

	<b>Telemonitoring Guideline</b>	
<b>Guideline #</b> 9624	<b>Categories</b> Clinical → Care Management CM, Utilization Management UM	<b>This Guideline Applies To:</b> Texas Children's Health Plan
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**GUIDELINE STATEMENT:** Texas Children's Health Plan (TCHP) performs authorization of home 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.

## 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. Online evaluation and management for home telemonitoring services (procedure codes 99421, 99422, and 99423) are benefits in the office or outpatient hospital setting when services are provided by an NP, CNS, PA, or physician provider.
  - 3.2. Procedure codes 99421, 99422, and 99423 are limited to once per seven days and are denied if they are submitted within the postoperative period of a previously completed procedure or within seven days of a related evaluation and management service by the same provider.
  - 3.3. Monthly home monitoring for transmission of member data will not be prior authorized more than once per rolling month for the length of the prior authorization period.

- 3.4. The request must include the physician-ordered frequency of the clinical data transmission and the client's diagnoses and risk factors that qualify the member for home telemonitoring services.
- 3.5. The member or caregiver must be willing and able to operate the equipment and complete electronic transmission of data. (Not required if the equipment automatically transmits data without active participation from the member.)
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. The following are not benefits of Texas Medicaid:
  - 5.1. Non-therapeutic continuous glucose monitor (CGM) devices used as an adjunct to self-blood glucose monitoring (SBGM)
  - 5.2. Rental of therapeutic continuous glucose monitor devices
  - 5.3. Non-medical items, even if the items may be used to serve a medical purpose:
  - 5.4. Smart devices (smart phones, tablets, personal computers, etc.) used as continuous glucose monitor monitors.
6. 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.
7. 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:**

[Telemedicine and Telehealth Policy](#)

[Telemedicine and Telehealth Procedure](#)

**REFERENCES:**

**Government Agency, Medical Society, and Other Publications:**

Texas Medicaid Provider Procedures Manual, September 2020: Telecommunication Services Handbook. Section 3.4 Accessed September 10, 2020

Texas Medicaid Provider Procedures Manual, September 2020: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook Section 2.2.12.5.3

Accessed September 10, 2020

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