

comments or suggestions may be emailed to:
Network Development
CCHPNetworkDev@cookchildrens.org
or call 682-885-2247

Provider news

Cook Children's Health Plan Membership:

Cook Children's Health Plan has increased membership to 96,459 as of January 1, 2011. We now cover 63,380 Medicaid STAR members and 33,079 CHIP members. We appreciate your continued support.

SSI Membership as of 2/1/2011:

Notice: Effective 2/1/2011 **SSI** members will no longer be eligible with Cook Children's Health Plan. (This only applies to SSI members). Authorizations processed and approved by Cook Children's Health Plan for SSI members will be honored through the authorization end date. You will not need to request authorization from the new health plan until the current authorization has expired, unless the member needs additional services that require authorization. After 2/1/11 please contact the SSI member's new health plan.

Electronic data interchange version ANSI X12 5010 implementation.

Texas Health and Human Services Commission (HHSC) and the Texas Medicaid & Healthcare Partnership (TMHP) will soon initiate the implementation of Electronic Data Interchange (EDI) ANSI X12 version 5010 in accordance with Title 45 Code of Federal Regulations (CFR) Part 162 and the final rules published in an article titled "Health Insurance Reform; Modifications to the Health Insurance Portability and Accountability Act (HIPAA) Electronic Transaction Standards," which was published on January 16, 2009, in volume 74 of the *Federal Register*, on page 3296. HIPAA rules mandate the implementation of EDI ANSI X12 version 5010 beginning January 1, 2012.

Cook Children's will also be initiating the implementation of the 5010 Electronic Data Interchange. Look for additional information coming soon.

One percent provider rate reduction.

TMHP will be implementing a one percent provider rate reduction for dates of service on or after February 1, 2011, for Medicaid fee-for-service, Medicaid managed care and family planning. The Children with Special Health Care Needs (CSHCN) services program will institute a one percent reduction in the final payment amounts for inpatient, professional and outpatient services, as directed by the State of Texas. The reduction will not be reflected on the TMHP website itself. It is the responsibility of the health plan to implement the reduction.

Laboratory services:

Effective January 1, 2011, all providers of laboratory services must comply with the rules and regulations of the Clinical Laboratory Improvement Amendments (CLIA).

According to the Radiology, Laboratory and Physiological Lab Services Handbook section of the Texas Medicaid Provider Procedures Manual (TMPPM), Section 2.1.1.1, to be eligible for reimbursement, all providers performing laboratory tests must (1) pay a fee to the Center for Medicare & Medicaid Services (CMS), (2) contact HHSC at 512-834-6650 to receive a CLIA registration and/or certification number; and (3) notify TMHP of the assigned CLIA number. Providers must also submit a copy of the CLIA certification or waiver to Cook Children's Health Plan (CCHP). Without a CLIA number, claims for laboratory services will be denied.

Section 2.1.1.3 of the TMPPM states that CLIA certificates may limit the holder to performing only certain tests. Medicaid bill must accurately reflect those services authorized by the CLIA program and no other procedures. Two types of certificates limit holders to only certain tests procedures: Waiver certificates and Physician-Performed Microscopy Procedure (PPMP) Certificates.

Providers holding waiver CLIA certificates are authorized to perform only the following tests. **The QW modifier is a CLIA requirement for specific codes based on their complexity and must be included or claims will be denied.**

80047-QW	80048-QW	80051-QW	80053-QW	80061-QW	80101-QW	80178-QW	81002
81003-QW	81025	82010-QW	82042-QW	82044-QW	82055-QW	82120-QW	82150-QW
82247-QW	82270-QW	82271-QW	82272-QW	82274-QW	82330-QW	82465-QW	82523-QW
82570-QW	82679-QW	82947-QW	82950-QW	82951-QW	82952-QW	82977-QW	82985-QW
83001-QW	83002-QW	83026	83036-QW	83037-QW	83518-QW	83520-QW	83605-QW
83718-QW	83721-QW	83880-QW	83986-QW	84075-QW	84132-QW	84157-QW	84295-QW
84443	84450-QW	84460-QW	84478-QW	84520-QW	84703-QW	85013	85014-QW
85018-QW	85576-QW	85610-QW	85651	86294-QW	86308-QW	86318-QW	86618-QW
86701-QW	86703-QW	87077-QW	87210-QW	87449-QW	87804-QW	87880-QW	

Providers with CLIA PPMP certificates can perform all of the procedures listed for waiver certificate in addition to the following tests:

81000	81001	81015	81020	89190	Q0111	Q0112	Q0113	Q0115
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Two ways you can help us measure quality of care: CPT^{®1} category II codes and well-visit billing

We encourage you to bill for well-visit screenings conducted during a sick visit.

When you use Category II CPT and Category I CPT/HCPC codes for outpatient services and test results, your quality of care measures improve².

Some patients only seek care when ill, but may have immunizations or screenings they are behind on. Coding the visit as a sick visit AND coding for preventative services conducted, will greatly decrease the need for chart reviews for HEDIS measures.

Another way to reduce the need for chart reviews is through the use of CPT Category II codes. CPT Category II codes are supplemental tracking codes that are meant to facilitate data collection about quality of care. For example, if your practice is trying to track the use of beta-blocker therapy and you don't have an electronic medical record system. Reporting Category II code 0007F, "Beta-blocker therapy, prescribed," will allow you to do this through your billing software rather than through chart reviews. In addition, these codes allow health plans to determine numerator compliance through analysis of claims submitted by your office, reducing the need for chart reviews for HEDIS measures.

Claims-based reporting principles

- Well-visit CPT or ICD-9 diagnosis codes must be reported on the same 1500 as the payment codes.
- The CPT Category II code must be reported on the same 1500 as the payment codes.
- Submit CPT Category II codes with a line item charge of zero dollars (\$0.00)
 - √ CPT Category II line items are not used for payment
 - √ CPT Category II codes are used for HEDIS and P4P analysis.
- Multiple CPT Category II codes applicable to a visit can be reported on the same claim.

Table 1. Category II CPT Codes that affect HEDIS Quality of Care measures³.

Description	CPT Category II
HbA1c <7.0% & <8.0%	3044F
HbA1c >8.0%	3045F
HbA1c >9.0%	3046F
LDL-C <100 mg/dL	3048F
LDL-C 100 to 129mg/dL	3049F
LDL-C ≥ 130q/dL	3050F
Nephropathy Screening Tests	3060F, 3061F
BP <130/80 mm Hg	Systolic: 3074F Diastolic: 3078F
BP ≥130/80 mm Hg	Systolic: 3075F Diastolic: 3079F
BP <140/90 mm Hg	Systolic: 3074F Diastolic: 3078F
BP ≥140/90 mm Hg	Systolic: 3077F Diastolic: 3080F
Retinal eye exam performed by professional	2022F, 2024F, 2026F
Prenatal care visit	0500F, 0501F, 0502F
Postpartum visit	0503F

1. CPT[®] is a registered trademark of the American Medical Association.
2. Category II codes have their own section in the CPT code book and are cross-referenced to the measures associated with each in Appendix H.
3. The AMA publishes Category II codes twice a year: on Jan. 1 and July 1. (see: <http://www.ama-assn.org/go/cpt>).

Fraud and abuse:

In compliance with the Texas Office of Inspector General (OIG) regulations and as part of Cook Children's Health Plan's contract with the Texas Health and Human Services Commission, we are required to monitor our physicians, providers and members for possible acts of fraud, waste and abuse. All Medicaid managed care organizations are required to have an internal special investigations unit or they must contract with an organization to identify, investigate and report potential fraud and abuse. CCHP has chosen to contract with Allied Management Group Special Investigation Unit (AMGSIU) to assist us with this monitoring.

From time to time, AMG provides us with information regarding potential issues with a provider. As a courtesy to you, if any issues are identified, we will provide you with a copy of our preliminary investigation report in order for you to correct any potential problems that have been identified. If overpayments have been identified, CCHP is also required to recoup those overpayments. If a recoupment is warranted, CCHP will notify you of that recoupment or potential recoupment as soon as possible. If any investigation results in a finding that leads CCHP to believe that a physician, provider or member is possibly committing an intentional fraudulent act, CCHP is required by contract to report that information to the OIG. CCHP does not determine if fraud, waste or abuse is occurring. The OIG will make that determination based on their own investigation.

A few common issues we see:

Assay for the diagnosis of vaginitis (TMHP Provider Manual 7.1)

Procedure codes 87480, 87510, 87660, 87797 and 87800 are benefits of Texas Medicaid. If more than one of the procedure codes 87480, 87510, 87660 or 87800 are submitted by the same provider for the same client with the same date of service, all of the procedure codes are denied. Only procedure codes 87480, 87510, 87660 or 87800 may be submitted for reimbursement.

Common unbundled services (TMHP Provider Procedure Manual 43.2.3)

The components of a medical checkup include the following and are not reimbursed separately:

- Vision screening
- Hearing screening (audiometric screening)
- Sensory screening
- Urinalysis by dip sticks or tablet reagent

Should an issue be identified that affects claims submitted for services that should have been inclusive, or incidental and paid in error, a recoupment will be initiated for the recovery of overpayments. A letter will be sent to each identified provider with a detailed report that will help identify the claims that will be adjusted.

FREW corner:

Here are some reminders concerning STAR members:

- Ensure all age appropriate STAR members receive their THSteps (well child exam) within 60 days of becoming a CCHP member.
- All seven elements that constitute a complete THSteps must be included.
- Any offices identifying children of Migrant Farm Workers that are a STAR CCHP member should notify the Health Plan at 1-800-964-2247.
- The Medical Transportation Program (MTP) provides transportation to appointments for covered medical and dental services. MTP can also reimburse gas money if the client has an automobile but no funds for gas. Call MTP toll free at 1-877-MEDTRIP (1-877-633-8747) 8-5, Monday through Friday for further assistance.

New providers

We added 97 new providers in November and December. There are 36 new providers for both CHIP and STAR, 42 CHIP only providers and 19 new providers to STAR only. They include:

CHIP and STAR:

PCP: Cleburne- Ayman Arouse, M.D., Pediatrics; **Carrollton** – Elisabeth Thomas, D.O., Pediatrics; **Dallas** – Nicolas Padron, M.D.; **Decatur** – Beth Wieser, D.O., Family Practice; **Fort Worth** – Louisa Duke, P.A., Family Practice, George Zgourides, M.D., Family Practice; **Grand Prairie** – Remigio Capati, M.D., Pediatrics; **Lewisville** – Fernan Hernandez, P.A., Family Practice.; **Specialists: Addison** – Gracielle Sunio, OTP; **Arlington** – Eartha Camon, LPC, Linda Doutré LMFT, Htacey Head, LPC, Stephen Lively, LPC, Lynn Schoenthal, LPC; **Bedford** - William Kennedy, EdD, Teresa Partin, LPC; **Carrollton** – Asad Islam, M.D., Psychiatry; **Cleburne** - Heather Hamilton, LPC, Yevgeniy Osrinsky, M.D., Gastroenterology, Tracy Pipkin, M.D., Ob/Gyn; **Dallas** – Alexandra Giullespie, Pathology; **Fort Worth** – Samir Atieh, M.D., Family Practice, James Ballenger LCSW, Carol Darwin, LCSW, Janet Finch LCSW, Vanessa Hamlett, LPC, Donna Howell LMSW, Susan Hunter, LPC, Barbara Johnson, PMHNP, James Langford, LCSW, Prema Majunath, M.D., Psychiatry, Tammie Mueller, LPC, Carol Schieffer, LPC, Paul Senter, M.D., Colon Rectal Surgery, **Ancillary: San Antonio Corp Office** - Circle of Care.

CHIP Only:

PCP: Arlington – Sunitha Atluri, M.D., Internal Medicine, Jason Mogonye, M.D., Sports Medicine; **Decatur** – Russell Edwards, D.O., Ob/Gyn; **Fort Worth** – Vinu Alexander, M.D., Family Practice, Daniella Hall, PA, Family Practice, Leopold Celiz, PA, Family Practice, Veronica Montalvo, PA, Family Practice, Renika Thompson, M.D., Family Practice, Jeremy James, D.O., Internal Medicine; **Keller** – Gracie Packwood, M.D., Pediatrics; **Saginaw** – Nancy Edens PA, Family Practice; **Specialists: Cleburne** – Jennifer Ramirez, LCSW; **Colleyville** – Melogy Hubnik, LPC; **Granbury** – Cody Hartshorn, M.D., Orthopedic Surgery; **Fort Worth** – Stacey Lewis, LCSW, Donald Baer LPC, Jason Astrin PA-C, Cardiology, Geoffrey Kline, D.O., Cardiology, Balaji Veerappan, M.D., Cardiovascular Disease, Natasha Jones-Dobbins D.O., Family Practice, Shital Rana, M.D., Family Practice, Rachel Shanaman-Stewart ANP, Gastroenterology, Joseph Ronaghan, M.D., General Surgery, Michael Delaughter M.D., Internal Medicine, Sonia Varghese, M.D., Internal Medicine, Monica Nelson, PMHNP, Robert Sigman, M.D., Maternal Fetal Medicine, Saud Khan, M.D., Neurology, Sheila Layne, D.O., Ob/Gyn, Adiah Nwankwo, NP, Ob/Gyn, Richard Artim, M.D., Oncology, Marcie Baldwin, PNP, Pediatrics, Heidi Edmondson, M.D., Pediatrics, Tiffany Morgan, PNP, Pediatrics, Andrea Newman, PNP, Pediatrics, Olga Dreeben-Irimia, PT, Physical Therapy, Margaret Dempsey, PhD, Psychology; **Lake Worth** – Russell Pendleton, DPM, Podiatry; **Little Elm** – Jennifer Escamilla, LPC; **Mineral Wells** – Kelly Matlock, M.D., Anesthesiology, George Thomas, M.D., Internal Medicine; **Saginaw**- Summer Latta, NP, Ob/Gyn.

STAR Only:

PCP: Fort Worth – Courtney Steward, PNP, Pediatrics; **McKinney** – Deborah Mitchell, NP Nurse Practitioner; **Plano** - Valerie Ward, NP Pediatrics. **Specialist: Arlington** – Bruce Wang, D.O., Ob/Gyn; **Decatur** – Chad Stephens, D.O., Sports Medicine; **Denton** – Amy Bayles, PNP, Pediatrics; **Fort Worth** – Lisa Bashore, PNP, Pediatrics, Charles Miner, CRNA, Anesthesiology – Pedi, Aiyanna Burton, M.D., Maternal Fetal Medicine, Amy Birchfield, NNP, Neonatology, Cynthia English, D.O., Ob/Gyn, Hugo Sanchez, M.D., Orthopedic Surgery, William Gordon, M.D, Pediatrics, Andrea Wadley, M.D., Pediatrics, Walter Sorokolit, M.D., Plastic Surgery, Craig Harr, M.D., Radiology, Jonathan Kaye, M.D., Urology; **Mineral Wells** – Joe Parkey, M.D., Radiology; **Weatherford** – Michael Houck, D.O., Radiology.

Important phone numbers:

Cook Children's Health Plan	8 a.m. – 5 p.m., Monday – Friday
Member services	800-964-2247 or 682-885-2247 www.cookchp.org 682-885-2148 fax
Care management	800-860-2247 or 682-885-2252 www.cookchp.org 682-885-8402 fax
Mental health services - CompCare	CHIP - 877-710-8333 STAR - 877-710-8444
Vision services – Total Vision Health Plan	800-465-6853
Network development/provider relations	682-885-2247 or CCHPNetworkDev@cookchildrens.org