

	<h2>Telemonitoring Guideline</h2>	
<p>Guideline # 9624</p>	<p>Categories Clinical → Care Coordination, Care Coordination – Utilization management</p>	<p>This Guideline Applies To: Texas Children's Health Plan</p>
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GUIDELINE STATEMENT: Texas Children's Health Plan (TCHP) performs authorization of home telemonitoring services.

DEFINITIONS:

Home telemonitoring is a health service that requires scheduled remote monitoring of data related to a member’s health, and transmission of the data from the member’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.

Scheduled periodic reporting of the member 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.

This guideline does **NOT** apply to **Telemedicine Services** which 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 patient at a different physical location using telecommunications or information technology.

GUIDELINE

1. All requests for prior authorization for telemonitoring services are received via fax, phone online submission or mail by the Utilization Management Department and processed during normal business hours.
2. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the telemonitoring service as an eligible service.

3. Telemonitoring services will be subject to the prior authorization requirements documented in the current Texas Medicaid Provider Procedures Manual - Telecommunication Services Handbook.
 - 3.1. Procedure code S9110 (Telemonitoring of member in their home) with or without modifier U1 requires prior authorization. Home telemonitoring services may be approved for up to 180 days per prior authorization request.
 - 3.1.1. 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.
 - 3.1.2. Procedure code S9110 for the transmission of member data will be prior authorized no more than once per month for the duration of the prior authorization period.
 - 3.2. The initial request for prior authorization must be received no more than three (3) business days from the date the home telemonitoring services are initiated. Requests received after the three-business day period will be denied for dates of service that occurred before the date the request was received.
 - 3.2.1. The request must include the physician-ordered frequency of the clinical data transmission and the member's diagnoses and risk factors that qualify the member for home telemonitoring services.
 - 3.2.2. Requests for additional home telemonitoring services received after the current prior authorization period ends will be denied for dates of service provided before the date the request was received
 - 3.2.3. A completed Home Telemonitoring Services Prior Authorization Request form must be submitted to request home telemonitoring services.
 - 3.2.4. The request must include the physician-ordered frequency of the clinical data transmission and the member's diagnoses and risk factors that qualify the member for home telemonitoring services.
 - 3.2.5. The Home Telemonitoring Services Prior Authorization Request form must be signed and dated within 30 days before the start of care. An RN, NP, CNS, or PA may sign the prior authorization request form on behalf of the member's physician when the physician delegates this authority to the RN, NP, CNS, or PA.
 - 3.2.6. If the prior authorization form is not signed and dated by the physician or an authorized delegate, the prior authorization request must be accompanied by a written order or prescription that is signed and dated by the physician, or a complete verbal order from the physician.
 - 3.2.6.1. A complete written order or verbal order must include all of the following:
 - 3.2.6.2. Physician ordered home telemonitoring transmission frequency.
 - 3.2.6.3. The member's qualifying condition(s) and risk factors for home telemonitoring services.
 - 3.2.6.4. The ordered services including applicable procedure codes or descriptions.
 - 3.2.6.5. Dates of service matching or greater than those on the prior authorization request form.

- 3.2.6.6. A verbal order is considered current when the date received is on, or no more than, 30 days before the start of home telemonitoring services for the requested authorization period. A written order or prescription is considered current when it is signed and dated on, or no more than, 30 days before the start of home telemonitoring services.
4. Home telemonitoring services can be considered medically necessary for members with diabetes or hypertension who have two or more of the following risk factors:
 - 4.1. Two or more hospitalizations in the previous 12-month period
 - 4.2. Frequent or recurrent emergency department visits
 - 4.3. A documented history of poor adherence to ordered medication regimens
 - 4.4. Documented history of falls in the previous 6-month period
 - 4.5. Limited or absent informal support systems
 - 4.6. Living alone or being home alone for extended periods of time
 - 4.7. A documented history of care access challenges
5. Home telemonitoring services can be considered for members 20 years of age and younger who have at least one of the following conditions:
 - 5.1. End-stage solid organ disease
 - 5.2. Organ transplant recipient
 - 5.3. Mechanical ventilation
6. Documentation supporting medical necessity for telemonitoring services must be maintained in the member'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.
7. Procedure code S9110 for the transmission of member data will be prior authorized no more than once per month for the duration of the prior authorization period.
8. Collection and interpretation of a member'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.
9. The following are **NOT** benefits of Texas Medicaid:
 - 9.1. Rental of therapeutic continuous glucose monitor devices

- 9.2. Non-medical items, even if the items may be used to serve a medical purpose
 - 9.3. Smart devices (smart phones, tablets, personal computers, etc.) used as continuous glucose monitor monitors
 - 9.4. Medical supplies used with non-covered equipment. An exception would be for the transmission and receiving of data, using a smart device application, from a client's personally-owned smart device, that meets the medical criteria for telemonitoring services
10. Requests that do not meet the criteria established by this guideline will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
11. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

RELATED DOCUMENTS:**REFERENCES:****Government Agency, Medical Society, and Other Publications:**

Texas Medicaid Provider Procedures Manual. Telecommunication Services Handbook. Accessed July 27, 2023. <https://www.tmhp.com/resources/provider-manuals/tmppm>

Status	Date	Action
Approved	08/18/2023	Clinical & Administrative Advisory Committee Reviewed and Approved for Implementation

Original Document Creation Date: 11/29/2018	This Version Creation Date: 08/19/2023	Effective/Publication Date: Not Set
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