



TMPPM Update for Telecommunications and Teledentistry

Parkland Community Health Plan (PCHP) would like to notify providers of an important update from the Texas Health and Human Services Commission (HHSC). On July 1, 2026, the Texas Medicaid & Healthcare Partnership (TMHP) will update the Texas Medicaid Provider Procedures Manual (TMPPM) to revise language regarding record retention requirements for telemedicine medical services, teledentistry dental services, and telehealth services in accordance with House Bill 1700, 89th Legislature, Regular Session, 2025.

Telecommunications

The following updated language will be included in the TMPPM, Telecommunications Handbook, section 3, "Services, Benefits, Limitations, and Prior Authorization":

"Health professionals who deliver telemedicine and telehealth services must follow applicable Texas statutes, including the Texas Occupations Code, Title 3, and any rules and standards established by their respective licensing or certifying board. This includes meeting all requirements for obtaining and documenting informed consent for treatment, data collection, and data sharing, while ensuring the privacy and security of client data, in compliance with all record retention requirements."

Texas Health Steps Dental Diagnostic Services

The following updated language will be included in the *TMPPM, Children's Services Handbook*, section 3.2.10, "Teledentistry Services":

"Texas Health Steps dental providers that deliver teledentistry services must follow applicable Texas statutes, including the Texas Occupations Code, Title 3, and any rules and standards established by the Texas State Board of Dental Examiners (TSBDE). This includes meeting all requirements for obtaining and documenting informed consent for treatment, data collection, and data sharing, while ensuring the privacy and security of client data, in compliance with all record retention requirements."

For more information, call the TMHP Contact Center at 800-925-9126.

Note: Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to Medicaid members who are enrolled in their MCO. Administrative procedures, such as prior authorization, precertification, referrals, and claims and encounter data filing, may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the member's specific MCO for details.