology. See manual for codes.

Established client services for behavioral health or substance use conditions provided by synchronous telephone (audio-only) technology must be billed using modifier FQ. Established patient services for non-behavioral health conditions provided by synchronous telephone (audio-only) technology must be billed using modifier 93. See manual for codes.

Established client service (procedure code 99211) is only during certain public health emergencies. Procedure codes that indicate remote (telemedicine medical and telehealth services) delivery in the description do not need to be billed with the 95 modifier.

FQHCs and RHCs that provide telemedicine and telehealth services using synchronous audiovisual and synchronous telephone (audio-only) technology may be reimbursed. See manual for codes.

Behavioral health services delivered using synchronous telephone (audio-only) technologies must be billed using the FQ modifier. Non-behavioral health services delivered using synchronous telephone (audio-only) technologies must be billed using the 93 modifier.

HTW Plus: Procedure code H0001 is authorized for delivery by synchronous telephone (audio-only) technology only during certain public health emergencies or natural disasters; to the extent allowed by federal law (assessments for withdrawal management services are excluded); and the 'existing clinical relationship' requirement is waived.

FQHCs and RHCs may be reimbursed for telemedicine and telehealth in the following manner:

- The distant site provider fee is reimbursable as a prospective payment system (PPS), alternative prospective payment system (APPS), or AIR (All Inclusive Rate) PPS.
- The facility fee (procedure code Q3014) is an add-on procedure code that should not be included in any cost reporting that is used to calculate a FQHC PPS, APPS, or the RHC AIR (All Inclusive Rate) PPS per visit encounter rate.

During a Declaration of State of Disaster, HHSC may issue direction to providers regarding the use of a telemedicine or telehealth service to include the use of a synchronous telephone (audio-only) platform to provide covered services outside of the allowances described herein to the extent permitted by Texas law. A Declaration of State of Disaster is when an executive order or proclamation is issued by the governor declaring a state of disaster in accordance with Section 418.014 of the Texas Government Code.

SOURCE: TX Medicaid Healthy Texas Women Program Handbook, (Aug. 2024), pg. 12-13, 16 (Accessed Aug. 2024).

During a Declaration of State of Disaster, HHSC may issue direction to providers regarding the use of a telemedicine or telehealth service to include the use of a synchronous telephone (audio-only) platform to provide covered services outside of the allowances described herein to the extent permitted by Texas law. A Declaration of State of Disaster is when an executive order or proclamation by the governor declaring a state of disaster in accordance with Section 418.014 of the Texas Government Code.

SOURCE: TX Medicaid Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook pg. 10 (Aug. 2024). (Accessed Aug. 2024).

Notwithstanding §263.8(a) of this chapter (relating to Comprehensive Nursing Assessment), the comprehensive nursing assessment completed by an RN is not required to be completed in person for an individual who resides in the disaster area, if the RN conducts the assessment as a telehealth service or by telephone.

SOURCE: 26 TAC Sec. 263.1000, (Accessed Aug. 2024).

## Managed Care

**Audio-only**—An interactive, two-way audio communication that uses only sound and that meets the privacy requirements of the Health Insurance Portability and Accountability Act. Audio-only includes the use of telephonic communication. Audio-only does not include face-to-face communication.

**Telephonic**—Audio-only communication using a telephone. Telephonic communication does not include audio-visual communication.

SOURCE: Title 1, Part 15, Sec. 353.1502, (Accessed Aug. 2024).

## CSHCN Program

Telephone conversations, chart reviews, electronic mail messages, and fax transmissions alone do not constitute a telemedicine or telehealth interactive video service and will not be reimbursed as telemedicine or telehealth services.

Telemedicine services provided at an established medical site require a defined physician-client relationship. The following communications do not meet the defined physician-client relationship requirement:

- An online questionnaire
- Questions and answers exchanged through email, electronic text, or chat
- Telephonic evaluation or consultation with a client

SOURCE: TX Medicaid CSHCN Services Program Provider Manual Telecommunication Services (Jul. 2024), p. 3, 6, 9. (Aug. 2024).

Case management G9012: Follow-up telephone visit must be submitted using modifier TS.

SOURCE: TX Medicaid Clinic and Other Outpatient Facility Services Handbook, (Aug. 2024), p. 10. (Aug. 2024).

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## CONSENT REQUIREMENTS

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*Last updated 08/17/2024*

A parent or legal guardian must provide written or verbal consent to the distant site provider to allow any other individual, other than the health professional as required by Texas Government Code §531.0217(c-4)(4) for school-based telemedicine, to be physically present in the distant or patient site environment during a telehealth or telemedicine service with a child.

An adult client must also provide written or verbal consent to the distant site provider to allow any other individual to be physically present in the distant or patient site environment during a telehealth or telemedicine service.

Documentation of the written or verbal consent must be maintained in the client's medical record. (In CSHCN Manual only).

SOURCE: TX Medicaid Telecommunication Services Handbook, pg. 4-5 (Aug. 2024) & TX Medicaid CSHCN Services Program Provider Manual Telecommunication Services (Jul. 2024), p. 4. [language varies] (Accessed Aug. 2024).

The commission shall ensure that Medicaid reimbursement is provided to a physician for a telemedicine medical service provided by the physician, even if the physician is not

the patient's primary care physician or provider, if:

- the physician is an authorized health care provider under Medicaid;
- the patient is a child who receives the service in a primary or secondary school-based setting; and
- the parent or legal guardian of the patient provides consent before the service is provided.

SOURCE: TX Govt. Code Sec. 531.0217., [repealed eff. Apr. 1, 2025],(Accessed Aug. 2024).

Provider must obtain informed consent from the client, client's parent, or the client's legally authorized representative prior to rendering a behavioral health service through a synchronous audio-only technology platform; except when doing so is not feasible or could result in death or injury to the client. Verbal consent is permissible and must be documented in the client's medical record.

The distant site provider must obtain informed consent to treatment from the patient, patient's parent, or the patient's guardian prior to rendering a telemedicine medical service.

The distant site provider must obtain informed consent to treatment from the patient, patient's parent or the patient's legal guardian prior to rendering a telehealth service.

If a patient has a primary care provider who is not the distant site provider and the patient or their parent or legal guardian provides consent to a release of information, a distant site provider must provide the patient's primary care provider with the following information:

- A medical record or report with an explanation of the treatment provided by the distant site provider
- The distant site provider's evaluation, analysis, or diagnosis of the patient

SOURCE: TX Medicaid Telecommunication Services Handbook, pg. 6, 8, 11, 12 (Aug. 2024). (Accessed Aug. 2024).

## School-Based Setting

The parent or legal guardian of the client provides consent before the service is provided.

SOURCE: TX Medicaid Telecommunication Services Handbook, pg. 10 (Aug. 2024). (Accessed Aug. 2024).

If a patient receiving a telemedicine medical service has a primary care physician or provider and consents or, if appropriate, the patient's parent or legal guardian consents to the notification, the commission shall require that the primary care physician or

provider be notified of the telemedicine medical service for the purpose of sharing medical information. In the case of a service provided to a child in a school-based setting as described by Subsection (c-4), the notification, if any, must include a summary of the service, including exam findings, prescribed or administered medications, and patient instructions.

If a patient receiving a telemedicine medical service in a school-based setting as described by Subsection (c-4) does not have a primary care physician or provider, the commission shall require that the patient's parent or legal guardian receive:

- The notification required under Subsection (g); and
- A list of primary care physicians or providers from which the patient may select the patient's primary care physician or provider.

SOURCE: TX Govt. Code Sec. 531.0217., [repealed eff. Apr. 1, 2025],(Accessed Aug. 2024).

### **Conditions for telemedicine medical services provided in a primary or secondary school-based setting.**

For a child receiving telemedicine medical services in a primary or secondary school-based setting, advance parent or legal guardian consent for a telemedicine medical service must be obtained.

The patient's primary care physician or provider must be notified of a telemedicine medical service, unless the patient does not have a primary care physician or provider.

- The patient receiving the telemedicine medical service, or the patient's parent or legal guardian, must consent to the notification.
- For a telemedicine medical service provided to a child in a primary or secondary school-based setting, the notification must include a summary of the service, including:
  - exam findings;
  - prescribed or administered medications; and
  - patient instructions.

If a child receiving a telemedicine medical service in a primary or secondary school-based setting does not have a primary care physician or provider, the child's parent or legal guardian must be offered:

- the information in subparagraph (B)(ii) of this paragraph; and
- a list of primary care physicians or providers from which to select the child's primary care physician or provider.

Telemedicine medical services provided in a school-based setting by a physician, even if the physician is not the patient's primary care physician or provider, are reimbursed if:

- the physician is enrolled as a Medicaid provider;
- the patient is a child who receives the service in a primary or secondary school-based setting; and
- the parent or legal guardian of the patient provides consent before the service is provided.

SOURCE: TX Admin Code, Title 1, Part 15, Sec. 354.1432, (Accessed Aug. 2024).

## Physical Therapy, Occupational Therapy, and Speech Therapy

The provider should obtain informed consent for treatment from the patient, patient's parent, or the patient's legal guardian prior to rendering a telehealth service. Verbal consent is permissible and should be documented in the client's medical record.

SOURCE: TX Medicaid Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook pg. 9 (Aug. 2024). (Accessed Aug. 2024).

## Managed Care (also applies to START Kids and STAR Health)

When an MCO conducts a change in condition assessment using audio-visual communication, verbal consent must be obtained and documented, and a HIPAA-compliant audio-visual communication product must be used.

If verbal consent for audio-visual communication is not received, the MCO must use in-person communication.

The MCO must inform members who utilize audio-visual communication for change in condition assessments that the member's services will be subject to the following:

- The MCO must monitor services for fraud, waste, and abuse.
- The MCO must determine whether additional social services or supports are needed.
- The MCO must ensure that verbal consent to use telecommunications is documented in writing.

See rules Sec. 1604-1506 for additional requirements for each program.

SOURCE: Title 1, Part 15, Sec. 353.1503, (Accessed Aug. 2024).

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## OUT OF STATE PROVIDERS

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*Last updated 08/15/2024*

Distant site providers must be licensed in Texas.

An out-of-state physician who is a distant site provider may provide episodic telemedicine without a Texas medical license as outlined in Texas Occupations Code §151.056 and Title 22 Texas Administrative Code (TAC) §172.2(g)(4) and 172.12(f).

Distant site providers that provide mental health services must be appropriately licensed or certified in Texas, or be a qualified mental health professional-community services (QMHP-CS), as defined in 26 TAC §301.303(48).

Distant site providers that provide mental health services must be appropriately licensed or certified in Texas or be a QMHP-CS as defined in 26 Texas Administrative Code §301.303(48).

A distant-site provider that is located outside of state lines while rendering services is considered an out-of-state provider.

SOURCE: TX Medicaid Telecommunication Services Handbook, pg. 8, 12 (Aug. 2024). (Accessed Aug. 2024).

## CSHCN

To enroll in the CSHCN Services Program, telecommunication providers must be actively enrolled in Texas Medicaid, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state providers must meet all these conditions, and be located in the United States, within 50 miles of the Texas state border, and be approved by the Department of State Health Services (DSHS).

SOURCE: TX Medicaid Telecommunication Services (CSHCN Services Program Provider Manual), (Jul. 2024), p. 3. (Accessed Aug. 2024).

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## MISCELLANEOUS

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*Last updated 08/17/2024*

The commission in coordination with the department and single source continuum contractors shall establish guidelines in the STAR Health program to improve the use of telehealth services to provide and enhance mental health and behavioral health care for children placed in the managing conservatorship of the state.

SOURCE: Human Resources Code Title 2, Section D, Chapter 42, 42.260. (Accessed Aug. 2024).

## Children's Health Insurance Program

The executive commissioner by rule shall establish policies that permit reimbursement under Medicaid and the child health plan program for services provided through telemedicine medical services, teledentistry dental services, and telehealth services to children with special health care needs.

SOURCE: TX Govt. Code Sec. 531.02162, [repealed eff. Apr. 1, 2025], (Accessed Aug. 2024).

Procedure codes that are benefits for distant site providers when billed with the 95 modifier (synchronous audiovisual technology) are included in the individual TMPPM handbooks. Procedure codes that indicate remote (telehealth/telemedicine service) delivery in the description do not need to be billed with the 95 modifier.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 8, 12 (Aug. 2024). (Accessed Aug. 2024).

Providers of telehealth or telemedicine must maintain the confidentiality of protected health information (PHI) as required by Federal Register 42, Code of Federal Regulations (CFR) Part 2, 45 CFR Parts 160 and 164, Chapters 111 and 159 of the Texas Occupations Code, and other applicable federal and state law.

See provider manual for other information security and documentation requirements.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 5. (Aug. 2024). (Accessed Aug. 2024).

Fees for telemedicine, telehealth, and home telemonitoring services are adjusted within available funding as described in §355.201 of this title (relating to Establishment and Adjustment of Reimbursement Rates by the Health and Human Services Commission).

SOURCE: TX Admin Code. 355.7001(g). (Accessed Aug. 2024).

A valid practitioner-patient relationship must exist between the distant site provider and the patient. A valid practitioner-patient relationship exists between the distant site provider and the patient if:

- The distant site provider meets the same standard of care required for and in-person service.
- The relationship can be established through:
  - A prior in-person service.
  - A prior telemedicine service that meets the delivery method requirements specified in Texas Occupations Code §111.005(a)(3).
  - The current telemedicine service that meets the delivery method requirements specified in Texas Occupations Code §111.005(a)(3).

A call coverage agreement established in accordance with Texas Medical Board (TMB) administrative rules in 22 TAC §177.20.

The distant site provider must obtain informed consent to treatment from the patient, patient's parent, or the patient's guardian prior to rendering a telemedicine medical service.

Distant site providers that communicate with clients using electronic communication methods other than phone or facsimile must provide clients with written notification of the physician's privacy practices prior to evaluation and treatment. A good faith effort must be made to obtain the client's written acknowledgment of the notice, including by email response.

A distant site provider should provide patients who receive a telemedicine service with guidance on the appropriate follow-up care.

### **Prescriptions Generated from a Telemedicine Medical Service**

A distant site provider may issue a valid prescription as part of a telemedicine service. An electronic prescription (e-script) may be used as permitted by applicable federal and state statutes and rules.

The same standards that apply for the issuance of a prescription during an in-person setting apply to prescriptions issued by a distant site provider..

The prescription must be issued for a legitimate medical purpose by the distant site provider as part of a valid practitioner-patient relationship.

The prescribing physician must be licensed in Texas. If the prescription is for a controlled substance, the prescribing physician must have a current valid U.S. Drug Enforcement Administration (DEA) registration number.

A licensed health professional acting under the delegation and supervision of a physician licensed in Texas may also issue a valid prescription. Prescribing must be in accordance with the required prescriptive authority agreement or other forms of delegation.

If the prescription is for a controlled substance, the health professional must have a current valid DEA registration number. If the prescription is for a schedule II controlled substance, the health professional must comply with DEA regulations regarding the use of electronic prescriptions. The health professional may also use the official prescription

forms issued with their name, address, phone number, DEA registration number, delegating physician's name, and delegating physician's DEA registration number.

As applicable, all drug prescriptions must meet the requirements of the Texas Controlled Substance Act (Texas Health and Safety Code §481), the Texas Dangerous Drug Act (Texas Health and Safety Code §483), and any other federal or state statutes or rules.

Telemedicine medical services used for the treatment of chronic pain with scheduled drugs via audio-only is prohibited, unless a patient:

- Is an established chronic pain patient of the physician or health professional issuing the prescription;
- Is receiving a prescription that is identical to a prescription issued at the previous visit; and
- Has been seen by the prescribing physician or health professional defined under Section 111.001(1) of Texas Occupations Code, in the last 90 days either in-person or via telemedicine using audiovisual communication.

Treatment of a client for acute pain with scheduled drugs using telemedicine is permitted, as provided by 22 TAC §174.5(e). Acute pain is defined by 22 TAC §170.2(2).

All physicians must comply by 22 TAC §174.5 when issuing prescriptions through a telemedicine service.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 8-10 (Aug. 2024). (Accessed Aug. 2024).

All client health information generated or utilized during a telehealth or telemedicine service must be stored by the distant site provider in a client health record. If the distant site provider stores the patient health information in an electronic health record, the provider should use software that complies with Health Insurance Portability and Accountability Act (HIPAA) confidentiality and data encryption requirements, as well as with the United States Department of Health and Human Services (HHS) rules implementing HIPAA.

Medical records must be maintained for all telemedicine services.

Documentation for a service provided via telemedicine must be the same as for a comparable in-person service.

If a patient has a primary care provider who is not the distant site provider and the patient or their parent or legal guardian provides consent to a release of information, a

distant site provider must provide the patient's primary care provider with the following information:

- A medical record or report with an explanation of the treatment provided by the distant site provider
- The distant site provider's evaluation, analysis, or diagnosis of the patient

Unless the telemedicine services are rendered to a child in a school-based setting, distant site providers of mental health services are not required to provide the patient's primary care provider with a treatment summary.

For telemedicine provided to a child in a school-based setting, a notification provided by the telemedicine physician to the child's primary care provider must include a summary of the service, exam findings, prescribed or administered medications, and patient instructions.

SOURCE: TX Medicaid Telecommunication Services Handbook, p. 5 & 11. (Aug. 2024). (Accessed Aug. 2024).

Screening activities for crisis stabilization units, including triage and determining if the individual's need is urgent can be conducted in person or through telehealth.

SOURCE: TX Admin Code, Title 26, Part 1, Ch. 306, Subchapter B, Sec. 306.45, (Accessed Aug. 2024).

A patient can be admitted on a voluntary admission only if a physician has conducted or consulted with a physician who has conducted, either in person or through telemedicine medical services, an admission examination within 72 hours before or 24 hours after admission.

SOURCE: TX Admin Code, Title 26, Part 1, Ch. 568, Subchapter B, Sec. 568.22, (Accessed Aug. 2024).

The commission shall establish policies and procedures to improve access to care under the Medicaid managed care program by encouraging the use of telehealth services, telemedicine medical services, home telemonitoring services, and other telecommunications or information technology under the program.

To the extent permitted by federal law, the executive commissioner by rule shall establish policies and procedures that allow a Medicaid managed care organization to conduct assessments and provide care coordination services using telecommunications or information technology. See rule for details.

SOURCE: TX Statute Sec. 533.039, [repealed eff. Apr. 1, 2025], (Accessed Aug. 2024).

In the event of a state of disaster declared pursuant to Texas Government Code §418.014 for statewide disasters or limited areas subject to the declaration, the flexibilities listed under subsection (c) of this section will be available until the state of disaster is terminated.

Telehealth and telemedicine have the same meaning as the terms telehealth services and telemedicine medical services defined in §111.001 of the Texas Occupations Code (relating to Definitions).

See rule for additional details.

SOURCE: TX Admin Code Title 26, Part 1, Ch. 306, Subchapter X, 306.1251. (Accessed Aug. 2024).

## Hospital Licensing

See rule for neonatal care facility licensing requirements for telehealth/telemedicine services.

SOURCE: TX Admin Code Sec. 133.185, (Accessed Aug. 2024).

A limited services rural hospital's (LSRH's) governing body shall address and is fully responsible, either directly or by appropriate professional delegation, for the operation and performance of the LSRH.

The governing body's responsibilities shall include:...

- ensuring that when telemedicine services are furnished to the LSRH's patients through an agreement with a distant-site hospital, the agreement meets the requirements of 42 CFR §485.510; and
- ensuring that when telemedicine services are furnished the services meet all federal and state laws, rules, and regulations.

SOURCE: TX Admin Code Sec. 511.42, (Accessed Aug. 2024).

# Professional Requirements

## DEFINITIONS

*Last updated 08/16/2024*

“Telehealth service” means a health service, other than a telemedicine medical service or a teledentistry dental service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health

professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

"Telemedicine medical service" means a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.

"Teledentistry dental service" means a health care service delivered by a dentist, or a health professional acting under the delegation and supervision of a dentist, acting within the scope of the dentist's or health professional's license or certification to a patient at a different physical location than the dentist or health professional using telecommunications or information technology.

SOURCE: TX Occupations Code 111.001. (Accessed Aug. 2024).

## **Speech-Language Pathology and Audiology**

Telehealth—The use of telecommunications and information technologies for the exchange of information from one site to another for the provision of speech-language pathology or audiology services to a client from a provider, including for assessments, interventions, or consultations regarding a speech-language pathology or audiology client. For a provider who is an audiologist or an audiology intern, telehealth includes the use of telecommunications technology for the fitting and dispensing of hearing instruments. Telehealth is also referred to as telepractice.

Telehealth services—The application of telecommunication technology to deliver speech-language pathology and/or audiology services at a distance for assessment, intervention, and/or consultation including the rendering of audiology and/or speech-language pathology services through telehealth to a client who is physically located at a site other than the site where the provider is located. For a provider who is an audiologist or an audiology intern, telehealth services includes the fitting and dispensing of hearing instruments through telehealth to a client who is physically located at a site other than the site where the provider is located. Telehealth services are also referred to as telepractice services.

SOURCE: TX Admin. Code, Title 16 Sec. 111.210. (Accessed Aug. 2024).

## Occupational Therapy

Telehealth—A mode of service delivery for the provision of occupational therapy services delivered by an occupational therapy practitioner to a client at a different physical location using telecommunications or information technology. Telehealth refers only to the practice of occupational therapy by occupational therapy practitioners who are licensed by this board with clients who are located in Texas at the time of the provision of occupational therapy services. Also may be known as other terms including but not limited to telepractice, telecare, telerehabilitation, and e-health services.

SOURCE: TX Admin. Code, Title 40 Sec. 362.1(36). (Accessed Aug. 2024).

## Physical Therapy

Telehealth is a mode for providing one-on-one physical therapy services to a patient/client and is not a means for supervision of physical therapy aides.

SOURCE: TX Admin. Code, Title 22, Sec. 322.5. (Accessed Aug. 2024).

## Veterinary Medical Examiners

“Telemedicine” means veterinary medicine offered or provided by a person to a patient at a different physical location than the person using telecommunications or information technology.

SOURCE: TX Admin. Code, Title 22, Sec. 573.68. (Accessed Aug. 2024).

## Hearing Instrument Fitters and Dispensers

Telehealth—The use of telecommunications and information technologies for the exchange of information from one site to another for the provision of services to a client from a provider, including for assessments, interventions, or consultations regarding a client or for the fitting and dispensing of hearing instruments. Telehealth is also referred to as telepractice.

Telehealth services—The assessment, intervention, and/or consultation including the fitting and dispensing of hearing instruments through telehealth to a client who is physically located at a site other than the site where the provider is located. Telehealth services is also referred to as telepractice services.

SOURCE: TX Admin. Code Title 16, Sec. 112.130, (Accessed Aug. 2024).

## Teledentistry

“Teledentistry dental service” is defined in Texas Occupations Code §111.001(2-a).

SOURCE: TX Administrative Code Title 22, Part 5, Ch. 108, Rule 108.16. (Accessed Aug. 2024).

## **Hospital Level of Care Designation for Maternal Care & Neonatal Care**

**Telehealth service**—A health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of health professional’s license, certification, or entitlement, to a patient at a different physical location than the health professional using telecommunications or information technology as defined in Texas Occupations Code §111.001.

**Telemedicine medical service**—A health care service delivered by a physician licensed in this state, or health professional acting under the delegation and supervision of a physician licensed in this state and acting within the scope of the physician’s or health professional’s license to a patient at a different physical location than the physician or health professional using telecommunications or technology as defined in Texas Occupations Code §111.001.

SOURCE: TX Admin. Code, Title 25, Part 1, Sec. 133.202 & TX Admin. Code, Title 25, Part 1, Sec. 133.182 (Accessed Aug. 2024).

## **Behavioral Analysts**

**Telehealth**—The use of telecommunications or telecommunications technology for the exchange of information from one site to another for the provision of behavior analysis services to a client from a provider.

**Telehealth services**—The application of telecommunications technology to deliver behavior analysis services to a client who is physically located at a site other than the site where the provider is located.

SOURCE: TX Admin Code Title 16, Part 4, Ch. 121, Sec. E, Sec. 121. 76 (Accessed Aug. 2024).

## **Economic Regulation**

**Telehealth service**—A health service delivered by a health professional acting within the scope of the health professional’s license to a client at a different physical location than the health professional using telecommunications or information technology.

SOURCE: TX Admin Code Title 16, Part 4, Ch. 100, Subchapter. C, Sec. 100. 61 (Accessed Aug. 2024).

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# **CONSENT REQUIREMENTS**

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*Last updated 08/16/2024*

A treating physician, dentist, or health professional who provides or facilitates the use of telemedicine medical services, teledentistry dental services, or telehealth services shall ensure that the informed consent of the patient, or another appropriate individual authorized to make health care treatment decisions for the patient, is obtained before telemedicine medical services, teledentistry dental services, or telehealth services are provided.

A dentist who delegates a teledentistry dental service shall ensure that the informed consent of the patient includes disclosure to the patient that the dentist has delegated the service.

SOURCE: TX Occupational Code Sec. 111.002, (Accessed Aug. 2024).

**Informed Consent.** In addition to the informed consent requirements in §108.7 of this title, and §108.8 of this title, informed consent must include the following:

- The delegating dentist's name, Texas license number, credentials, qualifications, contact information, and practice location involved in the patient's care. Additionally, the name, Texas license number, credentials, and qualifications of all dental hygienists and dental assistants involved in the patient's care. This information must be publicly displayed and provided in writing to the patient; and
- A dentist who delegates a teledentistry dental service must ensure that the informed consent of the patient includes disclosure to the patient that the dentist delegated the service.

SOURCE: TX Administrative Code Title 22, Part 5, Ch. 108, Rule 108.16. (Accessed Aug. 2024).

Before providing chiropractic telehealth services, a licensee shall obtain a patient's written informed consent.

SOURCE: TX Admin Code Title 22. Sec. 75.10. (Accessed Aug. 2024).

## **Behavioral Analysts**

A provider shall notify a client, a client's authorized representative, or multi-disciplinary team, as appropriate, of the conditions of telehealth services, including, but not limited to, the right to refuse or discontinue telehealth services, options for service delivery, differences between in-person and remote service delivery methods, and instructions for filing and resolving complaints.

A provider shall obtain client consent before services may be provided through telehealth. If a client previously consented to in-person services, a provider shall obtain updated consent to include telehealth services.

The initial contact between a provider and client may be at the same physical location or through telehealth, as determined appropriate by the provider.

SOURCE: TX Admin Code Title 16, Part 4, Ch. 121, Sec. E, Sec. 121. 81 (Accessed Aug. 2024).

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## ONLINE PRESCRIBING

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*Last updated 08/16/2024*

A valid practitioner-patient relationship is present between a practitioner providing a telemedicine medical service or a teledentistry dental service and a patient receiving the service as long as the practitioner complies with the standard of care described in Section 111.007 and the practitioner:

- Has a preexisting practitioner-patient relationship with the patient established in accordance with rules adopted under Section 111.006;
- communicates, regardless of the method of communication, with the patient pursuant to a call coverage agreement established in accordance with:
  - Texas Medical Board rules with a physician requesting coverage of medical care for the patient; or
  - State Board of Dental Examiners rules with a dentist requesting coverage of dental care for the patient; or
- provides the telemedicine medical services or teledentistry dental services through the use of one of the following methods, as long as the practitioner complies with the follow-up requirements in Subsection (b), and the method allows the practitioner to have access to, and the practitioner uses, the relevant clinical information that would be required in accordance with the standard of care described in Section 111.007:
  - Synchronous audiovisual interaction between the practitioner and the patient in another location
  - asynchronous store and forward technology, including asynchronous store and forward technology in conjunction with synchronous audio interaction between the practitioner and the patient in another location, as long as the practitioner uses clinical information from:
    - clinically relevant photographic or video images, including diagnostic images; or
    - the patient's relevant clinical records, such as the relevant medical or dental history, laboratory and pathology results, and prescriptive histories; or
- another form of audiovisual telecommunication technology that allows the practitioner to comply with the standard of care described in Section 111.007.

A practitioner who provides telemedicine medical services to a patient as described in Subsection (a)(3) shall:

- provide the patient with guidance on appropriate follow-up care; and
- if the patient consents and the patient has a primary care physician, provide to the patient's primary care physician within 72 hours after the practitioner provides the services to the patient a medical record or other report containing an explanation of the treatment provided by the practitioner to the patient and the practitioner's evaluation, analysis, or diagnosis, as appropriate, of the patient's condition.

Notwithstanding any other provision of this section, a practitioner-patient relationship is not present if a practitioner prescribes an abortifacient or any other drug or device that terminates a pregnancy.

The Texas Medical Board, the Texas Board of Nursing, the Texas Physician Assistant Board, and the Texas State Board of Pharmacy shall jointly adopt rules that establish the determination of a valid prescription in accordance with Section 111.005. Rules adopted under this section must allow for the establishment of a practitioner-patient relationship by a telemedicine medical service provided by a practitioner to a patient in a manner that complies with Section 111.005(a)(3).

The Texas Medical Board, the Texas Board of Nursing, the Texas Physician Assistant Board, and the Texas State Board of Pharmacy shall jointly develop and publish on each respective board's Internet website responses to frequently asked questions relating to the determination of a valid prescription issued in the course of the provision of telemedicine medical services.

The State Board of Dental Examiners and the Texas State Board of Pharmacy shall jointly adopt rules that establish the determination of a valid prescription in accordance with Section 111.005. Rules adopted under this subsection must allow for the establishment of a practitioner-patient relationship by a teledentistry dental service provided by a dentist to a patient in a manner that complies with Section 111.005(a)(3) and must be substantially similar to the rules adopted under Subsection (a) of this section. The State Board of Dental Examiners and the Texas State Board of Pharmacy shall jointly develop and publish on each respective board's Internet website responses to frequently asked questions relating to the determination of a valid prescription issued in the course of the provision of teledentistry dental services.

An agency with regulatory authority over a health professional may not adopt rules pertaining to telemedicine medical services, teledentistry dental services, or telehealth

services that would impose a higher standard of care than the standard described in Subsection (a).

The State Board of Dental Examiners by rule shall establish limits on the quantity of a controlled substance, including an opiate, that a dentist may prescribe to a patient as a teledentistry dental service. Except as provided by Subsection (c), the rules may not authorize a dentist to prescribe more than is necessary to supply a patient for:

1. if the prescription is for an opiate, a two-day period; or
2. if the prescription is for a controlled substance other than an opiate, a five-day period.

For each day in a period described by Subsection (b)(1) or (2) that is a Saturday, Sunday, or national holiday, the period is extended to include the next day that is not a Saturday, Sunday, or national holiday.

SOURCE: TX Occupations Code 111.005-.009, (Accessed Aug. 2024).

## Teledentistry

A dentist, dental hygienist, or dental assistant who delivers teledentistry services to a patient located in Texas must hold an active Texas license or registration issued by the Board.

A dental health professional providing a dental health care service or procedure as a teledentistry dental service:

- is subject to the same standard of care that would apply to the provision of the same dental health care service or procedure in an in-person setting as established in §108.7 of this title (relating to Minimum Standard of Care, General);
- must establish a practitioner-patient relationship; and
- must maintain complete and accurate dental records as set out in §108.8 of this title (relating to Records of the Dentist).

The validity of a prescription issued as a result of a teledentistry dental service is determined by the same standards that would apply to the issuance of the prescription in an in-person setting.

This rule does not limit the professional judgment, discretion or decision-making authority of a licensed practitioner. A licensed practitioner is expected to meet the standard of care and demonstrate professional practice standards and judgment, consistent with all applicable statutes and rules when issuing, dispensing, delivering, or administering a prescription medication as a result of a teledentistry dental service.

A valid prescription must be:

- Issued for a legitimate dental purpose by a practitioner as part of patient-practitioner relationship as set out in Texas Occupations Code §111.005; and
- Meet all other applicable laws and rules before prescribing, dispensing, delivering or administering a dangerous drug or controlled substance.

Any prescription drug orders issued as the result of a teledentistry dental service, are subject to all regulations, limitations, and prohibitions set out in the federal and Texas Controlled Substances Act, Texas Dangerous Drug Act and any other applicable federal and state law.

When prescribing a controlled substance to a patient as a teledentistry dental service, a dentist must not prescribe more than is necessary to supply a patient for:

- If the prescription is for an opiate, a two-day period; or
- If the prescription is for a controlled substance other than an opiate, a five-day period.

For each day in a period described by paragraph (2) of this subsection that is a Saturday, Sunday, or national holiday, the period is extended to include the next day that is not a Saturday, Sunday, or national holiday.

SOURCE: TX Administrative Code Title 22, Part 5, Ch. 108, Rule 108.16. (Accessed Aug. 2024).

## **Board of Medical Examiners & Board of Nursing**

A valid prescription must be:

- issued for a legitimate medical purpose by a practitioner as part of patient-practitioner relationship as set out in §111.005, Texas Occupations Code; and
- meet all other applicable laws before prescribing, dispensing, delivering or administering a dangerous drug or controlled substance.

Any prescription drug orders issued as the result of a telemedicine medical service, are subject to all regulations, limitations, and prohibitions set out in the federal and Texas Controlled Substances Act, Texas Dangerous Drug Act and any other applicable federal and state law.

**Limitation on Treatment of Chronic Pain.** Chronic pain is a legitimate medical condition that needs to be treated but must be balanced with concerns over patient safety and the public health crisis involving overdose deaths. The Legislature has already put into place laws regarding the treatment of pain and requirements for registration and inspection of pain management clinics. Therefore, the Board has determined clear legislative intent

exists for the limitation of chronic pain treatment through a telemedicine medical service.

**Treatment for Chronic Pain.** For purposes of this rule, chronic pain has the same definition as used in §170.2(4) of this title (relating to Definitions). Telemedicine medical services used for the treatment of chronic pain with scheduled drugs by any means other than via audio and video two-way communication is prohibited, unless a patient:

- Is an established chronic pain patient of the physician or health professional issuing the prescription;
- Is receiving a prescription that is identical to a prescription issued at the previous visit; and
- Has been seen by the prescribing physician or health professional defined under Section 111.001(1) of Texas Occupations Code, in the last 90 days either:
  - in-person; or
  - via telemedicine using audio and video two-way communication.

**Treatment for Acute Pain.** For purposes of this rule, acute pain has the same definition as used in §170.2(2) of this title. Telemedicine medical services may be used for the treatment of acute pain with scheduled drugs, unless otherwise prohibited under federal and state law.

SOURCE: TX Admin. Code, Title 22, Part 9, Ch. 174.5 & Title 22, Part 11, Ch. 217.24, [text varies slightly between two codes] (Accessed Aug. 2024).

## **APRNs Treating Chronic Pain**

An APRN, when determining whether to utilize telemedicine medical services for the treatment of chronic pain with controlled substances as permitted by paragraph (1)(A) of this subsection, shall give due consideration to factors that include, at a minimum, the date of the patient's last in-person visit, patient co-morbidities, and occupational related COVID risks. These are not the sole, exclusive, or exhaustive factors an APRN should consider under this rule.

If a patient is treated for chronic pain with scheduled drugs through the use of telemedicine medical services as permitted by paragraph (1)(A) of this subsection, the medical records must document the exception and the reason that a telemedicine visit was conducted instead of an in-person visit.

SOURCE: TX Admin Code, Title 22, Part 11, Ch. 217.24, (Accessed Aug. 2024).

Establishing a practitioner-patient relationship is not required for:

- a physician to prescribe medications for sexually transmitted diseases for partners of the physician's established patient, if the physician determines that the patient may have been infected with a sexually transmitted disease; or
- a physician to prescribe dangerous drugs and/or vaccines for post-exposure prophylaxis of disease for close contacts of a patient if the physician diagnoses the patient with one or more of the following infectious diseases listed in subclauses (I) – (VII) of this clause, or is providing public health medical services pursuant to a memorandum of understanding entered into between the board and the Department of State Health Services. See rule for additional details.

SOURCE: TX Admin. Code, Title 22, Part 9, Ch. 190.8(1)(L). (Accessed Aug. 2024).

An outpatient chemical dependency treatment program provided by a treatment facility licensed under Chapter 464 may provide services under the program to adult and adolescent clients, consistent with commission rule, using telecommunications or information technology.

SOURCE: TX Health and Safety Code Sec. 462.015, (Accessed Aug. 2024).

Physicians who treat and prescribe through communications technology are practicing medicine and must possess a full Texas medical license when treating residents of Texas. An out-of-state physician may provide episodic consultations without a Texas medical license, as provided in Texas Occupations Code, §151.056, §172.2(g)(4) of this title (relating to Construction and Definitions), and §172.12(f) of this title (relating to Out-of-State Telemedicine License).

SOURCE: TX Admin. Code, Title 22, Part 9, Sec. 174.8. (Accessed Aug. 2024).

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## CROSS-STATE LICENSING

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*Last updated 08/16/2024*

A person may not engage in the practice of medicine across state lines in this State, hold oneself as qualified to do the same, or use any title, word, or abbreviation to indicate or induce others to believe that one is licensed to practice across state lines in this state unless the person is actually so licensed. For a person to be eligible for an out-of-state telemedicine license to practice medicine across state lines under the Medical Practice Act, §151.056, and §163.1 of this title (relating to Definitions), the person must:

- Be 21 years of age or older;
- Be actively licensed to practice medicine in another state which is recognized by the board for purposes of licensure, and not the recipient of a previous disciplinary action by any other state or jurisdiction;

- Not be the subject of a pending investigation by a state medical board or another state or federal agency;
- Have passed the Texas Medical Jurisprudence Examination;
- Complete a board-approved application for an out-of-state telemedicine license for the practice of medicine across state lines and submit the requisite initial fee; and
- Not be denied based on failure to demonstrate the requisite qualifications.

**Denial of Out-of-State Telemedicine License.** An application for an out-of-state telemedicine license to practice medicine across state lines may be denied based on failure to demonstrate the requisite qualifications for issuance of an out-of-state license, grounds for denial of an application for a full license pursuant to §155.003(e) of the Act, failure to submit the required fee, and any grounds for disciplinary action of a licensee under the Medical Practice Act, §164.051 (relating to Grounds for Denial or Disciplinary Action).

**Limits on Out-of-State Telemedicine License.** An out-of-state telemedicine license to practice medicine across state lines shall be limited exclusively to the interpretation of diagnostic testing and reporting results to a physician fully licensed and located in Texas or for the follow-up of patients where the majority of patient care was rendered in another state, and the license holder shall practice medicine in a manner so as to comply with all other statutes and laws governing the practice of medicine in the state of Texas. Unless a person holds a current full license to practice medicine in this state pursuant to this chapter and the provisions of the Medical Practice Act, Chapter 155 (relating to License to Practice Medicine), a person holding an out-of-state telemedicine license shall not be authorized to physically practice medicine in the state of Texas.

SOURCE: TX Admin. Code, Title 22, Sec. 172.12 (Accessed Aug. 2024).

Physicians who treat and prescribe through communications technology are practicing medicine and must possess a full Texas medical license when treating residents of Texas. An out-of-state physician may provide episodic consultations without a Texas medical license, as provided in Texas Occupations Code, §151.056, §172.2(g)(4) of this title (relating to Construction and Definitions), and §172.12(f) of this title (relating to Out-of-State Telemedicine License).

SOURCE: TX Admin. Code, Title 22, Part 9, Sec. 174.8. (Accessed Aug. 2024).

Based on change in law in 2017, a Full medical license is required to practice Telemedicine in Texas. Therefore, the issuance of telemedicine licenses has been suspended. Until further notice, there are no changes to the existing Telemedicine

licenses registration procedures. Options to transitioning Telemedicine licenses to a Full license are under review. Please continue to check the Board's website for updates.

SOURCE: TX Medical Board. (Accessed Aug. 2024).

## **Mental Health Services**

Notwithstanding any other law, a health professional may provide a mental health service that is within the scope of the professional's license, certification, or authorization through the use of a telemedicine medical service or a telehealth service to a patient who is located outside of this state, subject to any applicable regulation of the jurisdiction in which the patient is located.

SOURCE: TX Occupations Code 113.002 (Accessed Aug. 2024).

In accordance with §113.002 of the Occupations Code, a licensee of the Executive Council may provide a mental health service, that is within the scope of the license, through the use of a telehealth service to a client who is located outside of this state, subject to any applicable regulation of the jurisdiction in which that client is located. Such conduct does not constitute the practice of marriage and family therapy, professional counseling, psychology, or social work in this state.

SOURCE: TX Admin Code Title 22, Part 41, Ch. 882, Subch. B, Rule 882.23, (Accessed Aug. 2024).

## **Dentistry**

A health professional providing a health care service or procedure as a teledentistry dental service is subject to the licensing requirements that would apply to the provision of the same health care service or procedure in an in-person setting.

SOURCE: TX Occupations Code 111.0075, (Accessed Aug. 2024).

For purposes of this subtitle, a person located in another state practices dentistry in this state and is required to hold a license to practice dentistry in this state if the person through the use of any medium, including an electronic medium, performs an act that constitutes the practice of dentistry on a patient in this state.

SOURCE: TX Occupations Code 251.003 (Accessed Aug. 2024).

## **Hearing Instrument Fitters and Dispensers**

An individual shall not provide telehealth services to a client in the State of Texas, unless the individual holds a license or permit issued by the department and qualifies as a

provider as that term is defined in this subchapter, or is otherwise legally authorized to do so.

SOURCE: TX Admin. Code Title 16, Sec. 112.132, (Accessed Aug. 2024).

## Speech-Language Pathology and Audiology

An individual shall not provide telehealth services to a client in the State of Texas, unless the individual is licensed by the department and qualifies as a provider as that term is defined in this subchapter, or is otherwise legally authorized to do so.

SOURCE: TX Admin. Code, Title 16 Sec. 111.212. (Accessed Aug. 2024).

## Behavioral Analysts

An individual shall not provide telehealth services to a client in the State of Texas, unless the individual is licensed by the department and qualifies as a provider, as that term is defined in this subchapter, or is otherwise legally authorized to do so.

SOURCE: TX Admin Code Title 16, Part 4, Ch. 121, Sec. E, Sec. 121. 79 (Accessed Aug. 2024).

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# LICENSURE COMPACTS

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*Last updated 08/16/2024*

Member of Recognition of EMS Personnel Licensure Interstate Compact (REPLICA).

SOURCE: Interstate Commission for EMS Personnel Practice. EMS Compact Member States & Commissioners. (Accessed Aug. 2024).

Member of the Interstate Medical Licensure Compact .

SOURCE: Interstate Medical Licensure Compact Map. (Accessed Aug. 2024).

Texas adopted the Nurses Licensure Compact.

SOURCE: Current NLC States & Status. Nurse Licensure Compact. (Accessed Aug. 2024).

Texas adopted the Physical Therapy Compact.

SOURCE: Compact Map. Physical Therapy Compact. (Accessed Aug. 2024).

Member of the Psychology Interjurisdictional Compact of the Association of State and Provincial Psychology Boards.

SOURCE: Psypact Compact . (Accessed Aug. 2024).

\* See Compact websites for implementation and license issuing status and other related requirements.

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## PROFESSIONAL BOARDS STANDARDS

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*Last updated 08/16/2024*

### TX Medical Board

SOURCE: TX Admin. Code, Title 22, Part 9, Ch.174. (Accessed Aug. 2024).

### TX Board of Speech Pathology and Audiology

SOURCE: TX Admin. Code, Title 16, Part 4, Ch. 11, Subchapter V, Sec. 111.210-212, (Accessed Aug. 2024).

### TX Board of Occupational Therapy Examiners

SOURCE: TX Admin. Code, Title 40, Ch. 372.1. (Accessed Aug. 2024).

### TX Board of Optometry

SOURCE: TX Admin. Code, Title 22, Sec. 279.16. (Accessed Aug. 2024).

### TX Board of Physical Therapy

SOURCE: TX Admin. Code, Title 22, Sec. 322.5. (Accessed Aug. 2024).

### TX Board of Veterinary Medical Examiners

SOURCE: TX Admin. Code, Title 22, Sec. 573.68. (Accessed Aug. 2024).

### TX Board of Behavioral Analysts

SOURCE: TX Admin Code Title 16, Part 4, Ch. 121, Sec. E, (Accessed Aug. 2024).

### Dyslexia Therapy Program

SOURCE: TX Dep. of Licensing and Regulation, Telehealth Services for Dyslexia Therapists, (Accessed Aug. 2024).

### Hearing Instrument Fitters and Dispensers

SOURCE: TX Admin. Code Title 16, Sec. 112.132, (Accessed Aug. 2024).

### Board of Chiropractic Examiners

SOURCE: TX Admin Code Title 22. Sec. 75.10. (Accessed Aug. 2024).

### State Board of Dental Examiners

SOURCE: TX Administrative Code Title 22, Part 5, Ch. 108, Rule 108.16. (Accessed Aug. 2024).

The Texas Medical Board, in consultation with the commissioner of insurance, as appropriate, may adopt rules necessary to:

- Ensure that patients using telemedicine medical services receive appropriate, quality care;
- Prevent abuse and fraud in the use of telemedicine medical services, including rules relating to the filing of claims and records required to be maintained in connection with telemedicine medical services;
- Ensure adequate supervision of health professionals who are not physicians and who provide telemedicine medical services; and
- Establish the maximum number of health professionals who are not physicians that a physician may supervise through a telemedicine medical service.

The State Board of Dental Examiners, in consultation with the commissioner of insurance, as appropriate, may adopt rules necessary to:

- Ensure that patients using teledentistry dental services receive appropriate, quality care;
- Prevent abuse and fraud in the use of teledentistry dental services, including rules relating to the filing of claims and records required to be maintained in connection with teledentistry dental services;
- Ensure adequate supervision of health professionals who are not dentists and who provide teledentistry dental services under the delegation and supervision of a dentist; and
- Authorize a dentist to simultaneously delegate to and supervise through a teledentistry dental service not more than five health professionals who are not dentists.

SOURCE: TX Occupations Code 111.004. (Accessed Aug. 2024).

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## MISCELLANEOUS

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*Last updated 08/16/2024*

The e-Health Advisory Committee (committee) is established under Texas Government Code §531.012 and is subject to §351.801 of this division (relating to Authority and General Provisions).

The committee advises the Texas Health and Human Services Commission (HHSC) Executive Commissioner and Health and Human Services system agencies (HHS agencies) on strategic planning, policy, rules, and services related to the use of health information technology, health information exchange systems, telemedicine, telehealth, and home telemonitoring services.

The committee is abolished and this section expires on December 31, 2025.

SOURCE: TX Admin. Code, Title 1, Sec. 351.823. (Accessed Aug. 2024).

Direct observation of a patient by a health professional or direct care or services provided to a patient by a health professional includes the provision of that observation, care, or service using telehealth services.

The commission may adopt rules as necessary to:

- Ensure that patients receiving telehealth services receive appropriate, quality care;
- Prevent abuse and fraud in the use of telehealth services, including rules relating to the filing of claims and records required to be maintained in connection with telehealth services;
- Implement the requirements of Chapter 111 or other laws of this state regarding the provision of telehealth services or the protection of patients receiving telehealth services;
- Provide for the remote supervision of assistants and other authorized persons performing duties within their existing scope of practice using telecommunications or information technology; and
- Provide for the remote supervision of experience for apprentices, interns, or other similar trainees using telecommunications or information technology.

Rules under this section may allow for the provision of:

- Remote education or distance learning for public or private schools; and
- Continuing education using telecommunications or information technology.

SOURCE: TX Occupations Code Title 2, Ch. 51, Subchapter J, Sec. 51.501, (Accessed Aug. 2024).

## **Licensed Dyslexia Practitioners and Licensed Dyslexia Therapists**

A licensed dyslexia practitioner may practice only in, or provide telehealth services from a remote location only to, an educational setting, including a school, learning center, or clinic.

A licensed dyslexia therapist may practice in, or provide telehealth services from a remote location to, a school, learning center, clinic, or private practice setting.

A license holder may provide telehealth services only in a practice setting described by this section, regardless of the physical location of the license holder or the recipient of the telehealth services.

SOURCE: TX Occupations Code 403.151, (Accessed Aug. 2024).

## **Occupational Therapists**

The occupational therapist is responsible for determining whether any aspect of the evaluation may be conducted via telehealth or must be conducted in person.

The occupational therapist must have contact with the client during the evaluation. The contact must be synchronous audio and synchronous visual contact that is in person, via telehealth, or via a combination of in-person contact and telehealth. Other telecommunications or information technology may be used to aid in the evaluation but may not be the primary means of contact or communication.

SOURCE: TX Admin. Code, Title 40 Sec. 372.1. (Accessed Aug. 2024).

## **Hospital Level of Care Designation for Maternal Care**

See rule for program requirements around telemedicine for hospital level of care designation for maternal care.

SOURCE: TX Admin. Code, Title 25, Part 1, Sec. 133.205. (Accessed Aug. 2024).

## **Inmate Welfare**

The department, in conjunction with The University of Texas Medical Branch at Galveston and the Texas Tech University Health Sciences Center, shall establish procedures to increase opportunities and expand access to telemedicine medical services and telehealth services, as those terms are defined by Section 111.001, Occupations Code, and on-site medical care for inmates, including on-site mobile care units that provide diagnostic imaging, physical therapy, and other appropriate mobile health services.

SOURCE: TX Government Code 501.071 (Accessed Aug. 2024).

The commission, with the assistance of the center, shall establish a pilot project to provide emergency medical services instruction and emergency prehospital care instruction through a telemedicine medical service or telehealth service provided by regional trauma resource centers to:

- health care providers in rural area trauma facilities; and
- emergency medical services providers in rural areas.

See statute for details.

SOURCE: Health and Safety Code 771.152, (Accessed Aug. 2024).

The Texas Medical Board, in consultation with the commissioner of insurance, as appropriate, may adopt rules necessary to:

- Ensure that patients using telemedicine medical services receive appropriate, quality care;

- Prevent abuse and fraud in the use of telemedicine medical services, including rules relating to the filing of claims and records required to be maintained in connection with telemedicine medical services;
- Ensure adequate supervision of health professionals who are not physicians and who provide telemedicine medical services; and
- Establish the maximum number of health professionals who are not physicians that a physician may supervise through a telemedicine medical service.

The State Board of Dental Examiners, in consultation with the commissioner of insurance, as appropriate, may adopt rules necessary to:

- Ensure that patients using teledentistry dental services receive appropriate, quality care;
- Prevent abuse and fraud in the use of teledentistry dental services, including rules relating to the filing of claims and records required to be maintained in connection with teledentistry dental services;
- Ensure adequate supervision of health professionals who are not dentists and who provide teledentistry dental services under the delegation and supervision of a dentist; and
- Authorize a dentist to simultaneously delegate to and supervise through a teledentistry dental service not more than five health professionals who are not dentists.

SOURCE: TX Occupational Code Title 3, Subtitle A, Chapter 111, Sec. 111.004. (Accessed Aug. 2024).

## Behavioral Analysts

Supervision of a person who performs behavior analysis services, and may include both direct and indirect supervision. A license holder may engage in direct supervision or indirect supervision in-person and on-site, through telehealth, or in another manner approved by the license holder's certifying entity.

SOURCE: TX Admin Code Title 16, Part 4, Ch. 121, Sec. A, Sec. 121.10 (Accessed Aug. 2024).