

Fall 2017



Provider Newsletter



THSTEPS CHECKUP DOCUMENTATION IMPROVEMENT REMINDER

Per Texas Department of State Health Services (HHS), reviews of medical records have shown that missing documentation is the largest factor and the primary cause of records being reviewed and money being recouped. Below is link to the Texas Health Steps Documentation Improvement Provider Letter. It will describe the importance of documenting each component and sub-component of a Texas Health Steps checkup.

[Texas Health Steps Documentation Improvement Provider Letter](#) [PDF 40KB]

Link to the following documents for resources to assist you in completing THSteps checkup documentation:

- [Texas Health Steps Clinical Record Review Tool with Instructions](#) [Excel 77KB] - This Excel workbook clinical record review tool is available to assist you in self-audits in preparation for health plan quality reviews. This electronic format will self-populate totals with numerical values.
- [Texas Health Steps Clinical Record Review Tool](#) [PDF 49KB] - This PDF is the clinical record review tool to use as a paper copy. See instructions for paper copy use on Excel workbook.

Contact your [Texas Health Steps regional provider relations representative](#) for help and support with documenting Texas Health Steps checkups.

PAYABLE AGES FOR INFLUENZA VACCINE PROCEDURE CODES 90686 AND 90688 TO BE EXPANDED AUGUST 1, 2017, FOR TEXAS MEDICAID

Effective for dates of service on or after August 1, 2017, the age limitation for influenza vaccine procedure codes 90686 and 90688 will be expanded for Texas Medicaid.

The new age limitation will include clients who are six months through 35 months of age. Procedure codes 90686 and 90688 will be a benefit as follows:

Procedure Codes	New Client Age Limitation Beginning August 1, 2017
90686*, 90688*	Six months of age and older
*TVFC-distributed vaccine/toxoid	

For more information, call the TMHP Contact Center at 1-800-925-9126.

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PROVIDER ENROLLMENT APPLICATION, PEP, AND PIMS UPDATED WITH CHANGES RELATED TO CHIP

The Patient Protection and Affordable Care Act (PPACA) requires states to screen and enroll all Children's Health Insurance Program (CHIP) providers by December 31, 2017. CHIP providers must submit applications as soon as possible to ensure that the Texas Medicaid enrollment process is complete by December 31, 2017.

Note: *While CHIP providers must enroll in Texas Medicaid to continue program participation, CHIP-only providers are not required to participate in Texas Medicaid.*

The Texas Medicaid Provider Enrollment Application, Provider Enrollment on the Portal (PEP), and Provider Information Management System (PIMS) have been updated to reflect changes related to CHIP enrollment.

Applications Currently Being Filled Out and Submitted

Providers may submit the previous version of the applications or the revised versions between July 1, 2017, and September 30, 2017. Previous versions that are currently being filled out and submitted will be accepted. Providers are not required to start over.

Providers must use the revised enrollment applications for all applications submitted on or after October 1, 2017. TMHP will return and mark as deficient previous versions of the application received on or after October 1, 2017.

For more information about CHIP enrollment with TMHP, refer to the new TMHP CHIP web page at http://www.tmhp.com/Pages/CHIP/CHIP_home.aspx.

Providers can also refer to the article titled "Current CHIP Providers Must Complete Enrolment with TMHP by December 31, 2017 to Continue to Receive Reimbursement for Services."

For more information, call the TMHP Contact Center at 1-800-925-9126.

NCCI COMPLIANCE REMINDER

The Patient Protection and Affordable Care Act (PPACA) mandates that all claims submitted on or after October 1, 2010, must be filed in accordance with the Centers for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) guidelines. NCCI was developed to promote the correct coding of health-care services. NCCI consists of procedure-to-procedure (PTP) edits that define pairs of procedure codes that should not be reported together, and Medically Unlikely Edits (MUEs) that define the maximum units of service applicable for each procedure code per client per date of service.

Providers can refer to the CMS Medicaid website, [The National Correct Coding Initiative in Medicaid](#), for additional information.

HEALTH AND BEHAVIOR ASSESSMENT AND INTERVENTION

Health and Behavior Assessment and Intervention (HBAI) services are a benefit of Texas Medicaid for clients who are 20 years of age and younger when the services are provided by a licensed practitioner of the healing arts (LPHA) who is co-located in the same office or building complex as the physician, PA, NP, or CNS who is treating the client.

HBAI services may be reimbursed when billed with the following procedure codes:

- 96150, 96151, 96152, 96153, 96154, 96155

For services that are rendered by physician, NP, CNS, or PA, claims must be submitted with the appropriate evaluation and management (E/M) procedure codes (99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215). The physician, NP, CNS, or PA may bill the HBAI procedure codes for an LPHA that is in the medical practice.

PROLONGED PHYSICIAN SERVICES

Prolonged services involve face-to-face patient contact and may be provided in the office, outpatient hospital, or inpatient hospital settings. The face-to-face patient contact must exceed the time threshold of the following E/M procedure codes submitted for the date of service and be beyond the usual service.

Procedure Codes									
99201	99202	99203	99204	99205	99211	99212	99213	99214	99215
99221	99222	99223	99231	99232	99233	99241	99242	99243	99244
99245	99251	99252	99253	99254	99255	99341	99342	99343	99344
99345	99347	99348	99349	99350					

The following procedure codes must be used for prolonged physician services:

Procedure Codes	Limitation
99354 and 99356	Used in conjunction with the E/M procedure code to report the first hour of prolonged service and are limited to one per day.
99355 and 99357	Used to report each additional 30 minutes and are limited to a quantity of 3 units or 1.5 hours per day.

Note: Prolonged services that are less than 30 minutes in duration cannot not be reported separately.

Prolonged services in the inpatient setting involving face-to-face client contact that is beyond the usual service may be reimbursed when provided on the same day as an initial hospital visit (procedure codes 99221, 99222, 99223, 99251, 99252, 99253, 99254, and 99255) or a subsequent hospital visit (99231, 99232, 99233).

Prolonged physician services are denied when billed with critical care or emergency room visits billed with the same date of service.

Prolonged physician services and physician standby services without a face-to-face contact (procedure codes 99358, 99359, and 99360) are not a benefit of Texas Medicaid.

REMINDER: PHYSICAL THERAPY FOR CHRONIC CONDITIONS FOR ADULTS IS NOT A COVERED BENEFIT

Per Texas Medicaid, physical therapy (PT), occupational therapy (OT), and speech therapy (ST) services are benefits of Texas Medicaid for the medically necessary, short term treatment of an acute medical condition or an acute exacerbation of a chronic medical condition for clients who are 21 years of age and older.

Please refer to Texas Medicaid Provider Procedures Manual, Physical Therapy, Occupational Therapy and Speech Therapy Services Handbook - August 2017 for more information.

COOK CHILDREN'S HEALTH PLAN MAIN NUMBER:

682-885-2247 OR 800-964-2247 TOLL FREE

Hours of Operation: Monday – Friday 8:00am – 5:00pm
 Visit our website at www.cookchp.org

Department	Fax Number	Service Provided
Member Services	682-885-8401 STAR Kids 800-964-2247 cchpmemberservices@cookchildrens.org	Eligibility, Benefits, or General Inquiries
Claims Department	682-885-8404 CCHPCclaims@cookchildrens.org	Claims Status, Payments, Appeals or Questions
Care Management	682-885-8402 844-346-8402 Toll Free Fax 682-303-0005 STAR Kids LTSS 844-843-0005 Toll Free Fax	Prior-Authorizations, Case Management, Referrals, Disease Management
Compliance	682-303-0276 CCHPCCompliance@cookchildrens.org	Member & Provider Complaints, Fraud, Waste, and Abuse
Network Development	682-885-8403 CCHPNetworkDev@cookchildrens.org	Credentialing, Contracting, Demographic Changes, NPI/TPI update, Billing Updates
Provider Relations	682-885-8436 CCHPPProviderRelations@cookchildrens.org	Provider Education & Training
Outreach	682-303-2245 CCHPOutreach2@cookchildrens.org	Questions about Migrant Farm Workers, THSteps/Well Child Appointments
Outbound	682-303-2244 CCHPOutbound@cookchildrens.org	Health Risk Assessments (HRA)

Department	Phone Number	Fax Number	Service Provided
National Vision Administrators (NVA)	888-830-5630 providers@e-nva.com	888-830-5560	Vision Services
Beacon Health Services	855-481-7045 Provider.Relations@beaconhs.com	855-371-9227	Mental Health Services

Paper Claims Address:
 Cook Children's Health Plan
 P.O. Box 961295
 Fort Worth, TX 76161-1295

Appeals, COB, and General Mailing Address:
 Cook Children's Health Plan
 P.O. Box 2488
 Fort Worth, TX 76113-2488

CHIP Payor ID
CCHP1

STAR/STAR Kids Payor ID
CCHP9