

Telemonitoring

Policy Revision Comments

HHSC solicited and received comments on proposed revisions to the policy regarding Telemonitoring. A summary of comments relating to the proposed policy changes and HHSC responses follows:

Comment: A commenter stated there is no mention of the home health agency or hospital to share the monitoring results with MCO and requested HHSC include language for providers to provide information, as necessary to MCOs.

Response: An MCO can require their providers to share information as necessary.

Comment: A commenter stated there was no policy language that addresses misuse or abuse of the home device by the member. The commenter requested that HHSC add language that lack of use, misuse, or abuse of equipment may result in removal of device.

Response: HHSC acknowledges the receipt of this comment but declines to add this level of specificity to the policy.

Comment: A commenter suggested adding an app based telemonitoring application.

Response: HHSC declines to incorporate such changes at the time as the policy does not seek to define what specific equipment may or may not be used, only that the equipment is "capable of monitoring, measuring and transmitting any data parameters included in the plan of care" and transmissions "must meet HIPAA compliance standards".

Comment: A couple commenters suggested adding COPD and asthma as a covered diagnosis.

Response: HHSC acknowledges the receipt of this comment and requests the author to submit a topic nomination form. The form and instructions can be found at <https://hhs.texas.gov/services/health/medicaid-and-chip/about-medicaid/medicaid-medical-and-dental-policy> Telemonitoring services are limited by conditions under Senate Bill No. 293.

Comment: A commenter stated 99090 means analysis of clinical data stored in computers, but telemonitoring has other specific coding recognized by other industry payers such as S9110 - Telemonitoring of patient home, per month. While a monthly code this is more descriptive and more closely represents the intent for the use of the code, which eliminates modifier usage. Other options include T1014 and Q3014.

Response: HHSC declines to make such changes at this time, as the change proposed is intended to be non-substantive and to make the language consistent with that in Sec. 3.3.1 of the TMPPM. To nominate such changes, submission of a topic nomination form is necessary. The form and instructions can be found at <https://hhs.texas.gov/services/health/medicaid-and-chip/about-medicaid/medicaid-medical-and-dental-policy>

Comment: A commenter asked for clarification on if the benefit excludes CHIP and CHIP Perinate.

Response: This benefit excludes CHIP and CHIP Perinate as this policy is only relevant to Texas Medicaid.

Comment: A commenter asked for clarification regarding who will ensure telemonitoring providers are qualified to install and monitor data. For example, professionals monitoring the data must meet: RN, NP, CNS, or PA. Must monitor the data and report to the prescribing physician on abnormal data.

Response: HHSC acknowledges the receipt of this comment but declines to add this level of specificity regarding installation of equipment to the policy.

Comment: A commenter asked for clarification regarding reporting expectations for patient profile data, which specific patient data elements would be requested, and if these elements would be established by the ordering providers plan of care. For example, is the expectation that HHSC will be able to obtain at minimum certain data elements regardless of who is providing the Telemonitoring?

Response: Data parameters are established by the ordering provider, not by HHSC. In addition, the data is not sent to or obtained by HHSC. Yes, the ordering provider determines the client's plan of care.

Comment: A commenter asked for clarification regarding if the expectation is that data is monitored 24 hours per day, 7 days per week.

Response: It is note an expectation, as data transmission frequency is variable, but per policy, "scheduled periodic reporting of the client data to the ordering provider is required, even when there have been no readings outside the parameters established in the physician's orders". Also, "telemonitoring providers must be available 24 hours a day and 7 days a week".

Comment: A commenter requested including FQHC as a Place of Service.

Response: HHSC declines to add FQHCs as an eligible provider type as Tex. Gov't Code, Sec. 531.02164 limits home telemonitoring service providers to only licensed home and community support services agencies and hospitals.

Comment: A commenter stated that the policy appears to exclude a health plan case management program from being a receiving site of the data. Commenter requested HHSC add "health plan".

Response: At this time in fee-for-service, the entities reimbursed for procedure codes 99090-GQ include home health agencies and hospitals.

Comment: A commenter stated that "informal support systems" and "document history of care access challenges" needs a definition or the entire item should be taken out of the policy.

Response: HHSC declines to make changes as this provision comes from Tex. Gov't Code, Sec. 531.02164. According to the statute, clients must be diagnosed with an eligible condition as well as "exhibit two or more of the following risk factors:

- (i) two or more hospitalizations in the prior 12-month period;
- (ii) frequent or recurrent emergency room admissions;
- (iii) a documented history of poor adherence to ordered medication regimens;
- (iv) a documented history of falls in the prior six-month period;
- (v) limited or absent informal support systems;
- (vi) living alone or being home alone for extended periods of time; and
- (vii) a documented history of care access challenges".

Comment: A commenter stated the policy should be more general to FDA approved devices, not restricted to FDA Class II as there are FDA Class I devices that might also make sense (eg, weight scale)

Response: HHSC will modify Item 4.1.2 to include FDA Class I devices in addition to FDA Class II devices.

Comment: A commenter stated they believe the intent is not to pay twice for the receiving entity, but the ability for an extended care team of providers and health plan case management staff (among others) to securely share the data in order to make clinical decisions is important.

Response: HHSC will modify Item 4.5 to state, "data received becomes part of the client's medical record and is to be shared among providers who are part of the client's health care team".

Comment: A commenter stated the policy is too restrictive on classification levels of who may or may not review the clinical data.

Response: HHSC declines to make changes to the policy as those reviewing data should be licensed health care professionals working under the delegation of the prescribing provider, and HHSC has determined that those types of professionals listed in the policy have the requisite training to review the data.

Comment: A commenter stated the 60 days prior authorization requirements for telemonitoring may be too short to achieve desired outcomes for certain populations.

Response: HHSC declines to make changes and will continue to follow the authorization period of 60 days that is currently in policy.

Comment: A commenter requested that under the Reimbursement section of the policy, providers should be allowed to bill for a monthly recurring charge as well as a daily rate.

Response: HHSC declines to make this change as providers are authorized to bill a daily rate for procedure code 99090-GQ as well as a weekly rate for procedure code 99444.

Comment: A commenter recommended that the setup of the telemonitoring device not be limited to the client's home and can be completed in any location convenient for the patient. The commenter also recommend removal of the location requirement: The initial set-up and installation (procedure code 99090) may be reimbursed one time per same provider per rolling year, when the monitoring equipment is installed in the client's home or physician office.

Response: HHSC declines to make these changes as this policy is designed around home telemonitoring services, and the proposed changes would be in conflict with Tex. Gov't Code, Sec. 531.001.

Comment: A commenter stated they understand that high risk pregnancy is listed in the original statute (SB 293, 82nd Legislative Session) as a condition that is allowable for home telemonitoring, but are concerned with how this truly is going to be monitored from the home. Most of the conditions listed under 2.4 are either related to hypertension or diabetes. How does a provider plan on monitoring a patient with equipment for preterm labor? Renal disease? Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs? The impetus for home telemonitoring is for chronic conditions and to assist patients who are not controlled or adherent with their medications thus resulting in numerous ER visits and increased hospitalizations. Pregnancy is not a chronic condition and women who are truly in compromising pregnancies will more than likely not be left at home to be monitored, especially with another life at stake.

Response: HHSC supports the use of home telemonitoring with pregnancy after the review of published, evidence-based research that validates this application. HHSC also aims to provide benefits that will serve the greatest portion of the population.

Comment: A commenter asked for clarification of what is meant by "An online evaluation and management service (procedure code 1-99444) may be reimbursed one time in a seven-day period." The commenter also asked if 1-9944 is associated with scheduled periodic reporting of the client data to the physician is required, even when there have been no readings outside the parameters established in the physicians orders.

Response: The policy language regarding "an online evaluation and management service" refers to the definition of procedure code 99444 as defined by the AMA.

HHSC has modified policy language to state: "Procedure code 99444 may be a benefit for online evaluation and management for home telemonitoring services. This code is for services rendered when the ordering provider reviews the daily transmissions received from the telemonitoring provider. It may be billed once per seven consecutive days".

The policy language referring to "Scheduled periodic reporting of the client data to the physician" is not associated with code 99444, it is stating that the client data must be shared with the ordering provider.