Telemedicine, Telehealth, and Home Telemonitoring Services in Texas Medicaid

As Required by

S.B. 789, 77th Legislature,

Regular Session, 2001

Health and Human Services

Commission

December 2018

TEXAS
Health and Human Services

Table of Contents

Executive Summary

The Texas Health and Human Services Commission (HHSC) submits the *Telemedicine, Telehealth, and Home Telemonitoring Services in Texas Medicaid* report in compliance with Senate Bill (S.B.) 789, 77th Legislature, Regular Session, 2001. This report summarizes the current state of telemedicine, telehealth, and home telemonitoring services in the Texas Medicaid program, including information on providers, clients, service utilization, and costs.

The majority of telemedicine and telehealth services are used to treat clients with behavioral health conditions. Among these clients, common diagnoses included attention deficit hyperactivity disorder, major depressive disorder, bipolar disorder, and unspecified mood disorder. The procedure codes most frequently billed for telemedicine and telehealth services are for psychiatric diagnostic evaluations, evaluation and management services, and psychotherapy services.

The number of clients using Texas Medicaid telemedicine, telehealth, and home telemonitoring services continues to grow, with a 30 percent increase from fiscal year 2016 to fiscal year 2017. The number of providers offering these services increased 32 percent during that same period. Taken together, spending on telemedicine, telehealth, and home telemonitoring services nearly doubled, from $9.6 million in fiscal year 2016 to $18.4 million in fiscal year 2017. The spending increase is due to a significant increase in the use of home telemonitoring services.

While utilization has increased, the proportion of Medicaid services delivered remotely is still relatively small and there is opportunity to continue to expand the use of telemedicine, telehealth, and home telemonitoring services. HHSC is identifying ways to use telemedicine and telehealth services to ensure access to Medicaid services, particularly in rural areas of the state. HHSC is also reviewing adding new behavioral health services for remote delivery, as well as adding Early Childhood Intervention (ECI) contractors for reimbursement of remotely delivered occupational therapies, speech therapies, and specialized skills training services.

1. Introduction

As required by S.B. 789, 77th Legislature, Regular Session, 2001, HHSC must submit a report to the Speaker of the Texas House of Representatives and to the Texas Lieutenant Governor by December 1st of even-numbered years that addresses utilization of and expenditures for telemedicine, telehealth, and home telemonitoring services in the Texas Medicaid program. HHSC must report on:

- The number of physicians, health professionals, and licensed health care facilities using telemedicine, telehealth, or home telemonitoring services;
- The geographic and demographic disposition of the physicians and health professionals offering telemedicine, telehealth, or home telemonitoring services;
- The number of clients receiving telemedicine, telehealth, or home telemonitoring services;
- The types of treatment provided as telemedicine, telehealth, or home telemonitoring services; and
- The cost to Texas Medicaid to provide telemedicine, telehealth, or home telemonitoring services to clients.

HHSC conducted analyses of Texas Medicaid fee-for-service (FFS) claims and managed care organization (MCO) encounter data for telemedicine, telehealth, and home telemonitoring services for fiscal years 2016 and 2017. The data are summarized in Appendices B, C, and D. Appendix B provides client service utilization trends and associated expenditures for fiscal years 2016 and 2017. Appendix C provides aggregated location information for telemedicine, telehealth, and home telemonitoring services providers by Metropolitan Statistical Area (MSA). Appendix D provides commonly billed procedure codes.

2. Background

Legislation

Texas Medicaid began providing reimbursement to physicians offering telemedicine medical ("telemedicine") services in 1997, pursuant to House Bill (H.B.) 1697, 75th Legislature, Regular Session. Telehealth and home telemonitoring have since been added as services eligible for Medicaid reimbursement. More recently, bills were enacted that impact the delivery and reimbursement of telemedicine and telehealth services:

- S.B. 1107, 85th Legislature, Regular Session, 2017, established state practice standards and expectations for healthcare professionals who render telemedicine or telehealth services. This included defining the delivery modalities that can constitute a telemedicine service. To implement S.B. 1107, HHSC amended its medical policies for telemedicine and telehealth services. The medical policy amendments were effective on October 1, 2018. HHSC is also in the process of making conforming amendments to its telemedicine and telehealth service administrative rules.[1]
- S.B. 922, 85th Legislature, Regular Session, 2017, required that HHSC provide Texas Medicaid reimbursement to licensed clinical social workers (LCSWs), occupational therapists (OTs), speech-language pathologists (SLPs), licensed professional counselors (LPCs), licensed marriage and family therapists (LMFTs), and psychologists who render telehealth services to children in school-based settings. To implement S.B. 922, HHSC is amending its medical policies for telemedicine and telehealth services, its administrative rules, and provider resources for the School Health and Related Services (SHARS) program.
- H.B. 1697, 85th Legislature, Regular Session, 2017, created a new pediatric teleconnectivity resource program to provide nonurban health care facilities with funding to obtain telemedicine services from pediatric specialist physicians. The resource program did not receive an appropriation for the 2018-2019 biennium. However, HHSC has worked with community partners to pilot the resource

[1] 1 Texas Administrative Code (TAC) §§354.1430, 354.1432, and 355.7001.

program at two nonurban health care facilities using the existing Texas Medicaid telemedicine benefit structure.

For a complete history of legislative action related to telemedicine, telehealth, and home telemonitoring services since 1997, see Appendix A.

Telemedicine Services

Telemedicine services are defined in Texas Government Code §531.001(8) as:

> "Health care service[s] 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."

Telemedicine delivery modalities can include synchronous audiovisual interactions, asynchronous store and forward technologies, such as captured images or videos that are coupled with a synchronous audio interaction, or any other technology that permits the practitioner to meet the in-person standard of care for the service.[2] Texas Medicaid MCOs are not required to reimburse providers for telemedicine services that are provided through only synchronous or asynchronous audio interactions, including audio-only calls, text-only email messages, or facsimile transmissions.[3]

The Texas Medical Board (TMB) has administrative rulemaking authority over the practice of medicine when it is delivered as a telemedicine service.[4] Telemedicine

[2] Texas Occupations Code §111.005(3)

[3] Texas Insurance Code §1455.004

[4] Texas Occupations Code §111.004

services provided through Texas Medicaid adhere to the TMB administrative rules[5] and HHSC program rules.[6]

Texas Medicaid considers telemedicine services to be those delivered by a physician or a physician group, as well as by an advanced practice registered nurse (APRN) or a physician assistant (PA) acting under physician delegation and supervision. The physician, APRN, or PA acts as a distant site provider and delivers treatment to a client located at the patient site. Physicians, APRNs, and PAs practicing with a County Indigent Health Care Program (CIHCP) or a hospital may also deliver telemedicine services. A patient site presenter, or health professional located with the client, is only required for telemedicine services rendered to children in school-based settings.[7] A client's home may also serve as the patient site.

In FFS Medicaid, the distant site provider is reimbursed the same rate as they would receive for a comparable in-person service. In Medicaid managed care, distant site providers are reimbursed a negotiated and contracted rate. An MCO must display payment practices for telemedicine services.[8] Individual physician practices, group practices, CIHCPs, and hospitals are also eligible to be reimbursed a patient site facility fee for allowing the client to be presented to the distant site provider at their office, facility, or medical site.

Telehealth Services

Telehealth services are defined in Texas Government Code §531.001(7) as:

> "Health service[s], other than telemedicine medical service[s], 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,

[5] 22 TAC Chapter 174

[6] 1 TAC §354.1432

[7] Texas Government Code §531.0217(c-4)(4)

[8] Texas Insurance Code §1455.006

> certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology."

The same delivery modalities and reimbursement provisions specified for telemedicine services also apply to Texas Medicaid telehealth services.[9,10]

Through Texas Medicaid, HHSC reimburses LPCs, LCSWs, LMFTs, psychologists, registered nurses (RNs), nurse midwives, and dieticians as telehealth service distant site providers. The Medicaid FFS and managed care reimbursement policies for telemedicine services also apply to telehealth services. However, telehealth services do not receive a separate patient site facility fee.

Home Telemonitoring Services

Home telemonitoring services are defined in Texas Government Code §531.001(4-a) as the:

> "…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 or a hospital."

In the Texas Medicaid program, home telemonitoring requires an RN or other qualified health care professional at a licensed home and community support services agency (HCSSA) or hospital to provide daily monitoring of a client's clinical data transmissions. The RN or other health professional is responsible for monitoring a client's clinical data for measurements that fall outside of the data parameters specified in the ordering physician's plan of care. The ordering physician, APRN, or PA provides weekly review of a client's clinical data transmissions.

The diagnoses or conditions for which home telemonitoring services may be reimbursed are limited by statute, and certain risk factors must be met before a

[9] Texas Occupations Code §111.005(3)

[10] Texas Insurance Code §§1455.004 and 1455.006

patient is eligible for services.[11] Currently, HHSC reimburses providers for home telemonitoring services rendered to clients with hypertension or diabetes.

The HCSSA or hospital may be reimbursed for a one-time equipment and set-up fee, and once per day for monitoring of a client's clinical data transmissions. The ordering physician, APRN, or PA may be reimbursed once a week for reviewing a client's clinical data transmissions.

[11] Texas Government Code §531.02164(c)

3. Utilization and Expenditure Trends

For fiscal years 2016 and 2017, Texas Medicaid continued to experience steady growth in both utilization of, and expenditures for, telemedicine and home telemonitoring services. Among remotely delivered services, telemedicine services are used most often. However, total expenditures were higher for home telemonitoring services than for telemedicine services or telehealth services. Client diagnosis information indicates that telemedicine and telehealth services continue to be most frequently used for the treatment of behavioral health conditions.

Unless a specific procedure code exists for a remotely delivered service, most telemedicine and telehealth services use the same procedure codes as those for comparable in-person services. Providers must use the 95 modifier with procedure codes to indicate that a service was remotely delivered. The 95 modifier is not required for a procedure code to be paid, and reimbursement for services is not impacted by the 95 modifier. Therefore, the data presented in this report may not accurately reflect the true number of services that were delivered as telemedicine services or telehealth services.

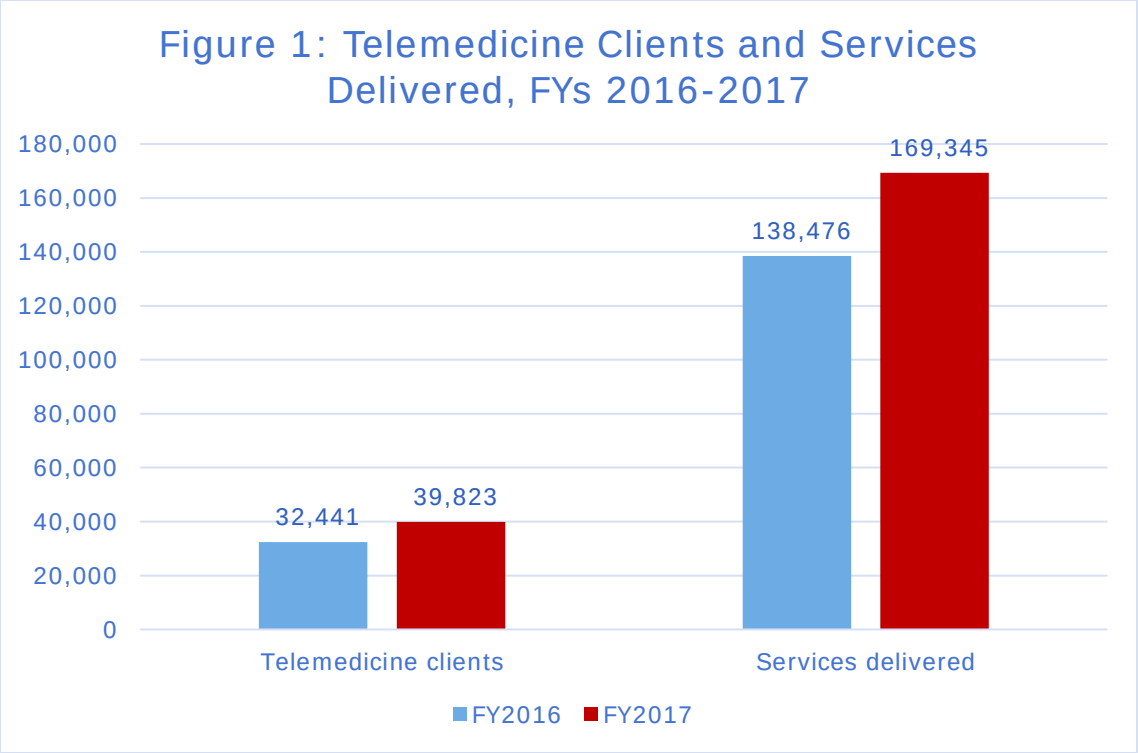
The utilization and expenditure trends discussed in the following sections are derived from data presented in Appendices B, C, and D.

Telemedicine Services

Client Utilization

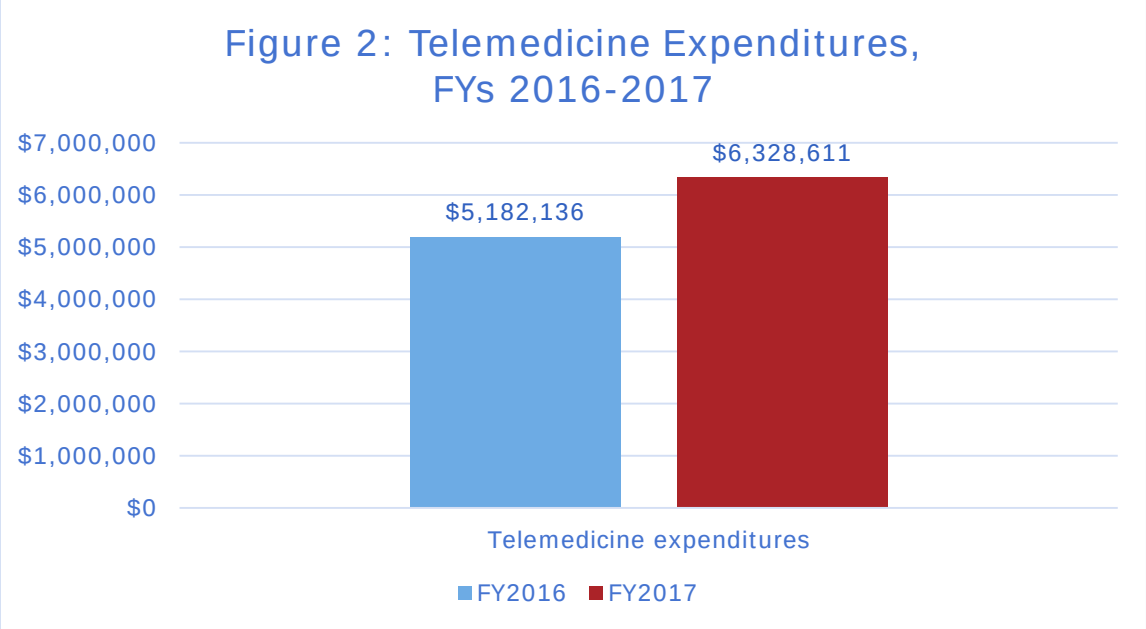
The number of clients receiving telemedicine services increased 23 percent from fiscal year 2016 to fiscal year 2017. The number of telemedicine services available for reimbursement also increased by 22 percent in fiscal year 2017 compared to fiscal year 2016; see Figure 1.

In both years, the most common primary diagnosis for a telemedicine service was attention deficit hyperactivity disorder. For both fiscal years, other common primary diagnoses included bipolar disorder, schizophrenia, unspecified mood disorder, and major depressive disorder.



Provider Expenditures

In fiscal year 2016, total expenditures on telemedicine services increased 22 percent from fiscal year 2016 ($5,182,136) to fiscal year 2017 ($6,328,611); see Figure 2.



Average per client expenditures remained approximately the same from fiscal year 2016 to fiscal year 2017; see Appendix B. The average amount paid per provider increased about 1.6 percent from $11,858 in fiscal year 2016 to $12,009 in fiscal year 2017.

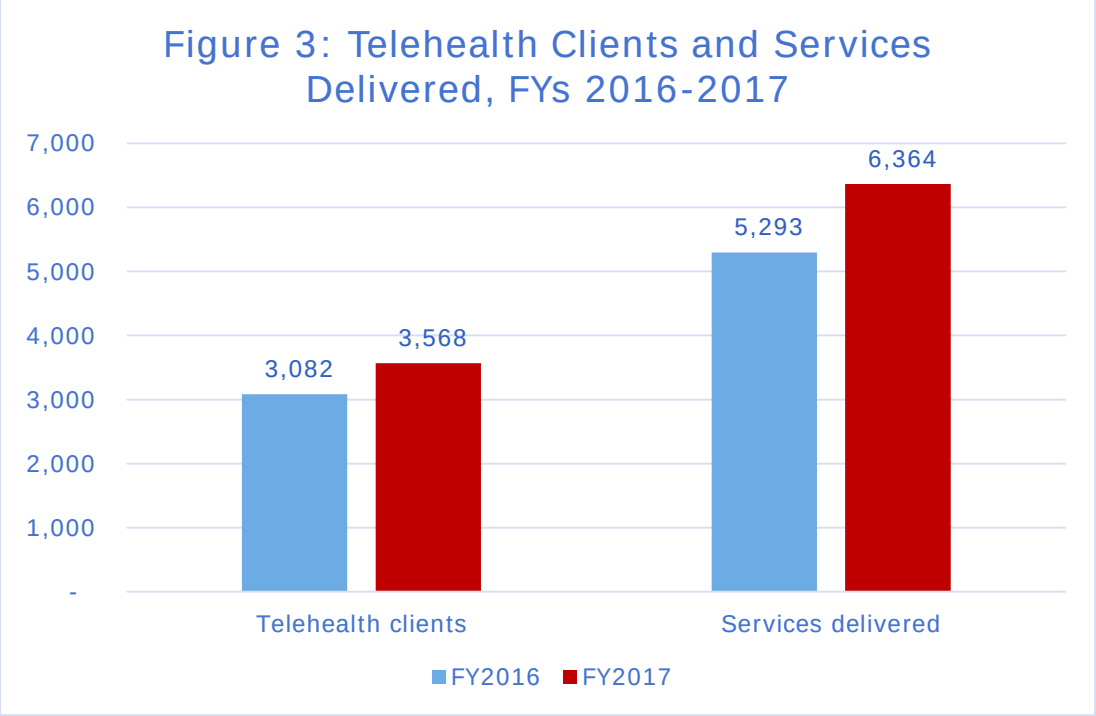
Telemedicine services providers practice predominately in MSAs. MSAs with large numbers of telemedicine services providers included Houston-Sugar Land-Baytown, Austin-Round Rock, Dallas-Fort Worth-Arlington, and San Antonio; see Appendix C.

Telehealth Services

Client Utilization

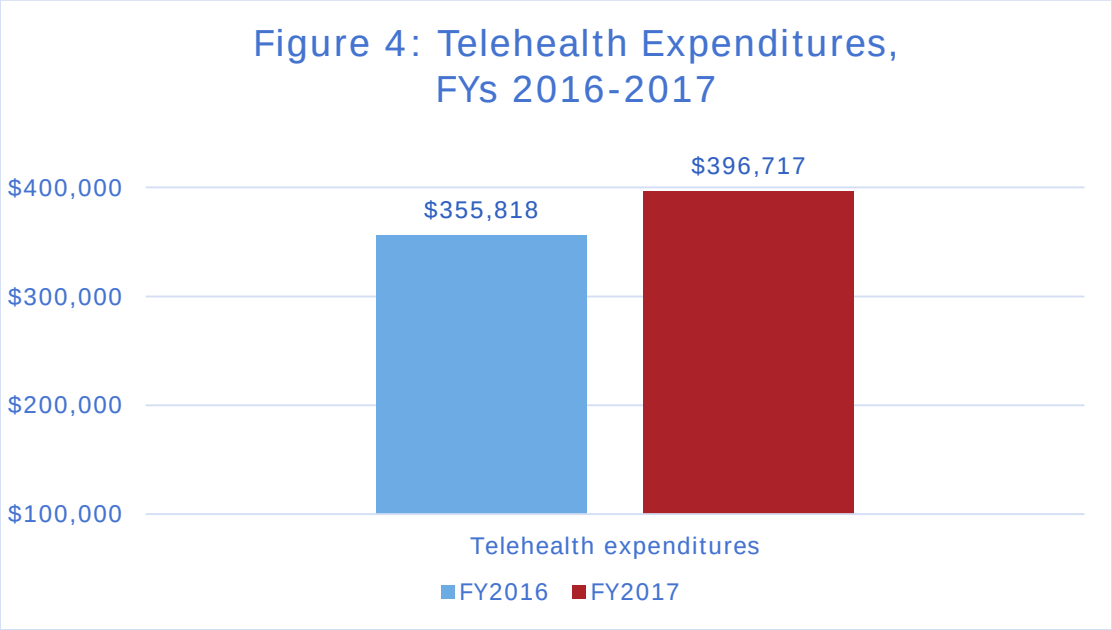
The number of clients receiving telehealth services increased 16 percent from fiscal year 2016 to fiscal year 2017 and telehealth services providers rendered 20 percent more services in fiscal year 2017 compared to fiscal year 2016; see Figure 3.

The most common primary diagnosis for clients receiving telehealth services in fiscal years 2016 and 2017 was attention deficit hyperactivity disorder. Other common primary diagnoses for both fiscal years included major depressive disorder, bipolar disorder, schizophrenia, and oppositional defiant disorder.



Provider Expenditures

Telehealth expenditures increased about 11 percent from fiscal year 2016 to fiscal year 2017, see Figure 4. The average amount paid per provider in fiscal year 2017 decreased from $3,357 to $2,983, in fiscal year 2016. Average per client expenditures remained similar from fiscal year 2016 to fiscal year 2017.



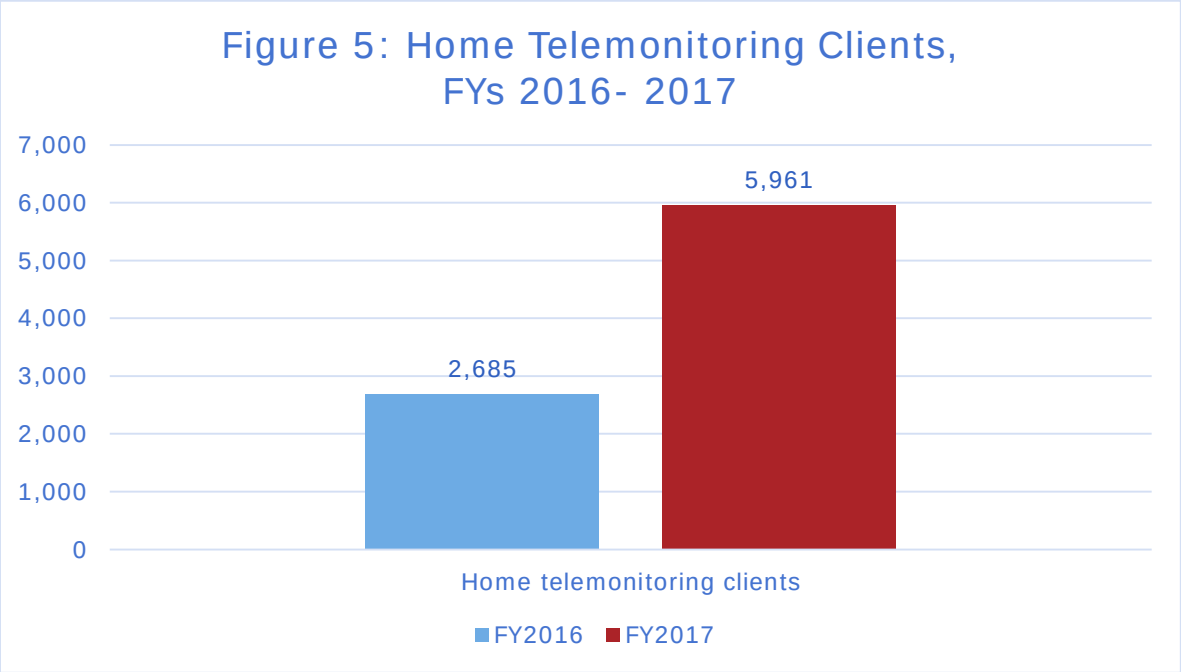
As with telemedicine services providers, telehealth services providers also tended to practice in MSAs. MSAs with large numbers of telehealth services providers included Austin-Round Rock and San Antonio; see Appendix C.

Home Telemonitoring Services

Client Utilization

The number of clients receiving home telemonitoring services more than doubled from fiscal year 2016 to fiscal year 2017; see Figure 5. Average per client expenditures also increased 31 percent, from $1,496 in fiscal year 2016 to $1,957 in fiscal year 2017. Because home telemonitoring does not involve face-to-face visits with clients, services cannot be reported in the same manner as for telemedicine services and telehealth services.

The services reported in Appendix B represent individual reimbursements to providers for equipment installation and set-up, daily monitoring of a client's clinical data transmissions, or weekly monitoring of a client's clinical data transmissions. The home telemonitoring services benefit also remains limited to clients with hypertension or diabetes.



Provider Expenditures

In fiscal year 2016, home telemonitoring expenditures nearly tripled, from $4.0 million in fiscal year 2016 to $11.7 million in fiscal year 2017; see Figure 6. Average per provider expenditures also increased, from $34,334 in fiscal year 2016 to $55,276 in fiscal year 2017. To better understand the expenditure increases, HHSC will be analyzing prior authorizations and paid claims for home telemonitoring services for fiscal years 2016 and 2017.

Home telemonitoring services providers tended to be concentrated in South Texas. MSAs with large numbers of home telemonitoring services providers included Brownsville-Harlingen and McAllen-Edinburg-Mission; see Appendix C.

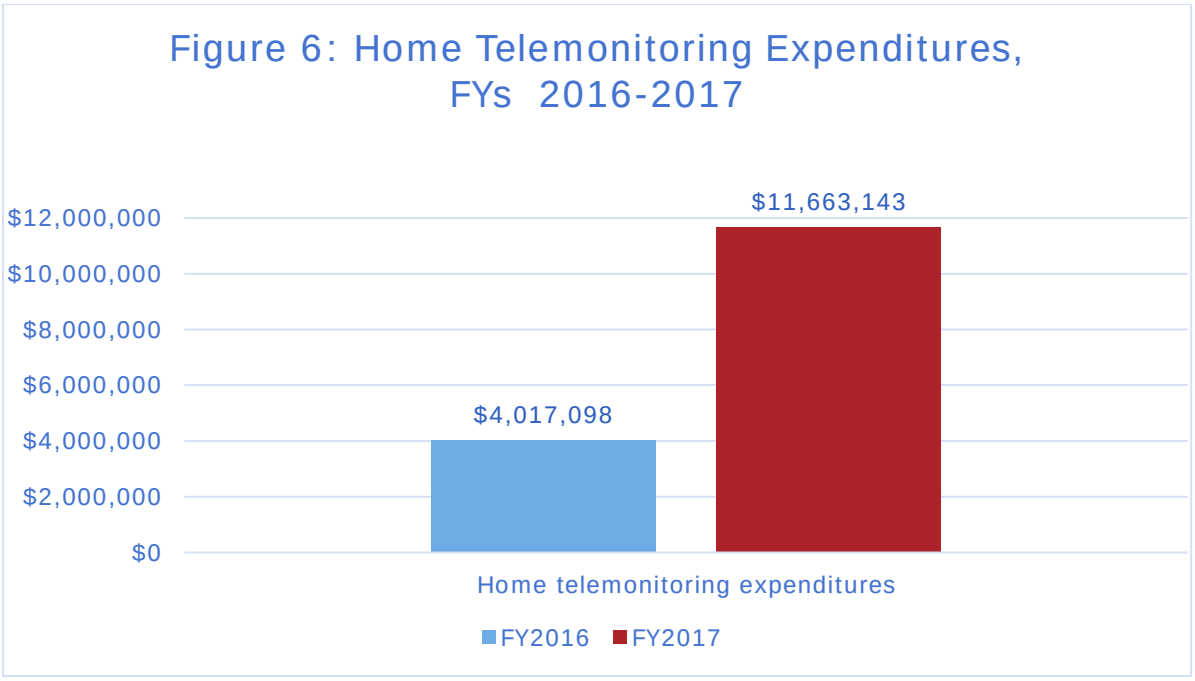


Figure 6: Home Telemonitoring Expenditures, FYs 2016-2017
$12,000,000
$10,000,000
$8,000,000
$6,000,000
$4,000,000
$2,000,000
$0
$4,017,098
$11,663,143
Home telemonitoring expenditures
FY2016
FY2017

4. Conclusion

For fiscal years 2016 and 2017, utilization and expenditures for telemedicine and home telemonitoring services increased. Utilization and expenditures for telehealth services decreased between fiscal years 2015 and 2016, but increased by fiscal year 2017. Increases in total amounts paid, average expenditures per provider, and average expenditures per client were most pronounced for home telemonitoring services. To better understand these expenditure increases, HHSC will be analyzing prior authorizations and paid claims for home telemonitoring services for fiscal years 2016 and 2017.

Telemedicine, telehealth, and home telemonitoring providers continue to be located in large MSAs, such as Dallas-Fort Worth, Houston-Sugar Land-Baytown, and Austin-Round Rock. Smaller MSAs, such as Brownsville-Harlingen, also had large numbers of home telemonitoring providers.

Procedure code data and client diagnosis information continues to show evidence of the use of telemedicine and telehealth services to treat behavioral health conditions. HHSC has received requests from external stakeholders to expand the Texas Medicaid telemedicine service and telehealth service benefits to include a greater range of behavioral health interventions. HHSC is reviewing these requests to add additional behavioral health services for reimbursement when remotely delivered. HHSC is also exploring the use of remote delivery to increase service accessibility for children eligible for the ECI Program.

List of Acronyms

Acronym	Full Name
APRN	Advanced Practice Registered Nurse
CIHCP	County Indigent Health Care Program
DSHS	Texas Department of State Health Services
ECI	Early Childhood Intervention
FFS	Fee-for-Service
HCSSA	Home and Community Support Services Agency
LCSW	Licensed Clinical Social Worker
LMFT	Licensed Marriage and Family Therapist
LPC	Licensed Professional Counselor
MCO	Managed Care Organization
MSA	Metropolitan Statistical Area
OT	Occupational Therapist
PA	Physician Assistant
RN	Registered Nurse
SHARS	School Heath and Related Services

Acronym	Full Name
SLP	Speech-Language Pathologist
TAC	Texas Administrative Code
TMB	Texas Medical Board

Appendix A. Legislative History

Since 1997, the Legislature has passed numerous bills to define the telemedicine, telehealth, and home telemonitoring services benefits in Texas Medicaid. Major pieces of legislation that impact Texas Medicaid are listed below.

- H.B. 2386, 75th Legislature, Regular Session, 1997, required HHSC to provide reimbursement to physicians providing telemedicine services to Texas Medicaid clients. The telemedicine services benefit implemented in October 1997.

- H.B. 2017, 75th Legislature, Regular Session, 1997, required HHSC to establish reimbursement mechanisms for physicians providing telemedicine services to Texas Medicaid clients. The bill also required HHSC to encourage teaching hospitals, small rural hospitals, and Federally Qualified Health Centers to provide telemedicine services.

- S.B. 789, 77th Legislature, Regular Session, 2001, authorized HHSC to establish procedures to determine which telemedicine services should be reimbursed, to reimburse services at the same rate as in-person medical services, and to submit a report on the effects of telemedicine services on the Texas Medicaid program to the Legislature by December 1st of each even-numbered year.

- H.B. 2700, 77th Legislature, Regular Session, 2001, authorized HHSC to create a Texas-Mexico border region telemedicine services pilot program, as well to as establish a Telemedicine Advisory Committee.

- S.B. 691, 78th Legislature, Regular Session, 2003, required HHSC to periodically review policies regarding the reimbursement of telemedicine services through the Texas Medicaid program. Specifically, HHSC was directed to identify variations between Texas Medicaid and Medicare reimbursement for telemedicine services, and was also authorized to modify rules and procedures as appropriate.

- S.B. 1340, 79th Legislature, Regular Session, 2005, authorized HHSC to develop, and the Texas Department of State Health Services (DSHS) to implement, a pilot program enabling Texas Medicaid clients in need of mental health care to receive these services via remote delivery.

- S.B. 24, 80th Legislature, Regular Session, 2007, directed HHSC to add office visits as telemedicine medical services and to develop a reimbursement process for telemedicine service patient sites.

- S.B. 293, 82nd Legislature, Regular Session, 2011, directed HHSC to provide reimbursement for new telehealth and home telemonitoring services benefits. The telehealth services benefit was implemented May 1, 2013, and the home telemonitoring services benefit was implemented October 1, 2013.

- H.B. 1878, 84th Legislature, Regular Session, 2015, required MCOs to provide reimbursement to a physician who renders telemedicine services to children in primary or secondary school-based settings, even when the physician is not a child's primary care provider.

- H.B. 3519, 84th Legislature, Regular Session, 2015, moved the sunset date for the Texas Medicaid home telemonitoring services benefit from September 1, 2015 to September 1, 2019.

- S.B. 1107, 85th Legislature, Regular Session, 2017, established state scope-of-practice requirements and delivery modalities for telemedicine services and telehealth services.

- S.B. 922, 85th Legislature, Regular Session 2017, required that HHSC provide Texas Medicaid reimbursement to LCSWs, OTs, SLPs, LPCs, LMFTs, and psychologists for telehealth services rendered to children in school-based settings.

- S.B. 1697, 85th Legislature, Regular Session, 2017, established a new pediatric teleconnectivity resource program to help nonurban health care facilities obtain telemedicine services from pediatric specialist physicians.

Appendix B. Telemedicine, Telehealth, and Home Telemonitoring Services Client Utilization and Expenditures

Table 1. Client Utilization and Expenditures, FY 2016

Service	Clients	Providers	Services Delivered	Average Expenditure Per Client	Average Expenditure Per Provider
Telemedicine	32,441	437	138,476	$159.74	$11,858.43
Telehealth	3,082	106	5,293	$115.45	$3,356.77
Home Telemonitoring	2,685	117	289,089	$1,496.13	$34,334.17
Total	**36,987**	**617**	**432,858**		

Table 2. Client Utilization and Expenditures, FY 2017

Service	Clients	Providers	Services Delivered	Average Expenditure Per Client	Average Expenditure Per Provider
Telemedicine	39,823	527	169,345	$158.92	$12,008.75
Telehealth	3,568	133	6,364	$111.19	$2,982.84
Home Telemonitoring	5,961	211	762,877	$1,956.57	$55,275.56
Total	**47,901**	**812**	**938,586**		

Note: Provider counts are based upon Base Texas Provider Identifier (TPI) number. Client counts are based upon Patient Control Number (PCN), also known as the client's Medicaid ID number. The provider and client counts are unduplicated within the telemedicine, telehealth, and home telemonitoring benefit areas, as well as in the totals reflected at the end of each table. However, the same provider might offer both telemedicine and home telemonitoring services. Similarly, the same client may be included in more than one of the three benefit areas. Thus, the provider and client counts are not additive across the three benefit areas.

For telemedicine services, the total services delivered is inclusive of distant and patient site procedure codes billed when both sites are eligible for reimbursement. The definition of a service is different for home telemonitoring. Home telemonitoring services represent individual reimbursements to providers for equipment installation and set-up, daily monitoring of a client's clinical data transmissions, or weekly monitoring of a client's clinical data transmissions.

Data source: Claims and encounter data provided by HHSC Center for Analysis and Decision Support.

Appendix C. Telemedicine, Telehealth, and Home Telemonitoring Service Providers by Metropolitan Statistical Area (MSA)

Table 1. Telemedicine, Telehealth, and Home Telemonitoring Providers by MSA, FYs 2016-2017

	Telemedicine		Telehealth		Home Telemonitoring	
MSA	FY 2016	FY 2017	FY 2016	FY 2017	FY 2016	FY 2017
Abilene	6	5	0	1	0	0
Amarillo	4	9	2	4	1	1
Austin-Round Rock	70	56	21	31	1	1
Beaumont-Port Arthur	9	6	1	2	2	1
Brownsville-Harlingen	4	5	0	0	10	26
College Station-Bryan	5	3	1	0	0	0
Dallas-Fort	48	81	1	5	10	21
El Paso	17	16	1	0	1	0
Houston-Sugar Land-Baytown	86	107	12	10	22	36
Killeen-Temple-Fort Hood	9	12	1	4	0	0
Laredo	7	8	8	11	8	12

MSA	Telemedicine		Telehealth		Home Telemonitoring	
	FY 2016	FY 2017	FY 2016	FY 2017	FY 2016	FY 2017
Longview	13	9	3	2	1	1
Lubbock	11	11	3	2	2	2
McAllen-Edinburg-Mission	10	13	10	9	39	79
Midland	1	6	1	1	1	1
Odessa	2	3	0	0	0	0
San Angelo	6	5	4	3	0	0
San Antonio	45	49	12	12	2	6
Sherman-Denison	2	0	0	0	0	0
Texarkana	0	0	0	0	0	0
Tyler	6	8	4	5	0	0
Victoria	2	3	1	1	0	0
Waco	15	21	0	2	0	0
Wichita Falls	6	7	3	6	0	0
Non-MSA	101	133	23	28	17	24

MSA	Telemedicine		Telehealth		Home Telemonitoring	
	FY 2016	FY 2017	FY 2016	FY 2017	FY 2016	FY 2017
Total	485	576	112	139	117	211

Note: Provider counts are based upon Base Texas Provider Identifier (TPI) number. The same provider may offer services in multiple counties. The total provider amounts in Appendix C were obtained by summing all providers participating in each county. Thus, the total number of providers reflected in each MSA and for each benefit per fiscal year are not unduplicated and may not match the data in Appendix A. Counties included in each MSA were obtained from the Texas Comptroller and the U.S. Census Bureau.

Data source: Claims and encounter data provided by HHSC Center for Analysis and Decision Support.

Appendix D. Telemedicine, Telehealth, and Home Telemonitoring Services Procedure Codes

Table 1. Telemedicine Services, FY 2016

Procedure Code	Description	Instances Billed
Q3014	Patient Site Facility Fee	57,343
99214	Office/Outpatient Visit - Established Client	36,292
99213	Office/Outpatient Visit - Established Client	20,047
90792	Psychiatric Diagnostic Evaluation	13,997
99212	Office/Outpatient Visit - Established Client	2,594
All Other	Office/Outpatient Visit - New or Established Client; Psychotherapy	8,203
	Total	**138,476**

Table 2. Telemedicine Services, FY 2017

Procedure Code	Description	Instances Billed
Q3014	Patient Site Facility Fee	70,677
99214	Office/Outpatient Visit - Established Client	42,357
99213	Office/Outpatient Visit - Established Client	26,402

Procedure Code	Description	Instances Billed
90792	Psychiatric Diagnostic Evaluation	14,867
90791	Psychiatric Diagnostic Evaluation	2,774
All Other	Office/Outpatient Visit - New or Established Client; Psychotherapy	12,268
	Total	**169,345**

Table 3. Telehealth Services, FY 2016

Procedure Code	Description	Instances Billed
99214	Office/Outpatient Visit - Established Client	1,598
90791	Psychiatric Diagnostic Evaluation	1,325
99213	Office/Outpatient Visit - Established Client	1,036
90792	Psychiatric Diagnostic Evaluation	534
99212	Office/Outpatient Visit - Established Client	273
All Other	Office/Outpatient Visit - New or Established Client; Psychotherapy	527
	Total	**5,293**

Table 4. Telehealth Services, FY 2017

Procedure Code	Description	Instances Billed
99214	Office/Outpatient Visit - Established Client	1,627
90791	Psychiatric Diagnostic Evaluation	1,546
99213	Office/Outpatient Visit - Established Client	1,358
90792	Psychiatric Diagnostic Evaluation	593
99212	Office/Outpatient Visit - Established Client	444
All Other	Office/Outpatient Visit - New or Established Client; Psychotherapy	796
	Total	**6,364**

Table 5. Home Telemonitoring Services, FY 2016

Procedure Code	Description	Instances Billed
99090-GQ	Daily Data Monitoring	259,618
99444	Weekly Review of Patient Data	27,789
99213	Equipment Set-Up Fee	1,682
	Total	**289,089**

Table 6. Home Telemonitoring Services, FY 2017

Procedure Code	Description	Instances Billed
99090-GQ	Daily Data Monitoring	666,445
99444	Weekly Review of Patient Data	91,817
99213	Equipment Set-Up Fee	4,615
	Total	**762,877**

Note: Full procedure code descriptions are withheld due to American Medical Association (AMA) copyright.

Data source: Claims and encounter data provided by HHSC Center for Analysis and Decision Support.