

Summer
2016



Provider Newsletter



RENDERING TAXONOMY REQUIREMENTS EFFECTIVE 11/01/2016

COOK CHILDREN'S HEALTH PLAN IS TAKING STEPS TO IMPROVE THE SPEED AND ACCURACY IN PROCESSING PAPER CLAIMS. While we highly encourage electronic claim submissions, should you find that you can only submit a claim on paper, please follow these tips:

- Print claim data within defined boxes on the claim form
- Handwritten claim forms cannot be accepted and will be returned
- Use all capital letters
- Print using 10-pitch Pica type(12-point) Courier font. Do not use fonts smaller or larger than 12 points. Do not use proportional fonts, such as Arial or Times Roman
- Do not use dashes or slashes in date fields
- Use paper clips on claims or appeals if they include attachments. Do not use glue, tape, or staples
 - Place the claim form on top when sending new claims, followed by any medical records or other attachments
 - Number the pages when sending attachments or multiple claims for the same Member (e.g., 1 of 2, 2 of 2)
 - Do not total the billed amount on each claim form when submitting multi-page claims for the same Member
 - Do not fold claims forms

COMPLETION OF THE CMS 1500 ALSO REQUIRES THE FOLLOWING PROVIDER INFORMATION:

- National Provider Identifier (NPI) of Rendering Provider (24J-Unshaded)
- Taxonomy Code with a "ZZ" ID Qualifier (24J-Shaded)
- Billing Provider NPI (33a)
- Billing Provider Taxonomy Code (33b)
- If applicable, Referring, Ordering or Supervising Provider Name and NPI (17a & 17b)
 - If there is a Supervising Physician for the referring or ordering provider that is listed in Block 17, the name and NPI of the supervising provider must go in Block 19
 - The following qualifiers must be used:
 - DN = Referring Provider
 - DK = Ordering Provider
 - DQ = Supervising Provider
- If you do not have an NPI, place your Atypical Provider ID (API)/LTSS# in Box 33b

What's inside

- RENDERING TAXONOMY REQUIREMENTS EFFECTIVE 11/01/2016
- CHRONIC THERAPY SERVICES GUIDELINE

MEMBERS UNDER 21
YEARS OF AGE

HOW TO CONTACT US?

CHRONIC THERAPY SERVICES GUIDELINE MEMBERS UNDER 21 YEARS OF AGE

INITIAL EVALUATION AND CONSIDERATION FOR TREATMENT FOR PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY (PT/OT/ST)

- THSteps (well child checkup) and developmental screen performed within last 60 days
- Evaluation and treatment plan or Plan of Care with the following elements
 - Medical history and background
 - ALL medical diagnoses related to the child's condition
 - Date of onset of condition requiring therapy
 - Date of evaluation
 - Time in and time out
 - Baseline measurements based on standardized testing and other assessments
 - Explanation of how identified limitations impair overall *function* of the child
 - Safety risks
 - Child specific measurable short and long term functional goals within the length of time the service is requested
 - Documentation of child's **primary language**
 - Prognosis for improvement
 - Responsible adult's expected involvement in child's treatment
 - History of prior therapy and referrals as applicable
 - Dated signature of treating therapist

DEVELOPMENTAL DELAY CRITERIA FOR PT/OT/ST

- Eligibility based on score of at least 1.5 deviations below the mean in one sub-test of composite score on a norm referenced, standardized test.
- When SD is less than 1.5 SD below the mean, a criterion-referenced test along with informed, evidence based clinical opinion must be included to support the medical necessity of services and may be sent to physician review to determine medical necessity.
- If a child cannot complete norm-referenced standardized assessments, then a functional description of the child's abilities and deficits must be included. Documentation of the reason a standardized test could not be used must be included in the evaluation.
- Specific developmental delay criteria for speech diagnoses:
 - **Language:** At least one norm-referenced, standardized test with good reliability and validity, SD of at least 1.5, and clinical documentation of an informal assessment that supports the delay (delay noted in receptive and/or expressive language)
 - **Articulation:** at least one norm-referenced, standardized test with good reliability and validity, SD of at least 1.5 and clinical documentation of an informal assessment that supports the delay
 - **Apraxia:** at least one norm-referenced, standardized test with good reliability and validity, SD of at least 1.5 and clinical documentation of an informal assessment that supports the delay
 - **Fluency:** at least one norm-referenced, standardized test with good reliability and validity, SD of at least 1.5 and clinical documentation of an informal assessment that supports the delay
 - **Voice:** a medical evaluation is required for eligibility and based on medical referral.
 - **Oral-Motor/Swallowing/Feeding:** an in-depth, functional profile of oral motor structures and function.

SPEECH THERAPY TESTING:

- Testing or evaluation must be done in the member's primary language or bilingual. For members with multiple languages, testing or evaluation is completed in those languages. Therapy will be provided in the member's dominant language. Speech therapy to teach English as a second language is not medically necessary.
- Criterion-referenced assessment tools can be used to identify and evaluate a client's strengths and weaknesses, as opposed to norm-referenced testing

FREQUENCY AND DURATION FOR PT/OT/ST:

- High frequency – 3x/week – considered for achievable goals within a short time period, (appx. 4 weeks or less) with documentation of medical necessity.
 - Achieve an identified new skill
 - Recover lost function due to surgery, illness, or trauma
 - Member has medical condition that is rapidly changing
 - Member has potential for rapid progress or rapid decline
 - POC and home program require frequent modification by licensed therapist
 - Requires therapy documentation:
 - Purpose of high frequency requested
 - Identification of function skilled to be achieved with high frequency and expected date of goal to be achieved
- Moderate Frequency – 2x/week
 - Member making good progress toward goals
 - Member is in critical period to gain new skills or restore function or is at risk of regression
- Low Frequency – 1x/week or 1x/2 weeks
 - Member is making progress toward goals, but progress is slow
 - Member at risk for deterioration due to development or medical condition
 - Licensed therapist needed to adjust HEP weekly based on member's progress
 - 1x/2 weeks for members making progress and are stable – not expected to regress at this frequency
- Maintenance Level: 1x/month 1x/3 months
 - Used when therapy plan changes slowly
 - Home program may be managed by responsible adult
 - Therapy plan requires infrequent updates
 - Progress has slowed or stopped, but documentation supports skilled therapy needed to maintain progress/prevent deterioration
 - Making limited progress, or goal attainment is extremely slow
 - Identified factors that inhibit ability to achieve goals such as behaviors
 - adjustment of home program or regular modification of equipment

DISCONTINUATION OF THERAPY FOR PT/OT/ST:

- Member no longer shows functional impairment or has met goals in plan of care (POC)
- Member has returned to baseline function
- Can maintain status with home therapy exercise program
- Has adapted to impairment with use of assistive devices; performs ADL with min to no assistance from caregiver
- Has achieved maximum benefit in therapy or will no longer benefit from therapy
- Unable to participate in therapy due to medical, psychological, or social complications
- Responsible adult instructed on repetitive exercises in the home and no longer requires skilled therapist to provide service
- Testing indicates member is no longer developmentally delayed
- Noncompliance due to poor attendance or poor compliance with therapy and home program
- Therapy requested is for general conditioning or fitness, or for educational, recreational, or work-related activities which do not require the skills of a therapist

REFERENCE:

Effective May 1, 2016, Physical Therapy, Occupational Therapy, and Speech Therapy Policy to Change for Texas Medicaid Clients Birth Through 20 Years of Age. (2016, May 1). Retrieved May 4, 2016, from <https://www.hhsc.state.tx.us/medicaid/managed-care/mco-resource-docs/2016/15.pdf>

HOW TO CONTACT US

Hours of Operation: Monday – Friday 8:00am – 5:00pm

You can visit our website at: www.cookchp.org

COOK CHILDREN'S HEALTH PLAN

MAIN NUMBER:

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

Department	Fax Number	Service Provided
Member Services	682-885-8401 Email Address: cchpmemberservices@cookchildrens.org	Eligibility, Benefits, or General Inquiries
Care Management	682-885-8402 844-346-8402 Toll Free Fax	Pre-Authorizations, Case Management, Referrals, Disease Management
Claims Department	682-885-8404	Claims Status, Payments, Appeals or Questions
Network Development	682-885-8403 Email Address: CCHPNetworkDev@cookchildrens.org	Credentialing, Provider contracts, Name change, Address Change, NPI/TPI update, Phone & Fax update, Billing Company Change
Outreach	682-885-8436	Questions about Migrant Farm Workers, THSteps/Well Child Appointments

Department	Phone Number	Fax Number	Service Provided
National Vision Administrators (NVA)	(888)830-5630 Email Address: providers@e-nva.com	(888)830-5560	Vision Services
Beacon Health Services	(855)481-7045 Email Address: ProviderRelations@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



Cook Children's Health Plan
P.O. Box 2488
Fort Worth, TX 76113-2488

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