Providing CHIP and Medicaid services to Tarrant, Denton, Parker, Wise, Hood and Johnson counties.

Volume II, 2013

Cook Children's Health Plan

COOK CHILDREN'S HEALTH PLAN MEMBERSHIP:
JUNE 2013
CHIP: 37,292 STAR: 75,625

What's inside

REMINDER: PROVIDERS MUST ADHERE TO NCCI GUIDELINES WHEN SUBMITTING CLAIMS

TMHP provides quarterly updates on their website that speak to the NCCI guidelines and the updates as needed. Below is information that was posted to their site on April 6, 2012:

Reminder: Effective February 25, 2011, for dates of service on or after October 1, 2010, TMHP adopted the Centers for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) guidelines. The NCCI guidelines consist of Healthcare Common Procedure Coding System (HCPCS) or *Current Procedural Terminology* (CPT) procedure code pairs that must not be reported together and medically unlikely edits (MUEs) that determine whether procedure codes are submitted in quantities that are unlikely to be correct.

The NCCI and MUE spreadsheets are published and updated by CMS quarterly and are available on the CMS Medicaid NCCI Coding web page under "NCCI and MUE Edits".

Providers may refer to the article titled "Appealing NCCI Denials", which was published on February 25, 2011, on the TMHP website for information about appealing NCCI denials. Providers may also refer to the instruction document titled "How to Use the National Correct Coding Initiative (NCCI) Tools", which is available on the CMS website.

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

ONLINE PROVIDER LOOKUP SEARCH PAGE TO INCLUDE ORDERING– OR REFERRING-ONLY PROVIDERS BEGINNING JULY 26, 2013

Information posted June 7, 2013

Effective July 26, 2013, the Online Provider Look up (OPL) search page will allow providers to search for ordering/referring-only providers, which will help providers verify that the provider that ordered or referred services is enrolled in Texas Medicaid as required by the Affordable Care Act.

Providers can refer to the articles titled "Effective January 2013: Ordering- and Referring-Only Providers Must Enroll in Texas Medicaid; Impact on Provider Claims Filing," which was published on the TMHP website on November 16, 2012, and "Enrollment of Ordering- and Referring-Only Providers to Be Required by the CSHCN Service Program," which was published on the TMHP website on December 7, 2012.

After the OPL is updated, providers and Medicaid and Children with Special Healthcare Needs (CSHCN) Services Program clients will be able to search and verify that an ordering/referring-only provider is enrolled in Medicaid through the Basic Provider Search or Advanced Provider Search.

ACUTE CARE VISITS
TEXAS PROVIDER MANUAL 2013 SECTION 5.3.4

If a new patient checkup has been billed within the preceding three years, subsequent checkups and acute care visits billed as new patients will be denied when billed by the same provider or provider group.

For a client that is a new patient, both the acute care visit and checkup visit may be reimbursed on the same date of service by the same provider or provider group as new patient visits.

Providers must use modifier 25 to describe circumstances in which an acute care E/M visit was provided at the same time as a checkup. Providers must submit modifier 25 with the E/M procedure code when the rendered services are distinct and provided for a different diagnosis. Providers must bill an appropriate level E/M procedure code with the diagnosis that supports the acute care visit. The medical record must contain documentation that supports the medical necessity and the level of service of the E/M procedure code that is submitted for reimbursement.

An acute care E/M visit for an insignificant or trivial problem or abnormality billed on the same date of service as a checkup or exception-to-periodicity checkup is subject to recoupment.

Providers must bill an acute care visit with their acute care provider identifier on a separate claim.

THE TEXAS STEPS PROGRAM (THSTEPS)

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) service is Medicaid's comprehensive preventive child health service (medical, dental, and case management) for children from birth through 20 years of age. In Texas, EPSDT is known as Texas Health Steps (THSteps). Below are some important reminders for providers and resources that may be helpful for your patients:

- Ensure all age appropriate STAR members receive their THSteps checkups (well child exam) within 90 days of enrollment
- Identify children of Migrant Farm Workers and assist in getting them accelerated services
- The Medical Transportation Program (MTP) provides transportation to appointments for covered medical and dental services. MTP can reimburse gas money if the client has an automobile but no funds for gas. Call MTP toll free at (877) MEDTRIP (877-633-8747) 8-5, Monday through Friday for further assistance
- Pharmacies may provide a 72-hour emergency supply of medication when a prescription is denied because of lack of prior authorization and the prescriber cannot be reached
- Case Management for Children and Pregnant Women is for those children or pregnant women who have health problems, or are at high risk to have health problems, meet eligibility requirements, have an unmet need related to their health condition or high risk, and want case management services. A case manager may be able to help with:

  - ✓ Advocating for school services
  - ✓ Locating community resources
  - ✓ Coordinating services with health professionals.
  - ✓ Assisting with medical transportation referrals

Referrals can be made through 877-THSTEPS (877-847-8377) or for a list of providers go to:
http://www.dshs.state.tx.us/caseman

92081 WITH THSTEPS AND MEDICAL CHECKUP VISUAL ACUITY TEST

5.3.9.2.4 *Vision Screening*

Vision screening must be performed at each visit. A visual acuity test must be performed at ages indicated on the periodicity schedule. Subjective screening through provider observation or informant report is done at the other checkups.

All clients must be screened for eye abnormalities by history, observation, and physical exam and referred to a Medicaid-enrolled optometrist or ophthalmologist experienced with the pediatric population if at high risk.

Clients with abnormal visual acuity screening results must be referred to a Medicaid-enrolled optometrist or ophthalmologist experienced with the pediatric population.

According to the 2013 Texas Medicaid Provider Procedures Manual, Vision and Hearing Services Handbook, subsection 4.3.5.9 "Other Professional Services", Visual field examination procedure codes **92081**, 92082, 92083 may be reimbursed twice per calendar year when billed by any provider.

92081 should only be billed for an acute diagnosis and is not payable with V20.2

VARIS – INPATIENT HOSPITAL RETROSPECTIVE REVIEWS

Cook Children's Health Plan has recently engaged VARIS to conduct retrospective reviews for Diagnosis Related Groups (DRGs). The audits for inpatient hospital reviews will validate the diagnosis, procedures, age, sex, discharge status and presence of complications or comorbidities for accuracy of payment.

The retrospective review will allow CCHP to better identify erroneous costs in an already expensive segment of business. It is believed that up to 31% of total healthcare costs are spent on hospital payments.

Clarification to "Immunization Benefits to Change for Texas Medicaid April 1, 2013"

Information posted March 28, 2013

This is a clarification to an article titled "Immunization Benefits to Change for Texas Medicaid April 1, 2013," which was posted on February 15, 2013 on the TMHP website.

The article stated that effective for dates of service on or after April 1, 2013, vaccines will no longer be defined by the number of state-defined components. The clarification is that vaccines were no longer defined by the number of state-defined components effective for dates of service on or after April 1, 2011, in accordance with the 2011 Healthcare Common Procedure Coding System (HCPCS) updates.

IMPORTANT: *Providers must continue to submit vaccine administration procedure codes 90460 and 90461 based on the number of components per vaccine as instructed in the* Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 9.2.35.1, "Administration Fee".*

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

CookChildren's Health Plan

IMMUNIZATION-RELATED REQUIREMENTS REGARDING VACCINE BENEFIT & CLAIMS FILING PROCEDURES

Per 8.1.24 of the Uniform Managed Care Contract related to Immunizations

- Providers are expected to follow the Immunization Standard Requirements set forth in Chapter 161 Health and Safety Code, relating to the Texas Immunization Registry (ImmTrac), to include parental consent on the Vaccine Information Statement.

- Providers are expected to follow the standards in the Advisory Committee on Immunization Practices (ACIP) Immunization Schedule.
    - CHIP providers need to follow the AAP Periodicity Schedule for CHIP members

- If enrolled as a Texas Vaccines for Children (TVFC) provider, a CHIP provider serving CHIP-enrolled patients age 18 and under can order and utilize TVFC immunization doses at no charge to the provider. The vaccine supply is provided by the Department of State Health Services, and the administration of the vaccine should be billed to the MCO.

  Please note: Providers need to indicate the vaccine administration AND the vaccine itself on the claim form. Providers should understand that they will not be reimbursed for the vaccine, but it must appear on the claim. MCO's should also urge the importance of entering the immunization into ImmTrac.

For information on TVHC enrollment and ordering supplies go to: https:/www.dshs.state.tx.us/immunization/toolkit/kit1.shtm or call the Immunization Branch at (512) 776-3711; TVFC Provider Enrollment fax: (512) 776-7743.

In addition, HHSC has received the following questions regarding vaccines for the CHIP Perinatal clients (Mother/Perinate). HHSC wants to make sure that all CHIP Perinate Plans are aware of the benefit and that their providers are following the appropriate protocol for administration of the vaccine and for reimbursement.

1. Are vaccines for the mother/perinate (such as TDAP and flu) a covered benefit under CHIP Perinatal?

   Yes, vaccines (such as TDAP and Influenza) are covered benefits of CHIP Perinatal

2. Are vaccine costs built into the CHIP Perinatal premium?

   Yes, costs for the vaccine serum and injection procedure are built into the CHIP Perinatal premium. CHIP Perinatal providers should file a claim with the client's CHIP Perinatal health plan in order to receive reimbursement for the vaccine and injection

3. Are CHIP Perinatal members prohibited from receiving vaccines from Adult Safety Net (ASN) or Texas Vaccine for Children (TVFC) because they should be receiving vaccines through their CHIP Perinatal Plan?

   CHIP Perinatal members (above age 18) are prohibited from receiving vaccines from ASN and TVFC. CHIP Perinatal clients are considered to have health insurance coverage, and therefore are not eligible for the ASN. Likewise, CHIP Perinatal clients over age 18 do not meet the age requirements for TVFC

IMMTRAC – IMMUNIZATION REGISTRY

ImmTrac, the Texas Immunization registry, is a free service offered by the Department of State Health Services (DSHS). ImmTrac is a secure and confidential registry available to all Texans. ImmTrac safely consolidates and stores immunization information electronically in one centralized system. Texas law requires written consent for ImmTrac participation and limits access to the Registry to only those individuals who have been authorized by law. ImmTrac contains several million immunization records and continues to rapidly grow with increase participation.

The valuable information comes from a variety of sources including private health-care providers; public health clinics; Medicaid claims administrators, the Bureau of Vital Statistics (VSU), and Women, Infants and Children (WIC) clinics. Regardless of the number of sources, each client's immunization information is consolidated into one electronic record. Authorized professionals such as doctors, nurses, and public health providers can access confidential data including client's vaccination histories.

The registry is a major component of the DSHS initiative to increase vaccine coverage across Texas.

- Members won't be under-vaccinated and more susceptible to diseases.
- Members won't be over-vaccinated either, so he or she does not have to go through any more discomfort than is necessary.
- ImmTrac can also print out an immunization record that members can use for school or childcare.
- Immunization reminders can be sent out telling parents to bring their child in for immunizations that are due, or to notify them about immunizations that are overdue. [1]
- Better tracking of regulatory requirements, providers receiving credit for the immunizations given by HHSC.

Cook Children's Health Plan strives to ensure our members are receiving quality care and that the providers are given credit for providing that great care. For this purpose, our goal is to have 100% of our members' immunizations age 2 and under listed in ImmTrac. We understand the time and resource constraints of your staff, so CCHP is offering to input all the immunizations that you have administered to our established members who will turn 2 in 2013 into Immtrac for you. All that is required of your office is to fax CCHP a copy of the immunization record for each member on the list that we will provide to you and your staff. Each provider office will receive a list of eligible patients in the next few weeks in the mail. If you have any questions please feel free to call Chantel Robling, Director of Quality Improvement at 682-885-1410.

QUICK NOTES AND UPDATES

BILLING INSTRUCTIONS FOR BILATERAL SURGERIES:

CMS: Chapter 12: 40.7 – Claims for Bilateral Surgeries

If a procedure is not identified by its terminology as a bilateral procedure (or unilateral or bilateral), physicians must report the procedure with modifier "50." This should be billed as a single line item. (NOTE: This differs from the CPT coding guidelines which indicate that bilateral procedures should be billed as two line items).

If a procedure is identified by the terminology as bilateral (or unilateral or bilateral), as in codes 27395 and 52290, physicians do not report the procedure with modifier "-50."

EMERGENCY DEPARTMENT VISITS

TMHP: 4.2.2 Emergency Department Services

If a patient is seen twice in the Emergency Department (ED) on the same day, the ED needs to put the time on the claim (to avoid claims denying in error for duplicates).

QUICK NOTES AND UPDATES, CONT'D

FILING NEWBORN CLAIMS

TMHP: 4.1.5 Newborn Eligibility

Providers can verify eligibility though the Medicaid eligibility verification website at www.YourTexasBenefitsCard.com. After the newborn becomes a Medicaid client, the card website shows that client as eligible, even if the card has not been produced yet.

Note: *Claims submitted for services provided to a newborn eligible for Medicaid must be filed using the newborn client's Medicaid number. Claims filed with the mother's Medicaid number cause a delay in reimbursement.*

The Medicaid number on the Medicaid Eligibility Verification (Form H1027) may be used to identify newborns eligible for Medicaid.

Refer to: Form 4.1, "Your Texas Benefits Medicaid Card - Your New Medicaid ID (English)" in this section.

IMPACT ON PROVIDER CLAIMS FILING

Beginning January 1, 2013, all claims for services that require a physician order or referral must include the ordering or referring provider's NPI. Claims with dates of service on or after January 1, 2013, that are submitted without the ordering or referring provider's NPI may be subject to retrospective review and denial if the NPI is not included on the claim. Please see online "Provider Lookup section on page ….. for more information.

JUNE 2013 VERSION OF TEXAS MEDICAID PROVIDER PROCEDURES MANUAL IS NOW AVAILABLE

TMHP: Information posted June 21, 2013

The June 2013 version of the *Texas Medicaid Provider Procedures Manual* is now available on TMHP's website.

Effective for dates of services on or after May 1, 2013, benefit criteria for telemedicine and telehealth services changed for Texas Medicaid. A new handbook titled, *Telemedicine and Telehealth Services Handbook* has been added for information related to telemedicine and telehealth services.

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

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; 682-885-2148 fax - www.cookchp.org
Care management 800-862-2247 or 682-885-2247; 682-885-8402 fax - www.cookchp.org
Mental Health Services -LifeSynch 866-331-1577
Vision Services – OptiCare 800-465-6853
Network Development 682-885-2247 or CCHPNetworkDev@cookchildrens.org

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