



**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  
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## 1. Executive Summary

As required by S.B. 789, 77<sup>th</sup> Legislature, Regular Session, 2001, the Health and Human Services Commission (HHSC) must submit a report to the Speaker of the House of Representatives and to the Lieutenant Governor by December 1 of each even-numbered year detailing the effects of telemedicine, telehealth, and home telemonitoring services on the Texas Medicaid program.

Texas Medicaid began providing reimbursement to physicians offering telemedicine services pursuant to H.B. 2386, 75<sup>th</sup> Legislature, Regular Session, 1997. In subsequent sessions, the Legislature authorized reimbursement for telehealth and home telemonitoring services. Most recently, H.B. 1878, 84<sup>th</sup> Legislature, Regular Session, 2015, and H.B. 3519, 84<sup>th</sup> Legislature, Regular Session, 2015, helped define the scope of telemedicine and home telemonitoring services within Texas Medicaid.

- H.B. 1878 required managed care organizations (MCOs) to provide reimbursement to physicians who render telemedicine services to children in primary or secondary school-based settings, even when a physician is not a child's primary care provider. HHSC amended its administrative rules in 1 Texas Administrative Code (TAC) Sections 354.1432 and 354.4, as well as its Uniform Managed Care Contract (UMCC), to implement H.B. 1878.
- H.B. 3519 moved the sunset date for Medicaid home telemonitoring services reimbursement from September 1, 2015, to September 1, 2019. HHSC will continue to monitor home telemonitoring claims data to determine whether this service reduces chronic disease exacerbations and hospitalizations in eligible clients.

The number of clients utilizing Texas Medicaid telemedicine, telehealth, and home telemonitoring services has grown consistently each year. The number of clients utilizing telemedicine, telehealth, and home telemonitoring services increased 31 percent from fiscal year 2014 to fiscal year 2015, and the number of providers offering these services increased 64 percent during that same period, with a 143 percent increase of home telemonitoring providers specifically. Taken together, telemedicine, telehealth, and home telemonitoring services accounted for \$3.7 million in Texas Medicaid spending in fiscal year 2014, and \$6.1 million in fiscal year 2015. The spending increase is attributable to greater utilization among Medicaid clients of telemedicine and home telemonitoring services.

Using client primary diagnoses and procedure codes billed by providers, HHSC notes significant utilization of telemedicine and telehealth services to treat clients with behavioral health diagnoses or conditions. Common client diagnoses include those related to attention deficit disorder with hyperactivity, affective psychosis, and bipolar disorder. Among the procedure codes most frequently billed are those for psychiatric diagnostic evaluations and psychotherapy services. Survey data compiled by the Texas Council of Community Centers also indicates Texas' local mental health authorities (LMHAs) and local intellectual and developmental disability authorities (LIDDAs) use telemedicine and telehealth services to ensure continuity of care in the delivery of behavioral health services.

## 2. Introduction

As required by S.B. 789, 77<sup>th</sup> Legislature, Regular Session, 2001, HHSC must submit a report to the Speaker of the Texas House of Representatives and to the Lieutenant Governor by December 1 of each even-numbered year detailing the effects of telemedicine, telehealth, and home telemonitoring services on the Texas Medicaid program. HHSC must report:

- 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 telemedicine, telehealth, and home telemonitoring claims data for the 2014-15 biennium. The data are summarized in Appendices A, B, and C. HHSC also developed a telemedicine and telehealth services survey. The survey was administered by the Texas Council of Community Centers to its members, and the results of the survey are presented in Section 5 of the report (Spotlight: Treating Behavioral Health Conditions Using Telemedicine and Telehealth Services).

## 3. Background

### Service Description and Legislative History

#### *Telemedicine Services*

Telemedicine services as provided through Texas Medicaid are defined in Texas Government Code Section 531.001(8) as a:

"Health care service that is initiated by a physician or provided by a health professional acting under physician delegation and supervision, that is provided for purposes of patient assessment by a health professional, diagnosis or consultation by a physician, or treatment, or for the transfer of medical data, and that requires the use of advanced telecommunications technology, other than telephone or facsimile technology."

Telemedicine services are required to be delivered using compressed digital, interactive video, audio, or data transmission, clinical data transmission using computer imaging by way of still-image capture and store and forward, or other comparable technology facilitating access to health care services or medical specialty expertise.

As authorized by Texas Occupations Code Section 111.004, the Texas Medical Board (TMB) retains administrative rulemaking authority over the practice of medicine when it is provided as a telemedicine service. Telemedicine services provided through Texas Medicaid adhere to TMB administrative rule requirements (TAC Chapter 174). In addition to the TMB rules, HHSC also promulgated a rule (TAC Section 354.1432) to address telemedicine services within Texas Medicaid.

HHSC identifies telemedicine services as those delivered by a physician or a physician group, as well as those delivered by an advanced practice registered nurse (APRN) or a physician assistant (PA) acting under a delegation agreement with a physician. The physician, APRN, or PA acts as a distant site provider, and delivers treatment to a patient located at the patient site. Physicians, APRNs, and PAs practicing with a County Indigent Health Care Program (CIHCP) or a hospital are also authorized to deliver telemedicine services. TMB administrative rules require a healthcare professional, known as the patient site presenter, to be reasonably available to assist the distant site provider for certain telemedicine services. The patient site presenter must be licensed or certified within Texas, and must be practicing within the scope of their license or certification when they assist the distant site provider.

Texas Medicaid offers reimbursement to the distant site provider at the same rate the provider would earn for an in-person visit. Certain patient site providers are also authorized to receive a patient site facility fee, in recognition for allowing the patient to be presented to the distant site provider at their office, facility, or medical site.

### *Telehealth Services*

Telehealth services as provided through Texas Medicaid are defined in Texas Government Code Section 531.001(7) as a health service delivered through the same modalities as those identified for telemedicine services by a provider who does not offer telemedicine services. HHSC identifies telehealth services as those delivered by the following non-physician providers:

- Licensed Professional Counselors (LPCs)
- Licensed Clinical Social Workers (LCSWs)
- Psychologists
- Registered Nurses (RNs)
- Nurse Midwives
- Dieticians

As with telemedicine services, the non-physician provider acts as a distant site provider, and delivers treatment to a patient located at the patient site. HHSC administrative rules (1 TAC Section 354.1432(2)) also require a patient site presenter be available to assist the distant site provider for telehealth services to treat medical conditions.

Texas Medicaid offers reimbursement to the distant site provider at the same rate the provider would earn for an in-person visit. A separate patient site facility fee is not currently authorized for the patient site provider.

### *Home Telemonitoring Services*

Home telemonitoring services as provided through Texas Medicaid are defined in Texas Government Code Section 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." Home telemonitoring requires an RN or other qualified health care professional at a licensed home and community support services agency or hospital to provide daily monitoring of a patient's clinical data transmissions. A physician, APRN, or PA provides weekly monitoring of a patient's clinical data transmissions. Texas Government Code Section 531.02164(c) limits the diagnoses or conditions available for reimbursement and establishes risk factors a patient must meet in order to be eligible for Texas Medicaid home telemonitoring services. Currently, Texas Medicaid provides home telemonitoring reimbursement to providers treating clients who have hypertension or diabetes.

Texas Medicaid offers reimbursement for equipment installation and set-up, daily monitoring of a client's clinical data transmissions, and weekly monitoring of a client's clinical data transmissions.

### *Legislative History*

The Centers for Medicare and Medicaid Services (CMS) allows state Medicaid programs significant latitude in structuring their telemedicine, telehealth, and home telemonitoring services areas. No federal laws exist to limit the scope of these services as they are provided within Medicaid programs. Since 1997, the Legislature has passed numerous bills to define the scope and content of telemedicine, telehealth, and home telemonitoring services within Texas Medicaid. Major legislation passed affecting telemedicine, telehealth, and home telemonitoring services within Texas Medicaid are listed below.

- H.B. 2386, 75<sup>th</sup> Legislature, Regular Session, 1997, required HHSC to provide reimbursement to physicians providing telemedicine services to Medicaid clients. The telemedicine services benefit implemented in October 1997.
- H.B. 2017, 75<sup>th</sup> Legislature, Regular Session, 1997, required HHSC to establish reimbursement mechanisms for physicians providing telemedicine services to Medicaid clients, as well as required HHSC to encourage teaching hospitals, small rural hospitals, and Federally Qualified Health Centers to provide telemedicine services.
- S.B. 789, 77<sup>th</sup> Legislature, Regular Session, 2001, authorized HHSC to establish procedures to determine which telemedicine medical services should be reimbursed, reimburse services at the same rate as face-to-face medical services, and submit a report to the legislature by December 1 of each even-numbered year, on the effects of telemedicine medical services on the Medicaid program.
- H.B. 2700, 77<sup>th</sup> Legislature, Regular Session, 2001, authorized HHSC to create a Texas-Mexico border region telemedicine pilot program, as well as establish a Telemedicine Advisory Committee.

- S.B. 691, 78<sup>th</sup> Legislature, Regular Session, 2003, required HHSC to periodically review policies regarding the reimbursement of telemedicine services under the Medicaid program. Specifically, HHSC was directed to identify variations between Medicaid and Medicare reimbursement and was also authorized to modify rules and procedures as appropriate.
- S.B. 1340, 79<sup>th</sup> Legislature, Regular Session, 2005, authorized HHSC to develop, and the Texas Department of State Health Services to implement, a pilot program enabling Medicaid recipients in need of mental health care to receive these services via telemedicine.
- S.B. 24, 80<sup>th</sup> Legislature, Regular Session, 2007, directed HHSC to add office visits as an additional telemedicine service and to develop a reimbursement process for telemedicine patient sites.
- S.B. 293, 82<sup>nd</sup> Legislature, Regular Session, 2011, directed HHSC to provide reimbursement for a new telehealth benefit and to provide reimbursement for a new home telemonitoring benefit. The telehealth services benefit implemented May 1, 2013 and the home telemonitoring services benefit implemented October 1, 2013.
- H.B. 1878, 84<sup>th</sup> Legislature, Regular Session, 2015, required MCOs to provide reimbursement to physicians who render telemedicine services to children in primary or secondary school-based settings, even when a physician is not a child's primary care provider.
- H.B. 3519, 84<sup>th</sup> Legislature, Regular Session, 2015, moved the sunset date for the home telemonitoring services reimbursement within Texas Medicaid from September 1, 2015 to September 1, 2019.

#### **4. Client Utilization and Provider Expenditure Trends**

Texas Medicaid has experienced steady growth in both client utilization of and provider expenditures for telemedicine, telehealth, and home telemonitoring services. With the addition of the telehealth services benefit in May 2013 and the home telemonitoring benefit in October 2013, HHSC saw an increase in the delivery of behavioral health services using advanced telecommunications technologies, as well as more comprehensive monitoring of diabetes and hypertension, two prevalent chronic conditions within Texas Medicaid. Current trends in client utilization and provider expenditure data indicate telemedicine and telehealth services are used overwhelmingly for the treatment of behavioral health diagnoses and conditions.

Because telemedicine and telehealth services utilize the same procedure codes as comparable services delivered in person, providers are required to append a specific modifier (GT) to procedure codes to indicate the treatment was delivered as a telemedicine or telehealth service. The GT modifier is not required for a procedure code to pay, and reimbursement for services is not affected by the GT modifier. Therefore, the data presented in this report may overestimate or underestimate the true number of treatments delivered as a telemedicine or telehealth service.

The client utilization and provider expenditure trends discussed in the following subsections are derived from data presented in Appendices A, B, and C.

## **Telemedicine Services**

### *Client Utilization*

The number of clients receiving telemedicine services increased from 21,068 clients in fiscal year 2014 to 26,228 clients in fiscal year 2015. There were also 20,217 additional telemedicine visits in fiscal year 2015, as compared to those in fiscal year 2014. In both years, the most common primary diagnosis for which clients received treatment was attention deficit disorder of childhood with hyperactivity. For both fiscal years, other common primary diagnoses included affective psychosis, bipolar disorder, schizoaffective disorder, and major depressive affective disorder.

### *Provider Expenditures*

In fiscal year 2014, telemedicine providers were paid \$3,385,499.17. The total amount paid to telemedicine providers increased to \$4,191,090.29 by fiscal year 2015, an overall increase of \$805,591.12. Despite the increase in telemedicine services from fiscal year 2014 to fiscal year 2015, the average amount paid per provider decreased from \$16,184.21 to \$13,607.44. Average per client expenditures remained constant from fiscal year 2014 to fiscal year 2015.

In both fiscal years, telemedicine providers tended to be located in Metropolitan Statistical Areas (MSAs). MSAs with large numbers of telemedicine providers in both fiscal years included Austin-Round Rock, Dallas-Fort Worth-Arlington, and Houston-Sugar Land-Baytown.

## **Telehealth Services**

### *Client Utilization*

As with telemedicine services, the number of clients receiving telehealth services increased from 2,324 clients in fiscal year 2014 to 3,534 clients in fiscal year 2015. In fiscal year 2015, providers rendered 6,829 telehealth visits, up from 5,285 telehealth visits in fiscal year 2014. The most common primary diagnosis for clients receiving telehealth visits in fiscal year 2014 and in fiscal year 2015 was attention deficit disorder of childhood with hyperactivity. Other common primary diagnoses for both fiscal years included affective psychosis, bipolar disorder, major depressive affective disorder, and diagnoses needing antenatal screenings.

### *Provider Expenditures*

In fiscal year 2014, telehealth providers were paid \$258,019.91. The amount paid to telehealth providers increased to \$387,746.80 in fiscal year 2015. The average amount paid per provider in fiscal year 2015 decreased to \$3,285.99, from \$3,739.42 in fiscal year 2014. Average per client expenditures remained constant from fiscal year 2014 to fiscal year 2015.

In both fiscal years, telehealth providers tended to be located in MSAs. MSAs with large numbers of telehealth providers in both fiscal years included Austin-Round Rock, Houston-Sugar Land-Baytown, and McAllen-Edinburg-Mission.

## Home Telemonitoring Services

### *Client Utilization*

The number of clients receiving home telemonitoring services increased significantly from 173 clients in fiscal year 2014, to 1,328 clients in fiscal year 2015. Average per client expenditures also increased, from \$449.94 in fiscal year 2014 to \$1,112.96 in fiscal year 2015. Because home telemonitoring does not involve face-to-face visits with clients, client and provider visits cannot be reported in the same manner as for telemedicine and telehealth services. The home telemonitoring visits reported in Appendix A 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 benefit is also currently limited to clients with a diagnosis of hypertension or diabetes. Thus, the common primary diagnoses for home telemonitoring clients in both fiscal years were those related to hypertension or diabetes.

### *Provider Expenditures*

In fiscal year 2014, home telemonitoring providers were paid \$77,839.59. The total amount paid to home telemonitoring providers increased to \$1,478,007.48 by fiscal year 2015, an overall increase of \$1,400,167.89. Average per provider expenditures also increased, from \$2,223.99 in fiscal year 2014 to \$17,388.32 in fiscal year 2015.

In both fiscal years, home telemonitoring providers tended to be located in MSAs, particularly those along the Texas-Mexico border. MSAs with large numbers of home telemonitoring providers in both fiscal years included McAllen-Edinburg-Mission, Dallas-Fort Worth-Arlington, and Brownsville-Harlingen.

## **5. Spotlight: Treating Behavioral Health Conditions Using Telemedicine and Telehealth Services**

As a component of this report, HHSC developed a telemedicine and telehealth survey, which was administered by the Texas Council of Community Centers to its 39 members. Community centers are formed under the authority of Texas Health and Safety Code Chapter 534 to provide behavioral health services as an LMHA, intellectual or developmental disability (IDD) services as a LIDDA, or both service categories as a combined LMHA and LIDDA. Community centers are classified as governmental entities and can be formed by a county, a municipality, a hospital district, a school district, or any combination of these local agencies. LMHAs and LIDDAs frequently serve as the gateway to Medicaid behavioral health and IDD services, and assess Medicaid clients' functional needs for these services.

Through the survey, the Texas Council of Community Centers solicited information from their members concerning barriers to starting or maintaining telemedicine and telehealth services, partnerships with other community members to provide telemedicine and telehealth services, and new or prospective projects to offer telemedicine or telehealth services. Because home telemonitoring is currently limited to the treatment of hypertension and diabetes, this service was excluded from the survey.

The survey results indicate 38 members offer telemedicine services, and 13 members offer telehealth services. Members reported telemedicine and telehealth services allowed them to improve client access to care, ensure shorter client wait times for appointments, and provide 24/7 access to services for clients in crisis. While members reported telemedicine and telehealth services increased provider efficiency in delivering services and reduced client travel distances, members also reported low reimbursement rates and the costs associated with contracting with external telemedicine service providers hindered overall program cost savings. Several members offering crisis and county jail diversion services via telemedicine and telehealth reported cost savings for their city and county partners. Approximately one-third of members also indicated they are expanding or developing telemedicine and telehealth programs by partnering with local hospitals or schools.

## **6. Conclusion**

In the 2014-15 biennium, HHSC noted an increase in client utilization and provider expenditures for telemedicine, telehealth, and home telemonitoring services. Provider interest in offering these services has focused on telemedicine and home telemonitoring services, although telemedicine, telehealth, and home telemonitoring provider participation increased across both fiscal years. Telemedicine, telehealth, and home telemonitoring providers tended to be located in large MSAs, such as Dallas-Fort Worth, Houston-Sugar Land-Baytown, and Austin-Round Rock. Smaller MSAs, such as McAllen-Edinburg-Mission, also had large numbers of home telemonitoring providers.

Procedure code data, client primary diagnoses, and survey results from the Texas Council of Community Centers also indicates telemedicine and telehealth services are frequently utilized to aid in the delivery of behavioral health services. HHSC intends to continue monitoring this trend, and to explore the efficacy of telemedicine and telehealth services to promote health care access and early intervention for Medicaid clients with behavioral health diagnoses and conditions.

## List of Acronyms

<b>Acronym</b>	<b>Full Name</b>
APRN	Advanced Practice Registered Nurse
CIHCP	County Indigent Health Care Program
CMS	Centers for Medicare and Medicaid Services
FY	State Fiscal Year
HHSC	Texas Health and Human Services Commission
LCSW	Licensed Clinical Social Worker
LIDDA	Local Intellectual and Developmental Disability Authority
LMHA	Local Mental Health Authority
LPC	Licensed Professional Counselor
MSA	Metropolitan Statistical Area
PA	Physician's Assistant
RN	Registered Nurse
TAC	Texas Administrative Code
TMB	Texas Medical Board
UMCC	Uniform Managed Care Contract

## Appendix A: Telemedicine, Telehealth, and Home Telemonitoring Client Utilization and Expenditures

**Table 1. FY 2014 Client Utilization**

<b>Service</b>	<b>Clients</b>	<b>Visits</b>	<b>Average Expenditure Per Client</b>
Telemedicine	21,068	84,593	\$160.55
Telehealth	2,324	5,285	\$111.02
Telemonitoring	173	6,104	\$449.94
<b>Total</b>	<b>22,433</b>	<b>95,982</b>	<b>\$165.75</b>

**Table 2. FY 2015 Client Utilization**

<b>Service</b>	<b>Clients</b>	<b>Visits</b>	<b>Average Expenditure Per Client</b>
Telemedicine	26,228	104,810	\$159.79
Telehealth	3,534	6,829	\$109.72
Telemonitoring	1,328	97,520	\$1,112.96
<b>Total</b>	<b>29,407</b>	<b>209,159</b>	<b>\$205.97</b>

**Table 3. FY 2014 Provider Participation and Expenditures**

<b>Service</b>	<b>Providers</b>	<b>Amount Paid</b>	<b>Average Expenditure Per Provider</b>
Telemedicine	209	\$3,385,499.17	\$16,184.21
Telehealth	69	\$258,019.91	\$3,739.42
Telemonitoring	35	\$77,839.59	\$2,223.99
<b>Total</b>	<b>280</b>	<b>\$3,718,358.67</b>	<b>\$13,279.85</b>

**Table 4. FY 2015 Provider Participation and Expenditures**

<b>Service</b>	<b>Providers</b>	<b>Amount Paid</b>	<b>Average Expenditure Per Provider</b>
Telemedicine	308	\$4,191,090.29	\$13,607.44
Telehealth	118	\$387,746.80	\$3,285.99
Telemonitoring	85	\$1,478,007.48	\$17,388.32
<b>Total</b>	<b>459</b>	<b>\$6,056,844.57</b>	<b>\$13,195.74</b>

**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. The provider and client counts are unduplicated within the telemedicine, telehealth, and home telemonitoring service areas, as well as in the totals reflected at the end of each table. However, the same provider might have membership in more than one of the three service areas. Similarly, the same client may also have membership in more than one of the three service areas. Thus, the provider and client counts are not additive across the three service areas. Home telemonitoring visits 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 data provided by HHSC Strategic Decision Support.

## Appendix B: Telemedicine, Telehealth, and Home Telemonitoring Providers by MSA

**Table 1. Telemedicine, Telehealth, and Home Telemonitoring Providers by MSA**

MSA	Telemedicine FY 2014	Telemedicine FY 2015	Telehealth FY 2014	Telehealth FY 2015	Home Telemonitoring FY 2014	Home Telemonitoring FY 2015
Abilene	4	5	0	1	0	0
Amarillo	3	3	0	1	1	1
Austin-Round Rock	30	62	8	14	0	1
Beaumont-Port Arthur	10	7	2	1	0	0
Brownsville-Harlingen	4	3	1	2	4	9
College Station-Bryan	3	4	1	1	0	0
Dallas-Fort Worth-Arlington	18	25	4	10	8	9
El Paso	4	14	0	3	0	1
Houston-Sugar Land-Baytown	38	56	4	11	1	6
Killeen-Temple-Fort Hood	4	8	1	2	0	0
Laredo	5	4	1	3	1	5
Longview	2	10	1	2	0	11
Lubbock	7	7	6	5	1	2
McAllen-Edinburg-Mission	8	6	5	10	15	29
Midland	2	3	1	1	1	1
Odessa	1	1	0	0	0	0

<b>MSA</b>	<b>Telemedicine FY 2014</b>	<b>Telemedicine FY 2015</b>	<b>Telehealth FY 2014</b>	<b>Telehealth FY 2015</b>	<b>Home Telemonitoring FY 2014</b>	<b>Home Telemonitoring FY 2015</b>
San Angelo	0	3	1	2	0	0
San Antonio	14	19	9	16	3	3
Sherman-Denison	0	0	0	0	0	0
Texarkana	0	0	0	0	0	2
Tyler	1	5	3	5	0	0
Victoria	2	2	0	1	0	0
Waco	6	14	0	1	0	0
Wichita Falls	5	5	1	2	0	0
Non-MSA	63	84	23	28	1	16
<b>Total</b>	<b>234</b>	<b>350</b>	<b>72</b>	<b>122</b>	<b>36</b>	<b>96</b>

**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 B were obtained by summing all providers participating in each county. Thus, the total number of providers reflected in each MSA and for each service area fiscal year are not unduplicated. Counties included in each MSA were obtained from the Texas Comptroller and the U.S. Census Bureau.

**Data source:** Claims data provided by HHSC Strategic Decision Support.

## Appendix C: Telemedicine, Telehealth, and Home Telemonitoring Procedures

**Table 1. FY 2014 Telemedicine Services**

<b>Procedure Code</b>	<b>Description</b>	<b>Visits</b>
Q3014	Patient Site Facility Fee	34,711
99214	Office/Outpatient Visit - Established Client	20,131
99213	Office/Outpatient Visit - Established Client	11,545
90792	Psychiatric Diagnostic Evaluation	10,517
90791	Psychiatric Diagnostic Evaluation	1,318
All Other	Office/Outpatient Visit - New or Established Client; Psychotherapy	6,371
-	<b>Total</b>	<b>84,593</b>

**Table 2. FY 2015 Telemedicine Services**

<b>Procedure Code</b>	<b>Description</b>	<b>Visits</b>
Q3014	Patient Site Facility Fee	44,698
99214	Office/Outpatient Visit - Established Client	25,973
99213	Office/Outpatient Visit - Established Client	15,398
90792	Psychiatric Diagnostic Evaluation	12,450
90791	Psychiatric Diagnostic Evaluation	1,625
All Other	Office/Outpatient Visit - New or Established Client; Psychotherapy	4,666
-	<b>Total</b>	<b>104,810</b>

**Table 3. FY 2014 Telehealth Services**

<b>Procedure Code</b>	<b>Description</b>	<b>Visits</b>
99214	Office/Outpatient Visit - Established Client	1,685
G0406	Inpatient Telehealth Consultation	775
99213	Office/Outpatient Visit - Established Client	716
90791	Psychiatric Diagnostic Evaluation	691
90792	Psychiatric Diagnostic Evaluation	310
All Other	Office/Outpatient Visit - New or Established Client; Psychotherapy; Medical Nutritional Therapy or Counseling	1,108
-	<b>Total</b>	<b>5,285</b>

**Table 4. FY 2015 Telehealth Services**

<b>Procedure Code</b>	<b>Description</b>	<b>Visits</b>
99214	Office/Outpatient Visit - Established Client	2,213
90791	Psychiatric Diagnostic Evaluation	1,398
99213	Office/Outpatient Visit - Established Client	982
90792	Psychiatric Diagnostic Evaluation	609
G0406	Inpatient Telehealth Consultation	483
All Other	Office/Outpatient Visit - New or Established Client; Psychotherapy; Medical Nutritional Therapy or Counseling	1,144
-	<b>Total</b>	<b>6,829</b>

**Table 5. FY 2014 Home Telemonitoring Services**

<b>Procedure Code</b>	<b>Description</b>	<b>Visits</b>
99090-GQ	Daily Review of Patient Data	5,630
99444	Weekly Review of Patient Data	243
99090	Equipment Set-Up Fee	231
-	<b>Total</b>	<b>6,104</b>

**Table 6. FY 2015 Home Telemonitoring Services**

<b>Procedure Code</b>	<b>Description</b>	<b>Visits</b>
99090-GQ	Daily Review of Patient Data	85,209
99444	Weekly Review of Patient Data	11,124
99090	Equipment Set-Up Fee	1,187
-	<b>Total</b>	<b>97,520</b>

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

**Data source:** Claims data provided by HHSC Strategic Decision Support.