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

Volume I, 2014

Cook Children's Health Plan

COOK CHILDREN'S HEALTH PLAN MEMBERSHIP:
FEBRUARY 2014
CHIP: 34,200 STAR: 74,668

What's inside

SUPERVISING PHYSICIAN PROVIDER NUMBER REQUIRED ON SOME CLAIMS

Information posted November 20, 2013: This is an update to an article titled "Effective January 2013: Supervising Physician Provider Number Required on Some Claims," which was published on the TMHP website on November 20, 2012. Providers that submit claims on the CMS-1500 paper claim form or electronic equivalent now have designated blocks to use when the ordering or referring provider has a supervising provider.

- If the performing provider has a supervising provider, the name and National Provider Identifier (NPI) of the supervising provider must go in blocks 17 and 17b respectively.
- If the ordering or referring provider has a supervising provider, the name and NPI of the ordering or referring provider must go in blocks 17 and 17b and the name and NPI of the supervising provider must go in block 19.

If multiple providers are involved, enter the provider with the highest priority in the following list in blocks 17 and 17b:

1. Referring Provider
2. Ordering Provider
3. Supervising Provider

Note: *Per, Government Code, Section 531.024161, provider types that require supervising providers includes nurse practitioners and physician assistants.*

For more information, call the TMHP Contact Center at (800) 925-9126 or the TMHP-SCHCN Services Program Contact Center at (800) 568-2413.

HHSC MOVES CHIP CASES INTO TIERS

CHIP cases are now in the TIERS eligibility system. This transition brings important change for CHIP health care providers. Providers must bill CHIP services under the new CHIP ID number for services provided on or after October 1, 2013.

Providers must use the old alphanumeric CHIP ID number for services provided **before** October 1, 2013, with one exception. The exception is for CHIP Perinatal clients who enroll on or after September 3, 2013. These clients already have been issued the new ID number, and providers should immediately begin billing using the new CHIP ID number.

If a provider does not use the appropriate CHIP ID number to bill services, the claim will be denied. However, providers can appeal a claim denial using the standard appeals process.

Providers can call the CHIP Provider Line at (800) 645-7164 to verify eligibility of CHIP and CHIP Perinatal clients or contact the member's health plan.

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

  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

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

BENEFIT CHANGES FOR INFLUENZA VACCINE PROCEDURE CODE 90672 TO IMPLEMENT JANUARY 1, 2014 FOR TEXAS MEDICAID

Information posted November 14, 2013:

This is a follow-up to an article titled "Influenza Virus Vaccine Benefit Changes for Procedure Code 90672 Will Not Implement October 2013," which was published on the TMHP website on September 27, 2013. The previously announced benefit changes to procedure code 90672 will be implemented effective for dates of service on or after January 1, 2014.

Procedure code 90672 will be a benefit only for clients who are 20 years of age and younger.

Procedure code 90672 will no longer be a benefit when services are rendered in the following places of service by the following provider types:

Type of Service	Place of Service	Provider Types No Longer Payable
1 (Medical Component)	Office	Comprehensive Care Program (CCP) provider, comprehensive health center (CHC), and family planning clinic providers
	Home	Pharmacist, certified nurse midwife (CNM), and CCP providers
	Birthing Center	Will no longer be reimbursed to any provider type
	Other	CNM, CCP provider, birthing center, CHC, and family planning clinic providers

Procedure code 90672 will be a benefit when services are rendered in the home setting by federally qualified health care center (FQHC) providers.

For Texas Health Steps (THSteps) medical checkups, the administration of vaccine procedure code 90672 may be reimbursed only when billed with diagnosis V20.2.

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

DIAGNOSIS AND AGE RESTRICTIONS FOR ADULT PREVENTIVE VISITS TO CHANGE FOR TEXAS MEDICAID JANUARY 1, 2014

Information posted November 15, 2013:

Effective for dates of services on or after January 1, 2014, the diagnosis and age restrictions will change for adult preventive visits for Texas Medicaid as follows:

- Diagnosis code V7231 will be added to the list of valid diagnosis codes for procedure codes 99385, 99386, 99387, 99395, 99396, 99397.
- The age restrictions for procedure codes 99385 and 99395 will change to 18 through 39 years of age.

Providers may refer to the current Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, subsection 9.2.61.1.2, "Preventive Care Visits," for additional information about adult preventive services.

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

UPDATED CMS-1500 CLAIM FORM TO BE ACCEPTED BEGINNING JANUARY 6, 2014

Information posted November 15, 2013:

Effective January 6, 2014, TMHP will begin accepting version 02/12 of the CMS-1500 paper claim form. The CMS-1500 paper claim form was revised to accommodate the reporting needs for *International Classification of Disease*, Tenth Revision (ICD-10) and to align with National Uniform Claim Committee (NUCC) guidelines.

TMHP will accept both version 08/05 and the new version 02/12 of the CMS-1500 paper claim form until March 13, 2014. Beginning April 1, 2014, only version 02/12 will be accepted. On or after April 1, 2014, claims that are submitted on a CMS-1500 version 08/05 paper claim form will be returned to the provider.

The following form fields have been updated on the CMS-1500 paper claim form:

Form Field	Description	Instructions
9b	Other Insured Date of Birth	For special situations, use this space to provide additional information such as: If the client is deceased, enter "DOD" in block 9 and time of death in block 9a. If the services were rendered on the date of death, enter the date of death in block 9b
17	Name of Referring Provider or Other Source	Enter the name (First Name, Middle Initial, Last Name) and credentials of the professional who referred, ordered and supervised the service(s) or supplies on the claim. If multiple providers are involved, enter one provider using the following priority order: 1. Referring Provider 2. Ordering Provider 3. Supervising Provider Do not use periods or commas within the name. A hyphen can be used for hyphenated names. Enter the applicable qualifier to identify which provider is being reported. DN = Referring Provider DK = Ordering Provider DQ = Supervising Provider **Supervising Physician for Referring Physicians:** 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.
19	Additional Claim Information	**Ambulance Transfers of Multiple Clients:** If the claim is part of a multiple transfer, indicate the other client's complete name and Medicaid number. **Ambulance Hospital-to-Hospital Transfers:** Indicate the services required from the second facility and unavailable at the first facility **Supervising Physician for Referring Physicians:** If there is a supervising Physician for the referring or ordering physician that is listed in Block 17, the name and NPI of the supervising provider must go in Block 19.

Form Field	Description	Instructions
21	Diagnosis of Nature of Illness or Injury	Enter the applicable ICD indicator to identify which version of the ICD codes is being reported. 9 = ICD-9-CM 0 = ICD-10-CM Enter the patient's diagnosis and/or condition codes. List no more than 12 diagnosis codes. Relate lines A-L to the lines of service in 24E by the letter of the line. Use the highest level of specificity. Do not provide narrative description in this field.
24E	Diagnosis Pointer	In 24E, enter the diagnosis code reference letter (pointer) as shown in Form Field 21 to relate the date of service and the procedures performed to the primary diagnosis. When multiple services are performed, the primary reference number for each service should be listed first, other applicable services should follow. The reference letter(s) should be A-L or multiple letters as applicable. Diagnosis codes must be entered in Form Field 21 only. Do not enter diagnosis codes in Form Field 24E.

FLU PREVENTION INFORMATION

The 2013/2014 Flu season is upon us, and Cook Children's Health Plan would like to thank you for taking care of our members.

Vaccines that are available through Texas Vaccines for Children (TVFC) will not be reimbursed by Texas Medicaid for clients who are 18 years or age and younger. Provider may bill the vaccine for $.01 so that the claim can be processed but may not otherwise charge Medicaid for the vaccine obtained from TVFC.

The administration fee may be reimbursed through Texas Medicaid if the claim includes the appropriate vaccine procedure code and the specific diagnosis code of the condition necessitating the vaccine. Diagnosis code V202 may be used unless there is a more specific diagnosis code.

A provider will be paid for use of private stock when TVFC posts a message on its website that no stock is currently available. In that case, the Medicaid claim should include modifier U1, which indicates private stock.

Texas Health Steps (THSteps) providers are encouraged to provide influenza vaccinations to clients during their periodic THSteps medical checkups, or anytime during flu season. Although THSteps providers may not bill for vaccine administration procedure codes (90465, 90466, 90471, or 90472) using the THSteps provider number, they may file claims for vaccine administration using their Acute Medicaid provider identifiers.

Providers must not charge Medicaid clients for any out-of-pocket costs, including administration or vaccine fees.

BEACON HEALTH SERVICES

Cook Children's Health Plan (CCHP) transitioned to Beacon Health Services as our behavioral health care network provider as of October 1, 2013. CCHP members will have received new identification cards listing Beacon Health Services as their behavioral health care network provider, including the direct number they can call for services.

Beacon Health Services will utilize one number for both the CHIP and STAR program. The number is:

CHIP Beacon phone number: (855) 481-7045
STAR Beacon phone number: (855) 481-7045

Providers may contact Beacon directly at (855) 481-7045 for further information.

NATIONAL VISION ADMINISTRATORS (NVA)

Cook Children's Health Plan (CCHP) transitioned from OptiCare to National Vision Administrators (NVA) as our vision network provider effective December 1, 2013.

If you have any specific questions, please feel free to contact CCHP or NVA at the following numbers:

CCHP: (800) 964-2247 or (682) 885-2247
NVA - Provider Relations: (888) 682-2020 or providers@e-nva.com

QUICK NOTES AND UPDATES

TMHP terminates Texas Provider Identifiers (TPIs) that exceed 24 months with no claims activity. To avoid terminating TPIs that should remain active, TMHP sends a courtesy letter to all providers with TPIs that have been identified as having no claims activity during the previous 18 months.

Performing providers who treat Medicaid clients through a managed care organization but who still receive a courtesy letter about no claims activity must take steps within six months to prevent the termination of their TPIs.

For more information, call the TMHP Contact Center at 1-800-925-9126 or visit the website at: www.tmhp.com

Per TMPPM, Section 6.4.2.7.1: The CMS-1500 paper claim form is designed to list six line items in Block 24. If more than six line items are billed on a paper claim, a provider may attach additional forms (pages) totaling no more than 28 line items. The first page of a multipage claim must contain all the required billing information. On subsequent pages of the multipage claim, the provider should identify the client's name, diagnosis, information required for services in Block 24, and the page number of the attachment (for example, page 2 of 3) in the top right-hand corner of the form and indicate "continued" in Block 28. The combined total charges for all pages should be listed on the last page in Block 28.

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 - Beacon Health Strategies: CHIP (855) 481-7045; STAR: (855) 481-7045
Vision Services – NVA - Provider Relations: (888) 682-2020 or providers@e-nva.com
Network Development 682-885-2247 or CCHPNetworkDev@cookchildrens.org

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

More Info in this text box