
Banner Messages for All of the 2009 R&S Reports

This file contains abbreviated messages meant to provide timely notifications that affect all provider groups (physicians, dentists, and so forth). Additional current and historic information affecting the Medicaid, Medicaid Managed Care, and Children with Special Health Care Needs (CSHCN) Services Program provider community may be found in the earlier postings of these files in the TMHP banner library at www.tmhp.com as well as in the bi-monthly editions of the *Texas Medicaid Bulletin* and the quarterly *CSHCN Services Program Provider Bulletin*, which update the *Texas Medicaid Provider Procedures Manual* and *CSHCN Services Program Provider Manual*, respectively.

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Total Messages (All for 2009)

1 (01/02/09 through 01/23/09) *****Attention All PCCM Providers*****

TMHP has identified an issue affecting non-surgical claims submitted by optometrists and ophthalmologists with dates of service on or after September 1, 2007, for Primary Care Case Management (PCCM) clients. These claims may have been inappropriately denied because of a missing primary care provider referral. Primary care provider referrals are not required for routine vision services.

Affected claims will be reprocessed beginning on January 12, 2009. Payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

2 (01/02/09 through 01/23/09) *****Attention All FQHC and RHC Providers*****

Effective February 1, 2009, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) that are enrolled in Primary Care Case Management (PCCM) must inform TMHP of all changes to their medical staff so that the *PCCM Provider Directory* can be properly updated. An accurate and up-to-date provider listing gives PCCM clients access to all of the staff members of these providers.

FQHCs and RHCs must complete the *Primary Care Case Management Federally Qualified Health Centers or Rural Health Clinics Medical Staff Update Form*, which is available on the TMHP website at www.tmhp.com. The form can be faxed to the PCCM Contract and Credentialing Department at 1-888-235-8399.

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

3 (01/02/09 through 01/23/09) ***Attention All Medicaid Providers*******

The Health and Human Services Commission (HHSC) and Medicare Advantage Plans (MAPs) are continuing their efforts to resolve the issues with outstanding crossover claims for cost share and copayment amounts for services rendered from January 1, 2005, through December 31, 2007.

HHSC, MAPs, and the Texas Medicaid & Healthcare Partnership (TMHP) have identified a number of steps that will help to resolve this issue. However, HHSC would like all providers and stakeholders to recognize that there are related technical and operational obstacles that require substantial amount of coordination and validation. Providers will be notified about future progress and the final resolution. Providers should monitor future provider notifications for updates and status. HHSC appreciates continued patience while all parties work toward a resolution.

At this time, providers cannot submit cost share claims directly to TMHP for claims with dates of service from January 1, 2005, through December 31, 2007. HHSC is working toward a resolution that would allow for reimbursement of these claims as quickly as possible and with the least amount of disruption to providers.

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

4 (01/02/09 through 01/23/09) ***Attention All Medicaid Providers*******

The 2009 *Texas Medicaid Provider Procedures Manual* will not include type of service (TOS) codes as part of a procedure code. Providers should refer to the Texas Medicaid fee schedules that are available on the TMHP website at www.tmhp.com to determine all payable types of service codes for procedure codes that are a benefit of Texas Medicaid. Providers can also refer to the *Texas Medicaid Provider Procedures Manual*, Chapter 5 "Claims Filing" for TOS code descriptions.

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

5 (01/02/09 through 01/23/09) ***Attention All Providers*******

In 2009, TMHP will institute several enhancements to agency-sponsored training for providers. A number of the changes are a direct result of provider suggestions. The new training schedule will include more live workshops and new technology-based opportunities, including webinars, computer-based training (CBT), and online "radio" broadcasts. All training is free of charge.

More detailed information is available on TMHP website at www.tmhp.com and will be published in the March/April 2009 *Texas Medicaid Bulletin*, No. 222.

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

6 (01/02/09 through 01/23/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after January 1, 2009, hyperbaric oxygen therapy services, procedure code 1-99183 and revenue code B-413, may be considered for reimbursement when billed with diagnosis code 986 for the Children with Special Health Care Needs (CSHCN) Services Program.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

7 (01/2/09 through 01/23/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to an article that was published on the TMHP website at www.tmhp.com on August 22, 2008, and in the November 2008 *Children with Special Health Care Needs (CSHCN) Services Program Provider Bulletin*, No. 68, titled "Immunization Procedure Code Rate Changes for CSHCN." The immunization rate chart incorrectly lists the reimbursement amounts and age restrictions for some of the procedure codes.

Details of these corrections are available on the TMHP website at www.tmhp.com.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

8 (01/9/09 through 01/30/09) ***Attention All Medicaid Providers*******

Effective November 1, 2008, TMHP no longer processes claims for Children's Health Insurance Program (CHIP) Perinatal labor and delivery-related professional services. Details of these changes were published in the January/February 2009 *Texas Medicaid Bulletin*, No. 220. Claims that were submitted for CHIP Perinatal labor and delivery-related professional services with dates of services from January 1, 2007, through October 31, 2008, may have been paid in error.

Claims submitted for delivery-related professional services by providers that have received reimbursement from both TMHP and the CHIP Perinatal health plan will be reviewed for possible recoupment. Affected claims will be reprocessed, and payments will be adjusted accordingly. Claim adjustments will be reflected on the provider's Remittance and Status (R&S) Report. Providers will receive written, advance notification if recoupment action is necessary. Additional information about CHIP Perinatal labor and delivery-related professional services claims recoupment will be published in a future provider notification.

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

9 (01/09/09 through 01/30/09) ***Attention All Medicaid Providers*******

Effective April 1, 2009, Texas Medicaid will implement benefit and prior authorization changes for total parenteral nutrition (TPN) services. The following changes will be implemented:

- TPN services will be prior-authorized through the TMHP Home Health Services Prior Authorization Department as separate services for nursing, equipment and supplies, and parenteral solutions, rather than a single, bundled service.
- Current prior authorizations for the bundled service will be end-dated on March 31, 2009. Providers must use the new prior authorization process to request new prior authorizations for dates of service on or after April 1, 2009.
- TPN services that are for Medicaid clients who are birth through 20 years of age and that do not meet Home Health guidelines may be prior-authorized through the TMHP Comprehensive Care Program (CCP) Prior Authorization Department.

Details of these changes will be published in a future provider notification.

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

10 (01/09/09 through 01/30/09) ***Attention All IMD Providers*******

This is an update to a banner message that was published on December 19, 2008, and an article that was posted on the TMHP website at www.tmhp.com on December 12, 2008, about Institution for Mental Diseases (IMD) providers that must inform TMHP about clients who reside in their facilities before submitting inpatient claims for those clients.

The article did not state that a client segment that has erroneous information can be changed by TMHP if the provider requests a change within 24 hours of submission. Providers that submit inaccurate information can call the Electronic Data Interchange (EDI) Help Desk at 1-888-863-3638 to have that client segment inactivated if the request is made within 24 hours of submission. After the erroneous client segment has been inactivated by TMHP, providers can submit a new client segment to replace it. After 24 hours have elapsed, providers must contact the Health and Human Services Commission (HHSC) to request a correction to the information. The change request must include appropriate documentation of the client's patient control number (PCN) and the admission and discharge dates. The change request and appropriate documentation must be submitted in writing to: Texas Health and Human Services Commission, Mail Code 91X, PO Box 204077, Austin, Texas 78720-4077.

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

11 (01/09/09 through 01/30/09) ***Attention All CSHCN Services Program Providers*******

TMHP has applied the annual 2008 Healthcare Common Procedure Coding System (HCPCS) updates that are effective for dates of service on or after January 1, 2008. The Children with Special Health Care Needs (CSHCN) Services Program has adopted reimbursement rates for Ambulatory Surgical, Physician-Administered Drugs, Durable Medical Equipment and Expendable Medical Supplies. Claims that were submitted with dates of service on or after January 1, 2008, may have been denied inappropriately. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

The reimbursement rate for procedure code 9-K0672 is effective for dates of service on or after April 1, 2008. Claims that were submitted for procedure code 9-K0672 may have been denied inappropriately. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

12 (01/16/09 through 02/06/09) ***Attention All PCCM Providers*******

TMHP has identified an issue affecting Primary Care Case Management (PCCM) claims that were submitted with procedure code 1-90658 and dates of service from August 1, 2008, through December 19, 2008. These claims may have been denied in error.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

13 (01/16/09 through 02/06/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue impacting claims that were submitted with dates of services on or after December 2, 2008, and the following hearing aid device procedure codes: V5011, V5014, V5030, V5040, V5090, V5100, V5110, V5160, V5170, V5180, V5200, V5210, V5220, V5240, V5241, V5244, V5249, V5250, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5264, V5265, and V5275.

Before December 2, 2008, hearing aid devices for clients who are 21 years of age and older were limited to two monaural devices (i.e., one for each ear) or one set of binaural devices every 6 years without prior authorization. Effective for dates of service on or after December 2, 2008, the limitation changed to two monaural devices

(i.e., one for each ear) or one set of binaural devices every 5 years without prior authorization. Claims may have been denied in error. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Note: These limitations do not affect Program for Amplification for Children in Texas (PACT) services.

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

14 (01/16/09 through 02/06/09) ***Attention All Medicaid Providers*******

This is a correction to an article that first appeared on the December 5, 2008, Remittance and Status (R&S) Report about the reimbursement rate for clinician-directed care coordination telephone consultation. Procedure code 1-99499 included the incorrect type of service. The correct type of service is 3-99499. The following is the complete, corrected article:

On November 17, 2008, the reimbursement rate for clinician-directed care coordination telephone consultation procedure code was assigned following a public rate hearing. Effective for dates of service on or after January 1, 2009, procedure code 3 99499 with modifier U9 has a reimbursement rate of \$28.07.

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

15 (01/16/09 through 02/06/09) ***Attention All Medicaid and Managed Care Hospital Providers*******

Inpatient claims with dates of service from December 1, 2004, through October 31, 2006, are currently being reviewed to determine if they were paid outside of the spell-of-illness limitation (30 days of inpatient hospital care). If inpatient hospital claims submitted with these dates of service are found to have been paid in excess of the spell-of-illness limitation, they will be retroactively denied or cutback. These denials and cutbacks will appear as claim adjustments on Remittance and Status (R&S) Reports.

Review of inpatient claims with dates of service after October 31, 2006, will begin in early in 2009.

For information about the spell-of-illness limitation and exceptions to it, refer to the 2009 *Texas Medicaid Provider Procedures Manual*, Section 25.2.3, "Benefits and Limitations (Hospital)" and Section 7, "Managed Care."

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

16 (01/16/09 through 02/06/09) ***Attention All Medicaid Providers*******

This is an update to a banner message that appeared on the November 14, 2008, Remittance and Status (R&S) Report about physical, occupational, and speech therapy and to articles that were published on the TMHP website at www.tmhp.com on November 7, 2008, titled, "Physical, Occupational, and Speech Therapy Benefits to Change for CCP," "Home Health Physical and Occupational Therapy Benefits to Change for Texas Medicaid," and "Physical, Occupational, and Speech Therapy Benefits to Change for Acute Services for Texas Medicaid." The banner message and articles stated that effective for dates of service on or after January 1, 2009, the benefit criteria for the following services will change for Texas Medicaid: *Physical, occupational, and speech therapy for the Comprehensive Care Program (CCP) *Physical and occupational therapy for Home Health *Physical, occupational, and speech therapy for acute services.

The implementation of these benefit changes has been delayed until February 1, 2009. Additional information about the benefit changes is available on the TMHP website at www.tmhp.com and will be published in the March/April 2009 *Texas Medicaid Bulletin*, No. 222.

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

17 (01/16/09 through 02/06/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Reminder: Providers that request reimbursement for drugs must bill the number of units based on the number of Healthcare Common Procedure Coding System (HCPCS) units actually administered. Providers should refer to the HCPCS procedure code description for the unit amount to calculate the number of units to be billed. In addition, the specific National Drug Code (NDC) of the drug actually dispensed should be entered on the claim form along with the NDC units and unit of measure. This information is found on the NDC-to-HCPCS crosswalk table at www.dmepdac.com.

Additional information is available on the TMHP website at www.tmhp.com and will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 223, and the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

18 (01/16/09 through 02/06/09) ***Attention All CSHCN Services Program Providers*******

This is an update to a banner message that appeared on the November 14, 2008, Remittance and Status (R&S) Report about outpatient speech-language pathology and physical medicine and rehabilitation and to web articles that were published on the TMHP website at www.tmhp.com on November 7, 2008, titled, "Outpatient Speech-Language Pathology Benefits to Change for the CSHCN Services Program," and "Physical Medicine and Rehabilitation Benefits to Change for the CSHCN Services Program." The banner message and articles stated that effective for dates of service on or after January 1, 2009, the benefit criteria for outpatient speech-language pathology and physical medicine and rehabilitation will change for the Children with Special Health Care Needs (CSHCN) Services Program.

The implementation of these benefit changes has been delayed until February 1, 2009. Additional information about the benefit changes is available on the TMHP website at www.tmhp.com and will be published in the February 2009 *CSHCN Services Program Provider Bulletin*, No. 69.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

19 (01/16/09 through 02/06/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after January 1, 2009, the Children with Special Health Care Needs (CSHCN) Services Program has implemented reimbursement rates for nutritional products, equipment, and supplies.

Details of these changes are available on the TMHP website at www.tmhp.com.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

20 (01/16/09 through 02/06/09) ***Attention All CSHCN Services Program Providers*******

Effective February 1, 2009, procedure codes 1-J1645, 1-J1650, and 1-J1652 will be payable in the office, home, nursing home, and outpatient hospital setting for nurse practitioners, clinical nurse specialists, physicians, and physician groups. Procedure codes 1-J1645, 1-J1650, and 1-J1652 will also be payable to hospitals in an outpatient hospital setting.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

21 (01/16/09 through 02/06/09) ***Attention All CSHCN Services Program Providers*******

The Children with Special Health Care Needs (CSHCN) Services Program has removed 314 clients from the program's waiting list. The effective date of this removal is January 1, 2009. These new clients received a gray CSHCN Services Program Eligibility Form that indicates the dates they are eligible to receive CSHCN Services Program health care benefits. When scheduling a client for an appointment, ask the client to bring the form to the appointment so that a copy can be made for your records. For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

22 (01/23/09 through 02/13/09) ***Attention All Providers*******

Reminder: Paper appeal requests submitted to TMHP require a completed claim form with a copy of the Remittance and Status (R&S) Report. All claim adjustment and appeal requests must be received within 120 days from the date of the R&S Report and must be finalized within the 24-month payment deadline.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

23 (01/23/09 through 02/13/09) ***Attention All Medicaid Providers*******

This is a correction to an article published in the July/August 2008 *Texas Medicaid Bulletin*, No. 216, titled "Restriction Changes for 2008 HCPCS Procedure Codes." The article did not include a place of service change for procedure code 1-90772. The following is the correct information:

Effective for dates of service from June 1, 2008, through December 31, 2008, procedure code 1-90772 is not reimbursed in the home setting. Procedure code 1-90772 may be reimbursed in the office setting to advanced practice nurses, physician assistants, physicians, podiatrists, and Comprehensive Care Program (CCP) providers. The extended care facility (ECF) is no longer reimbursed. Note: Procedure code 1-90772 is discontinued as of January 1, 2009, and is no longer reimbursed.

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

24 (01/23/09 through 02/13/09) ***Attention All Medicaid Providers*******

This is a correction to the 2009 *Texas Medicaid Provider Procedures Manual*. Section 1.4.2 titled "Maintenance of Provider Information" on page 1-11 contains an incorrect page reference. The following is the correct information.

Providers must, within 10 calendar days of occurrence, report changes in address (physical location or accounting), telephone number, name, ownership status, tax ID, and any other information pertaining to the structure of the provider's organization (for example, performing providers). Changes in address, office telephone or fax number, and e-mail address should be updated online using the online provider lookup update page. Alternately, providers may update their address information using either the Provider Information Change (PIC) Form on page B-80 and B-81 or the Demographic Update (DU) Form on the TMHP website.

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

25 (01/23/09 through 02/13/09) ***Attention All Providers*******

This is a correction to a banner message that first appeared on the January 2, 2009, Remittance and Status (R&S) Report. The message did not include the TMHP-CSHCN Services Program Contact Center phone number for additional information and did not indicate that detailed information will be published in the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70. The following is the complete, corrected banner message.

In 2009, TMHP will institute several enhancements to agency-sponsored training for providers. A number of the changes are a direct result of provider suggestions. The new training schedule will include more live workshops and new technology-based opportunities, including webinars, computer-base training (CBT) and online "radio" broadcasts. All training is free of charge.

More detailed information is available on TMHP website at www.tmhp.com and will be published in the March/April 2009 *Texas Medicaid Bulletin*, No. 222, and the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

26 (01/30/09 through 02/20/09) ***Attention All Medicaid Providers*******

In an effort to estimate the amount of uncompensated care provided to Hurricanes Dolly and Ike uninsured evacuees, HHSC is requesting providers to complete the "Texas Hurricane-Related Uncompensated Care Survey" located on the TMHP website at www.tmhp.com. In order for a provider's estimate to be included in the state's uncompensated care estimate, the survey must be completed no later than February 6, 2009.

Additional information about this survey is available on the TMHP website at www.tmhp.com.■

27 (01/30/09 through 02/20/09) ***Attention All CSHCN Services Program Providers*******

This is an update to a banner message that appeared on the January 16, 2009, Remittance and Status (R&S) Report about outpatient speech-language pathology and physical medicine and rehabilitation, the corresponding article that was published on the TMHP website at www.tmhp.com on January 9, 2009, titled "Update for Outpatient Speech-Language Pathology and Physical Medicine and Rehabilitation," and articles published in the February 2009 *CSHCN Services Program Provider Bulletin*, No. 69, titled "Change in Benefit Criteria for Outpatient Speech-Language Pathology Services" and "Change in Benefit Criteria for Physical Medicine and Rehabilitation Services."

The banner message and articles stated that the implementation of these benefit changes was delayed from January 1, 2009, to February 1, 2009; however, the benefit changes for outpatient speech-language pathology and physical medicine and rehabilitation will not be implemented on February 1, 2009. Providers should continue to follow the guidelines for outpatient speech-language pathology and physical medicine and rehabilitation that are included in the 2008 *CSHCN Services Program Provider Manual*.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

28 (01/30/09 through 02/20/09) ***Attention All CSHCN Services Program Providers*******

TMHP has identified an issue that impacts claims submitted by Children with Special Health Care Needs (CSHCN) Services Program providers. Claims with dates of service on or after August 1, 2008, and procedure code 1-90706 may have been denied in error.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary. Effective August 1, 2008, procedure code 1-90706 has a reimbursement rate of \$18.75 when submitted with modifier U4.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

29 (01/23/09 through 02/20/09) ***Attention All CSHCN Services Program Providers*******

Effective February 1, 2009, TMHP will discontinue the filing deadline waiver for services rendered to Children with Special Health Care Needs (CSHCN) Service Program clients in ZIP codes affected by Hurricane Ike.

Within 95 days of February 1, 2009, providers must file any remaining claims for services that were rendered on dates of service from September 9, 2008, through January 31, 2009, to clients in ZIP codes affected by Hurricane Ike. Claims submitted after the 95-day filing deadline will only be considered for reimbursement on appeal through the Department of State Health Services (DSHS)-CSHCN Services Program administrative review process if it can be demonstrated that the claim could not be submitted by the filing deadline because of Hurricane Ike.

Providers should refer to the 2008 *Children with Special Health Care Needs Services Program Provider Manual* for information about claim filing deadlines and appeals.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

30 (01/30/09 through 02/20/09) ***Attention All Medicaid Providers*******

TMHP will discontinue the special waivers for services rendered to clients in ZIP codes affected by Hurricane Ike. For claims with dates of service February 1, 2009, and after, the normal requirements for primary care provider referrals, prior authorizations, and 95-day filing deadlines will be reinstated.

Within 95 days of February 1, 2009, providers must file any remaining claims for services that were rendered on dates of service from September 9, 2008 through January 31, 2009, to clients in ZIP codes affected by Hurricane Ike. Claims submitted after the 95-day filing deadline will only be considered for reimbursement on appeal through the HHSC administrative appeals process if it can be demonstrated that the claim could not be submitted by the filing deadline because of Hurricane Ike.

Providers should refer to the 2009 *Texas Medicaid Provider Procedures Manual* for information about primary care provider referrals, prior authorization requirements, claim filing deadlines, and appeals.

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

31 (01/30/09 through 02/20/09) ***Attention All Medicaid Providers*******

This is an update to a banner message that appeared on the January 16, 2009, Remittance and Status (R&S) Report about physical, occupational, and speech therapy and a corresponding article that was published on the TMHP website at www.tmhp.com on January 9, 2009, titled "Update for Physical, Occupational, and Speech Therapy." The banner message and article stated that the implementation of these benefit changes was delayed from January 1, 2009, to February 1, 2009, and that additional information about the benefit changes would be published in the March/April 2009 *Texas Medicaid Bulletin*, No. 222.

The Health and Human Services Commission (HHSC) has determined that the benefit changes for physical, occupational, and speech therapy will not be implemented on February 1, 2009. Providers should continue to follow the guidelines for physical, occupational, and speech therapy that are included in the 2009 *Texas Medicaid Provider Procedures Manual*.

Information about the benefit changes will not be published in the March/April 2009 *Texas Medicaid Bulletin*, No. 222.

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

32 (01/30/09 through 02/20/09) ***Attention All Medicaid Providers*******

This is a correction to the 2009 *Texas Medicaid Provider Procedures Manual*. Section 24.4.29.20, "Pulse Oximetry" on page 24-64 incorrectly states that pulse oximeters are a benefit of Home Health Services. Pulse oximeters are not a benefit of Home Health Services, but they are a benefit of Texas Medicaid through THSteps-Comprehensive Care Program (CCP).

Refer to the 2009 *Texas Medicaid Provider Procedures Manual*, Section 43.4.5.8, "Croup Tent/Pulse Oximeter," on page 43-44 for additional information on pulse oximeters.

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

33 (01/30/09 through 02/20/09) ***Attention Medicaid Providers*******

On September 27, 2008, TMHP implemented a new process to forward electronic institutional claims to AIM Healthcare Services Inc. (AIM) for research to determine whether a client has other insurance. Beginning February 2009, if AIM determines a client has other, valid insurance for an institutional claim's date of service, AIM will forward the claim to the other insurance carrier on behalf of the provider.

Details of this new process, including claim types that are exempt from forwarding, are available on the TMHP website at www.tmhp.com and will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 223.

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

34 (01/30/09 through 02/20/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective January 8, 2009, TMHP changed the territories of some regional TMHP Provider Relations representatives. The following changes were made: Grayson County has been removed from Territory 13 and is now included in Territory 11.

Information on the Provider Relations representatives and a map showing the complete listing of each territory is available on the Regional Support web page of the TMHP website at www.tmhp.com, and will be published in the May 2009 *CSHCN Services Program Bulletin*, No. 70.■

35 (01/30/09 through 02/20/09) ***Attention All PCCM Managed Care Providers*******

Effective for dates of service on or after March 1, 2009, colorectal cancer procedure code 2/F-G0105 will no longer require precertification for Primary Care Case Management (PCCM) managed care clients.

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

36 (01/30/09 through 02/20/09) ***Attention All Medicaid Providers*******

This is a correction to 2009 *Texas Medicaid Provider Procedures Manual*. Section 43.14.4, "Medicaid Clinical Criteria for Inpatient Psychiatric Care for Clients" on page 43-79 incorrectly states the client must have a valid Axis II, DSM-IV-TR diagnosis as the principal admitting diagnosis. The correct statement is as follows:

The client must have a valid Axis I, DSM-IV-TR diagnosis as the principal admitting diagnosis, and outpatient therapy or partial hospitalization must have been attempted and failed, or a psychiatrist must have documented reasons why an inpatient level of care is required.

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

37 (01/30/09 through 02/20/09) ***Attention All Medicare Providers*******

Reminder: Providers submitting paper Medicare claims to TMHP must use one of the following approved Medicare Remittance Advice Notices (MRANs):

- Paper MRANs from Medicare or a Medicare intermediary.
- MRANs from the Centers for Medicare & Medicaid Services (CMS)-approved software Medicare Remit Easy Print (MREP) for professional services or PC-Print for institutional services.
- TMHP Standardized MRAN Form.

MRANs must be submitted with a completed claim form, must be legible, and must identify only one client per page. Claims that do not meet these standards are not processed and are returned to the provider.

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

38 (01/30/09 through 02/20/09) ***Attention All Medicaid Hospital Providers*******

TMHP has identified an issue that may have caused incorrect payments to high-volume outpatient hospital providers. Claims with dates of service from September 1, 2008, through January 29, 2009, will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

39 (01/30/09 through 02/20/09) ***Attention All Medicaid Providers*******

Effective January 1, 2009, smoking cessation drugs are exempt from the three-drug limit in PCCM and Texas Medicaid fee-for-service. A free, state hotline offering telephone counseling for clients trying to quit smoking is available. Clients can contact the state Quitline at 1-877-YES-QUIT (1-877-937-7848).

Clients 21 years of age or older who are enrolled in Primary Care Case Management (PCCM) and Texas Medicaid fee-for-service are limited to three prescriptions per month, with the exception of some drugs and supplies such as family planning drugs and syringes used to administer insulin.

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

40 (01/30/09 through 02/20/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after February 1, 2009, the age restriction for procedure codes 9-E0749 and J-E0760 will be removed and these procedure codes will become payable for clients of all ages.

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

41 (01/30/09 through 02/20/09) ***Attention All Home Health Providers*******

The instructions in Section B of the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form have been revised for clarity. The revised form is available on the TMHP Website at www.tmhp.com and will be published in the 2009 March/April *Texas Medicaid Bulletin*, No. 222.

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

42 (01/30/09 through 02/20/09) ***Attention All Providers*******

Effective January 30, 2009, claims submitted for professional, outpatient, and family planning services that include physician-administered prescription drug procedure codes will no longer require the National Drug Code (NDC) unit of quantity or the NDC unit of measurement codes.

On or after January 30, 2009, claims submitted, with physician-administered prescription drug procedure codes will require only "N4" (the NDC X12 qualifier) and the 11-digit NDC number.

Providers who choose to continue submitting the NDC unit of quantity and the NDC unit of measurement codes must submit both codes. Claims submitted with only one of the two codes will be rejected or denied.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the CSHCN Services Program Contact Center at 1-800-568-2413.■

43 (02/06/09 through 02/27/09) ***Attention All Providers*******

This is a correction to the 2009 *Healthcare Common Procedure Coding System (HCPCS) Special Bulletin*, No. 221. The bulletin indicates incorrect benefit information for the following procedure codes: 1-93279, 1-93282, 1-93289, 1-99460, 1-99462, 1-99463, 1-99464, and 1-99466. Details appear on the Code Updates web page of the TMHP website at www.tmhp.com and will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 223, and the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

44 (02/06/09 through 02/27/09) ***Attention All Medicaid Providers*******

This is an update to the 2009 *Texas Medicaid Provider Procedures Manual* Section 39.3.3.3, "Authorization Requirements," on page 39-4. Effective for dates of service on or after January 1, 2007, magnetic resonance imaging (MRI) procedure code 4/I/T 77084 requires prior authorization and is included in the procedure code table.

Providers may refer to the 2009 *Texas Medicaid Provider Procedures Manual*, Section 5.1.3, "Online Radiology Prior Authorizations," on page 5-7, for information about submitting prior authorization requests for radiology procedures.

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

45 (02/06/09 through 02/27/09) ***Attention All Medicaid Providers*******

This is a correction to a banner message that was published on December 5, 2008, about rate changes for hysteroscopy with endometrial ablation surgery services. The article incorrectly stated that procedure code 2-58563 requires modifier TH. Procedure code 2-58563 does not require a modifier.

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

46 (02/06/09 through 02/27/09) ***Attention All Medicaid Providers*******

Reminder: Providers may not charge for vaccines obtained from Texas Vaccines for Children (TVFC). If a vaccine is available from TVFC, Texas Medicaid does not reimburse for the vaccine for clients who are birth through 18 years of age. Vaccines are reimbursed only if they are not available from TVFC. When submitting a claim for a vaccine that is not available from TVFC, providers must use modifier U1 in combination with the vaccine procedure code. The Health and Human Services Commission (HHSC) must have notified TMHP of the vaccine shortage before TMHP can consider modifier U1 claims for reimbursement.

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

47 (02/06/09 through 02/27/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after March 1, 2009, the Children with Special Health Care Needs (CSHCN) Services Program reimbursement rates will change for casting, splinting, and strapping services for surgery, assistance surgery, and ambulatory surgical centers. The new rates are available on the TMHP website at www.tmhp.com and will be published in the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

48 (01/30/09 through 02/12/09) ***Attention All Medicaid Providers*******

In an effort to estimate the amount of uncompensated care provided to Hurricanes Dolly and Ike uninsured evacuees, the Texas Health and Human Services Commission (HHSC) requests that providers complete the "Texas Hurricane-Related Uncompensated Care Survey," which can be linked to from the TMHP website at www.tmhp.com. This survey is online now and will be available until February 12, 2009. For a provider's estimate to be included in the state's uncompensated care estimate, the provider must complete the survey no later than February 12, 2009.

Instructions and the link to this survey are available on the TMHP website at www.tmhp.com.■

49 (02/13/09 through 03/06/09) ***Attention All Medicaid and PCCM Providers*******

This is a clarification to information posted on the Hurricane Ike Provider Information web page on the TMHP website at www.tmhp.com and published in the November/December 2008 *Texas Medicaid Bulletin*, No. 219, in the article titled, "HHSC Response to Recent Hurricanes." At that time HHSC directed TMHP to waive the filing deadline for providers whose ZIP codes have been identified as evacuation areas. The waiver applies to claims with dates of service on or after September 9, 2008, through January 31, 2009. Claims submitted after the filing deadline will initially be denied but will then be reprocessed by TMHP. No further action on the part of the provider is necessary. Additional information is available on the TMHP web site at www.tmhp.com including detailed information about filing deadlines and the list of affected ZIP codes. For more information, call the TMHP Contact Center at 1-800-925-9126.■

50 (02/13/09 through 03/06/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after April 1, 2009, Texas Medicaid will implement benefit and prior authorization changes for total parenteral nutrition (TPN) services. Details of these changes are available on the TMHP website at www.tmhp.com and will be available in the May/June 2009 *Texas Medicaid Bulletin*, No. 223. For more information, call the TMHP Contact Center at 1-800-925-9126.■

51 (02/13/09 through 03/06/09) ***Attention All Medicaid Providers*******

This is a correction to a banner message that was first published on the January 16, 2009 R&S Report. The banner message indicated an incorrect limitation for monaural hearing devices effective for dates of service on or before December 1, 2008. The correct information is as follows: Providers may refer to the 2009 *Texas Medicaid Provider Procedures Manual* Section 23, "Hearing Aid and Audiological Services," on page 23-1, and *Texas Administrative Code* (TAC) §354.1235 effective October 1, 2005, for information about the hearing aid benefit effective for dates of service on or before December 1, 2008. The complete, corrected article is available on the TMHP website at www.tmhp.com. For more information, call the TMHP Contact Center at 1-800-925-9126.■

52 (02/13/09 through 03/06/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue affecting claims that were submitted with dates of service on or after December 2, 2008, and hearing aid revisit procedure codes 1-92592 or 1 92593. These claims may have been denied in error. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary. For more information, call the TMHP Contact Center at 1-800-925-9126.■

53 (02/13/09 through 03/06/09) ***Attention All Medicaid Providers*******

Reminder: Effective for dates of service on or after December 2, 2008, hearing aid device revisits must be billed using procedure code 1-92592 or 1-92593. The revisits are limited to two per calendar year performed by any

provider. Procedure codes 99211 and 99212 will no longer be reimbursed for hearing aid device revisits. Procedure codes 99211 and 99212 will be denied if submitted with the same date of service by the same provider as procedure code 92592 or 92593. Details of the hearing devices and services benefit changes are posted on the TMHP web site at www.tmhp.com and will be published in the 2009 March/April *Texas Medicaid Bulletin*, No. 222. For more information, call the TMHP Contact Center at 1-800-925-9126.■

54 (02/13/09 through 03/06/09) ***Attention All Medicaid Providers*******

To align with Centers for Medicare & Medicaid Services (CMS) requirements for easy access to all Medicaid fees, TMHP is reviewing all procedure codes to confirm Texas Medicaid type-of-service (TOS) coverage and appropriate place of service (POS) and provider type restrictions. TMHP will publish quarterly articles notifying providers of TOS and POS restriction changes. Provider type changes will be included in the fee schedules that are updated quarterly. Before submitting claims, providers are encouraged to determine coverage changes by reviewing the fee schedules. The quarterly articles will be posted on the Code Updates web page available on the TMHP website at www.tmhp.com. Details for the first quarter procedure code review effective for dates of service on or after April 1, 2009, are available on the Code Updates web page and will be available in the May/June 2009 *Texas Medicaid Bulletin*, No. 223. For more information, call the TMHP Contact Center at 1-800-925-9126.■

55 (02/13/09 through 03/06/09) ***Attention All Dental Providers*******

This is a correction to the 2009 *Texas Medicaid Provider Procedures Manual*. The table in Section 19.16.7 titled "Periodontal Services" on page 19-23 is missing limitation information for procedure code W-D4910. The following is the correct information as it should appear in the table. D4910- Payable only following active periodontal therapy by any provider as evidenced either by a billed claim for procedure code W-D4240, W-D4241, W-D4260, or W-D4261 or by evidence through client records of periodontal therapy while not Medicaid eligible. Not payable within 90 days after D4355 or on same date of service as any other evaluation procedure. A 13-20, N, PXR, PHO, CCP. For more information, call the TMHP Contact Center at 1-800-925-9126.■

56 (02/13/09 through 03/06/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after April 1, 2009, benefits for mobility aids for Texas Health Steps-Comprehensive Care Program (THSteps-CCP) will change for Texas Medicaid. Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 224. For more information, call the TMHP Contact Center at 1-800-925-9126.■

57 (02/13/09 through 03/06/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after April 1, 2009, a toilet seat lift mechanism (procedure code J-E0172) is a benefit of Texas Medicaid when prior authorized. Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 223. For more information, call the TMHP Contact Center at 1-800-925-9126.■

58 (02/13/09 through 03/06/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after April 1, 2009, regional anesthesia services criteria will change for Texas Medicaid. Details of the changes are available on the TMHP website at www.tmhp.com and will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 223. For more information, call the TMHP Contact Center at 1-800-925-9126.■

59 (02/13/09 through 03/06/09)***Attention All Medicaid and CSHCN Services Program Providers*******

On April 1, 2009, TMHP will implement first quarter 2009 Healthcare Common Procedure Coding System (HCPCS) additions, changes, and deletions effective for dates of service on or after April 1, 2009. Deleted procedure codes will no longer be benefits of Texas Medicaid fee-for-service, Medicaid Managed Care, and the Children with Special Health Care Needs (CSHCN) Services Program. Details of these changes will be available on the TMHP website at www.tmhp.com beginning April 1, 2009, and will also be included in the May/June 2009 *Texas Medicaid Bulletin*, No. 223 and the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70. For more information, visit the TMHP website at www.tmhp.com or call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

60 (02/13/09 through 03/06/09) ***Attention All THSteps Dental Providers*******

Effective for dates of service on or after April 1, 2009, benefit criteria for Texas Health Steps (THSteps) dental diagnostic services will change for Texas Medicaid.

Benefit details are available on the TMHP website at www.tmhp.com and will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 223. For more information, call the TMHP Contact Center at 1-800-925-9126.■

61 (02/13/09 through 03/06/09) ***Attention All Certified Nurse-Midwife Providers*******

Reminder: The Medicaid rate for Certified Nurse-Midwife (CNM) services is 92 percent of the rate paid to a physician (doctor of medicine [MD] or doctor of osteopathy [DO]) for the same service and 100 percent of the rate paid to physicians for laboratory services, X-ray services, and injections. The 92 percent fee is not reflected within the fee schedule and is applied before the payment is processed.

Providers can reference the fee schedules on the TMHP website at www.tmhp.com.

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

62 (02/13/09 through 03/06/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after April 1, 2009, benefits for services by doctors of dentistry practicing as a limited physician will change for Texas Medicaid.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 224. For more information, call the TMHP Contact Center at 1-800-925-9126.■

63 (02/13/09 through 03/06/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that impacts outpatient hospital claims that are duplicates of outpatient hospital crossover claims. Outpatient hospital claims with dates of service on or after December 1, 2004, that are duplicates of outpatient hospital crossover claims may have been paid in error. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary. For more information, call the TMHP Contact Center at 1-800-925-9126.■

64 (02/13/09 through 03/06/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after April 1, 2009, benefit criteria for home health mobility aids will change for Texas Medicaid.

Benefit details are available on the TMHP website at www.tmhp.com and will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 223. For more information, call the TMHP Contact Center at 1-800-925-9126.■

65 (02/13/09 through 03/06/09) ***Attention All Providers*******

This is a correction to an article that was published in the 2009 March/April *Texas Medicaid Bulletin*, No. 223, about a scheduled system maintenance window on Sunday, March 8, 2009, from 12:00 a.m. until 3:00 a.m. for the daylight saving time change. This downtime window will be cancelled because it is unnecessary for the spring time change. The downtime scheduled for March 8, 2009, from 6:00 p.m. until 11:59 p.m. will still occur.■

66 (02/13/09 through 03/06/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after April 1, 2009, benefit criteria will change for some durable medical equipment (DME). Details of the changes are available on the TMHP website at www.tmhp.com and will be published in the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

67 (02/13/09 through 03/06/09) ***Attention All CSHCN Services Program Providers*******

This is a clarification to a banner message that first appeared on the January 9, 2009, Remittance and Status (R&S) Report, and to a web article that was published on the TMHP website at www.tmhp.com on January 2, 2009, titled "CSHCN Services Program Adopts Initial Rates for More HCPCS 2008 Procedure Codes." The articles incorrectly stated that affected claims may have been denied inappropriately. As stated in the 2008 *HCPCS Special Bulletin*, No. 213 published on the TMHP website on January 1, 2008, the Children with Special Health Care Needs (CSHCN) Services Program adopted a number of procedure codes that required an HHSC rate hearing and that the CSHCN Services Program would notify the Legislative Budget Board (LBB) and the Office of the Governor 45 days before implementing reimbursement rates for new procedure codes. In accordance with this rate hearing and LBB process, the affected claims were denied appropriately, and TMHP is now automatically reprocessing the claims. No further action on the part of the provider is necessary.

Providers may refer to the 2008 *HCPCS Special Bulletin*, No. 213 for more information. Details of the reimbursement rates for some of the new 2008 procedure codes will be published in the May 2009 *CSHCN Services Program Bulletin*, No. 70.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

68 (02/13/09 through 03/06/09) ***Attention All CSHCN Services Program Providers*******

This is an update to an article that first appeared on the TMHP website at www.tmhp.com on January 09, 2009, about the Children with Special Health Care Needs (CSHCN) Services Program rate changes for nutritional products, equipment, and supplies. The article did not include reimbursement rates for procedure code 9-B9998. Details of changes to the reimbursement rates for procedure code 9-B9998 are posted on the TMHP website at www.tmhp.com and will be published in the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

69 (02/13/09 through 03/06/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after April 1, 2009, the following anesthesia services procedure codes must be billed together with the same date of service by the same provider: *Procedure code 2-64472 must be billed

with procedure code 2-64470. *Procedure code 2-64476 must be billed with procedure code 2-64475.
*Procedure code 2-64480 must be billed with procedure code 2-64479. *Procedure code 2-64484 must be billed with procedure code 2-64483.

Providers can refer to the 2008 *CSHCN Services Program Provider Manual*, Section 24.3.3, "Anesthesiology," on page 24-8, for information about anesthesia services.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

70 (02/13/09 through 03/06/09) ***Attention All CSHCN Services Program Dental Providers*******

Effective for dates of service on or after April 1, 2009, benefit criteria for diagnostic dental services will change for the Children with Special Health Care Needs (CSHCN) Services Program. Benefit details are available on the TMHP website at www.tmhp.com and will be published in the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70. For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

71 (02/13/09 through 03/06/09) ***Attention All CSHCN Services Program Providers*******

This is a clarification to an article posted to the Children with Special Health Care Needs (CSHCN) Services Program web page on the TMHP website at www.tmhp.com on September 24, 2008, titled, "CSHCN Services Program Claim Filing Deadline Waived for Services to Ike Evacuees." At that time DSHS directed TMHP to waive the filing deadline for providers whose ZIP codes have been identified as being in an evacuation area. The waiver applies to claims with dates of service on or after September 9, 2008, through January 31, 2009. Claims submitted after the filing deadline will initially be denied but will then be reprocessed by TMHP. No further action on the part of the provider is necessary. Additional information is available on the TMHP web site at www.tmhp.com including detailed information about filing deadlines and the list of affected ZIP codes. For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

72 (02/13/09 through 03/06/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to a message that first appeared on the December 12, 2008, Remittance and Status (R&S) Report about the Children with Special Health Care Needs (CSHCN) Services Program reimbursement rate changes for optometrists' office visits and to an article that was published on the TMHP website at www.tmhp.com on December 5, 2008, titled "CSHCN Services Program Reimbursement Rates Change for Optometrists' Office Visits." The article incorrectly stated that the effective date was September 1, 2007, and that claims would be reprocessed. The effective date for the new reimbursement rates was January 1, 2009.

The new rates are available on the TMHP website at www.tmhp.com and will be published in the May 2009 *CSHCN Services Program Provider Bulletin*, No.70.

For more information, call the TMHP-CSHCN Contact Center at 1-800-568-2413.■

73 (02/20/09 through 03/13/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective April 1, 2009, procedure codes 2/F-54900 and 2/F-54901 will no longer be benefits of Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program.

Reminder: Texas Medicaid and the CSHCN Services Program do not cover fertility services.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.

74 (02/20/09 through 03/13/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that affects claims submitted with dates of service on or after May 1, 2008, and procedure codes 4/I/T-77051, 4/I/T-77052, 4/I/T-77055, 4/I/T-77056, 4/I/T-77057, 4/I/T-G0202, 4/I/T-G0204, or 4/I/T-G0206. These claims may have been denied in error. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Reminder: Effective for dates of service on or after May 1, 2008, screening and diagnostic studies of the breast, procedure code 4/I/T-77051, must be billed in conjunction with procedure code 4/I/T-77055, 4/I/T-77056, 4/I/T-G0204, or 4/I/T-G0206, and procedure code 4/I/T-77052 must be billed in conjunction with procedure code 4/I/T-77057 or 4/I/T G0202. Refer to the 2009 *Texas Medicaid Provider Procedure Manual*, page 36-22, "Mammography (Screening and Diagnostic Studies of the Breast)."

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

75 (02/20/09 through 03/13/09) ***Attention All Medicaid and CSHCN Services Program Hospital Providers *******

TMHP has identified an issue that impacts outpatient hospital claims submitted with revenue code B-636 and dates of service on or after April 1, 2008. These claims may have been denied in error. Affected claims will be reprocessed, and claims will be adjusted accordingly. No action on the part of the provider is necessary.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

76 (02/20/09 through 03/13/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of service on or after March 1, 2009, leuprolide acetate injection procedure code 1-J9217 will be allowed for use in monthly, 3-month, 4-month and 6-month doses instead of 1 every 28 days.

Details are available on the TMHP website at www.tmhp.com and will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 223, and the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

77 (02/20/09 through 03/13/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after February 5, 2009, procedure codes 4/I/T-93886 and 4/I/T-93888 are payable for diagnosis codes 28260, 28261, 28262, 28263, 28264, 28268, and 28269 for clients 2 years of age through 16 years of age. Providers may refer to the 2009 *Texas Medicaid Provider Procedures Manual*, section 36.4.12, "Doppler Studies," on page 36-36, for additional payable diagnosis codes for clients of all ages.

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

78 (02/20/09 through 03/13/09) ***Attention All Medicaid Providers*******

This is a correction to an article that was published in the November/December 2008 *Texas Medicaid Bulletin*, No. 219, titled "Reminder for FQHC Providers." Some procedure codes were omitted from the Texas Health Steps (THSteps) Medical Services and Co-payment sections of the table.

Procedure code S-99384 should be included in the THSteps Medical Services section, and procedure code 1-CP002 should be included in the Co-payments section.

The complete tables can be found in the 2009 *Texas Medicaid Provider Procedures Manual*, section 21.3, "Benefits and Limitations," on page 21-3.

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

79 (02/20/09 through 03/13/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is a correction to the 2009 *Texas Medicaid Provider Procedures Manual*, section 36.4.46.7, "Technetium TC 99M," on page 36-127, and also to a banner message that was published on November 23, 2007. The banner message and manual incorrectly state that procedure codes A9500 and A9502 are limited to 3 per day, any provider. The correct statement is as follows:

Procedure codes 9-A9500 and 9-A9502 are limited to 3 per day, same provider.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP CSHCN Services Program Contact Center at 1-800-568-2413.■

80 (02/20/08 through 03/20/08) ***Attention All Providers*******

The Texas Medicaid and Children with Special Health Care Needs (CSHCN) Services Program Top Physician-Administered Multiple-Source Drugs List is now available on the National Drug Code (NDC) page of the TMHP website at www.tmhp.com. The Texas Medicaid and CSHCN Services Program Top Physician-Administered Multiple Source Drugs list are those physician-administered, multiple-source drugs that the U.S. Secretary of Health and Human Services has determined to have the highest dollar volume of physician-administered drugs that are dispensed through Medicaid.

The list on the TMHP website includes only the physician-administered multiple-source drugs that are applicable to Texas Medicaid and the CSHCN Services Program. Providers should monitor future notifications for updates to the list.

Reminder: NDC information is required for professional, outpatient, and family planning services that include physician-administered prescription drug charges. Claims that are submitted without NDC information will be denied, even if they have been prior authorized.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

81 (02/20/09 through 03/13/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after March 1, 2009, the Children with Special Health Care Needs (CSHCN) Services Program reimbursement rates for hysteroscopy with endometrial ablation surgery services will change. Procedure code 2-58563 will have a reimbursement rate of \$1,536.25 (53.64 relative value units [RVUs], \$28.640 conversion factor) and will be reimbursable for services provided in an office setting. This reimbursement rate applies to clients of all ages.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

82 (02/27/09 through 03/20/09) ***Attention All Medicaid Providers*******

This is an update to a banner message that was first published on the January 30, 2009, Remittance and Status (R&S) Report and a website article posted on January 28, 2009, on the TMHP website at www.tmhp.com about a survey on uncompensated care for Hurricanes Dolly and Ike evacuees. The banner message and website article state the survey must be completed no later than February 12, 2009. HHSC has decided to leave the survey open until further notice in order to encourage responses from as many providers as possible. Providers that responded to the survey previously do not need to respond again.

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

83 (02/27/09 through 03/05/09) ***Attention All Providers*******

This is an update to the announcement of scheduled system maintenance for Sunday March 8, 2009. The outage window for March 8, 2009, will be extended by two hours from 6:00 p.m. until 2:00 a.m. on Monday, March 9, 2009, to allow for the performance of additional operating system maintenance. Some functions will be unavailable during this time period. For details of the affected systems, providers can refer to the article on the TMHP website at www.tmhp.com.■

84 (02/27/09 through 03/20/09) ***Attention All Medicaid Providers*******

This is a correction to the 2009 *Texas Medicaid Provider Procedures Manual*, section 36.4.21.25, "Gamma Globulin/Immune Globulin," on page 36-56. The section contains incorrect limitations for procedure codes 1-90284, 1-J1459, 1-J1561, 1-J1562, 1-J1568, 1-J1569, and 1-J1572. The corrected information is available on the TMHP website at www.tmhp.com and will also be available in the May/June 2009 *Texas Medicaid Bulletin*, No. 223.

Additionally, TMHP has identified an issue that impacts claims billed with an immune globulin procedure code, diagnosis code 28730, and dates of service from May 1, 2006, through December 31, 2007. These claims may have been denied in error. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

85 (02/27/09 through 03/20/09) ***Attention All Medicaid Providers*******

This is an update to a banner message that was published on the December 5, 2008, Remittance and Status (R&S) Report and a web article that was posted on the TMHP website at www.tmhp.com on November 28, 2008, titled "Reimbursement Rates to Change for Ambulatory Surgical Centers, Dental and DME Services." The articles incorrectly list the effective date for the procedure codes as January 1, 2009. The correct effective date is January 1, 2008. Additionally, the 2009 Healthcare Common Procedure Coding System (HCPCS) replacement procedure codes that were effective on or after January 1, 2009, for some of the durable medical equipment (DME) services were omitted from the article.

The complete, corrected article is available on the TMHP website at www.tmhp.com and will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 223.

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

86 (02/27/09 through 03/20/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is a correction to an article published on the TMHP website at www.tmhp.com on January 30, 2009, titled "Correction to the 2009 *HCPCS Special Bulletin*, No. 221." The article indicated the incorrect type of service for procedure codes 93279, 93282, and 93289. These procedure codes are laboratory services, and the correct type of service is as follows: 5-93279, 5-93282, and 5-93289.

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

87 (02/27/09 through 03/20/09) ***Attention All Medicaid Providers*******

This is a clarification to the 2009 *Texas Medicaid Provider Procedures Manual*, section 25.3.3.11, "Hospital Laboratory Services," on page 25-32 and section 26.4.4, "Organ or Disease Panel," on page 26-7 for laboratory

panel procedure code 80055. Details of the clarification are published on the TMHP website at www.tmhp.com and will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 223.

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

88 (02/27/09 through 03/20/09) ***Attention All Ambulance Providers*******

This is a correction to the 2009 *Texas Medicaid Provider Procedures Manual*, section 8.8, "Claims Information," on page 8-14. This section contains an incorrect CMS-1500 claim form reference to Block 9 for nonemergency hospital-to-hospital transfers. The complete, corrected paragraph is as follows:

Nonemergency claims filed electronically must include the PAN in the appropriate field. For nonemergency hospital-to-hospital transfers, indicate the services required from the second facility and unavailable at the first facility in Block 19 of the CMS-1500 claim form. If the destination is a hospital, enter the name and address and the provider identifier of the facility in Block 32.

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

89 (02/27/09 through 03/20/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after March 1, 2009, the prior authorization guidelines and documentation requirements for breast cancer (BRCA) testing will change for gene mutation analysis (procedure codes 5-S3820, 5-S3822, and 5-S3823). The BRCA testing policy for Texas Medicaid will be revised to match national standards.

Details of the new prior authorization guidelines and documentation requirements are available on the TMHP website at www.tmhp.com and will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 223.

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

90 (02/27/09 through 03/20/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after March 1, 2009, the Children with Special Health Care Needs (CSHCN) Services Program reimbursement rates will change for patient lifts procedure codes.

The revised reimbursement rates are available on the TMHP website at www.tmhp.com and will be published in the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

91 (02/27/09 through 03/20/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after April 1, 2008, the Children with Special Health Care Needs (CSHCN) Services Program reimbursement rates for 2008 HCPCS procedure codes have changed for ambulatory surgical centers, dental, and durable medical equipment services. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

The revised reimbursement rates are available on the TMHP website at www.tmhp.com and will be published in the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

92 (02/27/09 through 03/20/09) ***Attention All CSHCN Services Program Providers*******

This is an update to articles that first appeared on the February 6, 2009, Remittance and Status (R&S) Report about the Children with Special Health Care Needs (CSHCN) Services Program reimbursement rate changes for nutritional products, equipment, and supplies and on the TMHP website at www.tmhp.com on February

2, 2009, titled "Update to CSHCN Services Program reimbursement rate changes for nutritional products, equipment, and supplies." The articles did not indicate that affected claims will be reprocessed because of the rate change, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

93 (02/27/09 through 03/20/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to the Rate Changes Insert in the November 2007 *CSHCN Services Program Provider Bulletin*, No. 64. The "Rate Changes for Anesthesia Services" article on page 25 and "Rate Increases for Physician and Other Professional Services" article on page 26 indicated that some procedure codes were not a benefit of the CSHCN Services Program and so were not affected by the rate change. Some of these procedure codes are benefits of the CSHCN Services Program and should have had the rate increase applied to them. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

A list of the affected procedure codes is available on the TMHP website at www.tmhp.com and will be available in the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70.

For more information, call the TMHP Contact Center at 1-800-568-2413.■

94 (03/06/09 through 03/27/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is a correction to a message that first appeared on the February 6, 2009, Remittance and Status (R&S) Report and an article that was published on the TMHP website at www.tmhp.com on January 30, 2009, titled "Correction to the 2009 *HCPCS Special Bulletin*, No. 221." The articles stated that incorrect benefit information was published in the 2009 Healthcare Common Procedure Coding System (*HCPCS Special Bulletin*, No. 221, for procedure codes 5-93279, 5-93282, and 5-93289, and that these procedure codes would not be reimbursed retroactively to January 1, 2009.

Procedure codes 5-93279, 5-93282, and 5-93289 will be a benefit retroactive to January 1, 2009, for Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program. Once the reimbursement rates are implemented, affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

The complete, corrected article is available on the TMHP website and will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 223, and the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

95 (03/06/09 through 03/27/09) ***Attention All Medicaid Providers*******

Reminder: Effective March 12, 2009, the DSHS Laboratory will have new specimen acceptance criteria for specimens submitted for syphilis (RPR and TPPA), HIV, and Hepatitis C testing.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 224.

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

96 (03/06/09 through 03/27/09) ***Attention All Medicaid Providers*******

This is a correction to an article that was published on the TMHP website at www.tmhp.com on February 6, 2009, titled "THSteps-CCP Mobility Aids Benefits to Change." The article incorrectly stated that procedure

codes J-E0700, J-E1035, 9-E1340, and J/L-E1399 will no longer be reimbursed to custom durable medical equipment (DME) providers and seating assessments must be prior authorized.

Procedure codes J-E0700, J-E1035, 9-E1340, and J/L-E1399 may be reimbursed to custom DME providers, and seating assessments do not require prior authorization.

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

97 (03/06/09 through 03/27/09) ***Attention All Medicaid and PCCM Providers*******

The 2009 Clinical Decision Support Tool for Advanced Imaging Guide is now accessible from the "Provider Manuals and Guides" area on the homepage of the TMHP website at www.tmhp.com.

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

98 (03/06/09 through 03/27/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after April 1, 2009, benefit criteria for telemedicine services will change for Texas Medicaid.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 223.

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

99 (03/06/09 through 03/27/09) ***Attention All CSHCN Services Program Providers*******

The American Academy of Pediatrics is hosting a free teleconference series that begins in March 2009 and runs through June 2009 to provide child health professionals with practical strategies for implementing the medical home concept in their practices. This informative series will be led by nationally recognized experts with the goal of educating participants about the value of the family-centered primary care medical home for all children and youth, the availability of practical tools and resources, and strategies for improving care and increasing patient and family satisfaction. More information on this teleconference series including helpful links is available on the TMHP website at www.tmhp.com.■

100 (03/06/09 through 03/27/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after April 1, 2009, benefit criteria for telemedicine services will change for the Children with Special Health Care Needs (CSHCN) Services Program.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

101 (03/13/09 through 04/03/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after May 1, 2009, the Children with Special Health Care Needs (CSHCN) Services Program will implement new benefit criteria for home health services. Details of these changes are available on the TMHP website at www.tmhp.com and will also be available in the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

102 (03/13/09 through 04/03/09) *** Attention All CSHCN Services Program Providers*******

Effective for dates of services on or after April 1, 2009, telemedicine facility fee procedure code 1-Q3014 will be a benefit of the Children with Special Health Care Needs (CSHCN) Services Program with a reimbursement rate of \$23.72.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

103 (03/13/09 through 04/03/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

As of March 1, 2009, the respiratory syncytial virus (RSV) season ended in most areas of the state. As a result, palivizumab (Synagis) is no longer considered medically necessary in those areas. In consultation with qualified experts, Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program have been monitoring RSV activity across the state. Current surveillance trends document that RSV activity has fallen below the accepted threshold for the 2009 season in most areas of the state.

There are still five regions in the state where the RSV activity remains elevated. When requested by the provider, a sixth dose of palivizumab (Synagis) may be prior authorized for administration in early March for clients who meet the criteria for palivizumab (Synagis) administration and also reside in one of the ZIP codes for the five regions. A list of these regions with the corresponding zip codes is available on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224 and the August 2009 *CSHCN Services Program Provider Bulletin*, No. 71.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

104 (03/13/09 through 03/13/09) ***Attention All Medicaid Providers*******

This is an update to a banner message that was first published in the February 27, 2009, R&S Report and a website article posted on February 17, 2009, on the TMHP website at www.tmhp.com about a survey on uncompensated care for Hurricanes Dolly and Ike evacuees. HHSC has determined that the last day to complete the survey will be March 9, 2009. Providers that want to provide input to HHSC about uncompensated care for hurricane evacuees must complete the survey by 5:00 p.m. Central Time on March 9. Providers that have responded to the survey previously do not need to respond again. Details and a link to the survey are available on the TMHP website at www.tmhp.com.■

105 (03/13/09 through 04/03/09) ***Attention All Medicare Advantage Plan Participating Providers*******

HHSC and TMHP are finalizing a process that will allow providers who participate in Medicare Advantage Plans (MAPs) to submit claims to TMHP for reimbursement of the coinsurance or deductible for services rendered to dual-eligible clients for dates of service from January 1, 2005, through December 31, 2007.

As part of this process, TMHP will allow MAPs providers to submit two new Medicare Advantage Plans Submission Forms with a copy of their claim form. Additional information regarding this new process is available on the TMHP website at www.tmhp.com and will be published in the 2009 May/June *Texas Medicaid Bulletin*, No. 223.

Services rendered to dual-eligible clients for dates of service on or after January 1, 2008, are excluded from this process and are covered under the monthly capitated arrangement available to HHSC-contracted MAPs.

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

106 (03/13/09 through 04/03/09) ***Attention All Medicaid Providers*******

Effective for dates of services on or after April 1, 2009, Texas Medicaid reimbursement rates will change for physician-administered drugs and biologicals.

Details of changes to the reimbursement rates are available on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

107 (03/13/09 through 04/03/09) ***Attention All Medicaid Providers*******

Effective for dates of services on or after April 1, 2009, telemedicine facility fee (procedure code 1-Q3014) will be a benefit of Texas Medicaid and will have a reimbursement rate of \$23.72. This initial reimbursement rate was adopted following a public rate hearing that was held on February 17, 2009.

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

108 (03/13/09 through 04/03/09) ***Attention All Medicaid Providers*******

Effective for dates of services on or after April 1, 2009, some procedure codes for services by doctors of dentistry practicing as a limited physician will become a benefit of Texas Medicaid. The initial reimbursement rates were adopted following a public rate hearing that was held on February 17, 2009.

Details of the reimbursement rates are posted on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

109 (03/13/09 through 04/03/09) ***Attention All Medicaid Providers*******

This is a clarification to an article that was published on the TMHP website at www.tmhp.com on October 24, 2008, and in the January/February 2009 *Texas Medicaid Bulletin*, No. 220, titled "Clinician-Directed Care Coordination Services Changes for THSteps-CCP." The limitation for telephone consultations is on a per-client basis. The complete limitation is as follows:

Telephone consultations are limited to 2 every 6 months, per client, same provider, and will not be reimbursed to the clinician providing the medical home.

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

110 (03/13/09 through 04/03/09) ***Attention All THSteps Dental Providers*******

Effective for dates of service on or after April 1, 2009, dental diagnostic services procedure codes D0360, D0362, and D0363 will become benefits of Texas Health Steps (THSteps). Procedure code D0360 will be reimbursed \$288.75; procedure code D0632 will be reimbursed \$173.25; and procedure code D0363 will be reimbursed \$231.00.

These reimbursement rates were adopted following a public rate hearing that was held on February 17, 2009.

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

111 (03/13/09 through 04/03/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after April 1, 2009, the reimbursement rates for some medical services, surgical, interpretation, and total component procedure codes will change for Texas Medicaid. The new reimbursement rates were adopted following a public rate hearing that was held on February 17, 2009.

Details of the reimbursement rate changes are posted on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

112 (03/20/09 through 04/10/09) ***Attention All CSHCN Services Program Providers*******

Reminder: Children with Special Healthcare Needs (CSHCN) Services Program providers that have completed the NPI attestation for Texas Medicaid must also complete the NPI attestation for the CSHCN Services Program. Providers that have not completed their NPI attestation will experience claim denials and rejections.

Provider attestation can be completed on the TMHP website at www.tmhp.com under the "I would like to" section. Refer to the *National Provider Identifier Special Bulletin*, No. 202, for complete instructions on completing the online attestation.

Additionally, CSHCN Services Program providers are reminded that they must keep their Texas Medicaid enrollment active and current to remain enrolled in the CSHCN Service Program. Termination from Texas Medicaid will result in termination from the CSHCN Services Program.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

113 (03/20/09 through 04/10/09) ***Attention All CSHCN Orthotic and Prosthetic Services Providers*******

Reminder: Orthotists and prosthetists must enroll in the CSHCN Services Program as individual providers or as a group with performing providers. The CSHCN Services Program does not enroll orthotists and prosthetists as facilities.

Before enrolling in the CSHCN Services Program, orthotists and prosthetists must first enroll in Texas Medicaid as durable medical equipment (DME) providers. Orthotists and prosthetists must keep their Texas Medicaid enrollment active and current to remain enrolled with the CSHCN Services Program.

For more information call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

114 (03/20/09 through 04/10/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

TMHP has identified an issue that affects claims with dates of service from April 1, 2007, through February 19, 2009, and procedure code 9-A4351 or 9-A4352. These claims may have been denied in error with the explanation of benefits (EOB) message, "This procedure is part of another procedure/service billed on the same day." Providers can bill procedure code 9-A4351 and 9-A4352 on the same day for the same client when needed.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the CSHCN Services Program Contact Center at 1-800-568-2413.■

115 (03/20/09 through 04/10/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after April 1, 2009, Comprehensive Care Program (CCP) speech language pathologist, provider type 50 (CCP Provider) and specialty A0, (Speech Therapy) may be reimbursed in the outpatient setting for procedure code 1-92610.

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

116 (03/27/09 through 04/17/09) ***Attention All Medicaid Providers*******

This is a correction to an article that was published on March 6, 2009, on the TMHP website at www.tmhp.com titled "Texas Medicaid Reimbursement Rates Change for Some Medical Services, Surgical, Interpretation and Total Component. " The article incorrectly stated that procedure code I-62252 is a benefit of Texas Medicaid and included incorrect reimbursement rates for procedure codes 2-92979, I -92979, T-92979, and T-93621.

The correct information is as follows: Procedure code I-62252 is not a benefit of Texas Medicaid. Effective April 1, 2009, procedure code 2-92979 has a reimbursement rate of \$127.74. Procedure codes I -92979 and T-92979 have a reimbursement rate of \$63.87 (2.23 Relative Value Units [RVUs], \$28.640 conversion factor). Procedure code T-93621 has a reimbursement rate of \$100.27.

The complete, corrected article is available on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

117 (03/27/09 through 04/17/09) ***Attention All Medicaid and Family Planning Providers*******

Some family planning claims filing criteria and benefits will be changing for Texas Medicaid Title XIX Family Planning, the Women's Health Program (WHP), and Family Planning Titles V and XX. WHP claims filing criteria and benefit changes will be effective for dates of service on or after April 1, 2009. Family planning Titles V, XIX, and XX claims filing criteria and benefit changes will be effective for dates of service on or after July 1, 2009.

Details of these changes including procedure codes and correct claims filing information are available on the TMHP web site at www.tmhp.com and will be available in the July/August 2009 *Texas Medicaid Bulletin*, No. 224. For more information, call the TMHP Contact Center at 1-800-925-9126.■

118 (03/27/09 through 04/17/09) ***Attention All Medicaid Providers*******

This is a correction to an article titled, "First Quarter Procedure Code Review," that was published on the Procedure Code Review web page of the TMHP website at www.tmhp.com on February 6, 2009. The article incorrectly indicated changes for procedure codes 2-54150, 2-59855, 2-31615, 2-59430, 2-31717, and 2-31780. Additionally, some procedure codes were omitted from the article. Details of the omitted procedure codes and the complete, corrected information are available on the Procedure Code Review web page in the Code Updates section of the TMHP website at www.tmhp.com.

Providers may also refer to the original article on the same web page for the rest of the information about first quarter 2009 procedure code review updates.

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

119 (03/27/09 through 04/17/09) ***Attention All Medicaid Providers*******

The TMHP Personal Care Services (PCS) Prior Authorization Frequently Asked Questions (FAQs) is now available on the Alberto N. Related Information web page of the TMHP website at www.tmhp.com.

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

120 (03/27/09 through 04/17/09) ***Attention All Medicaid Providers*******

This is a correction to the 2009 *Texas Medicaid Provider Procedures Manual*, section 43.4.7.3 titled "Benefits and Limitations" for licensed dietitians on page 43-52. The manual incorrectly states that procedure code 1-

S9470 is not a benefit in the home setting and is limited to eight 30-minute units per rolling year. The correct procedure code should be 97804. The correct statement is as follows:

Procedure code 1-97804 is not a benefit in the home setting and is limited to 8 units per rolling year. One unit is equivalent to 30 minutes.

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

121 (03/27/09 through 04/17/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of services on or after April 1, 2009, Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program will implement initial reimbursement rates for some mobility aids procedure codes. The following reimbursement rates were adopted following a public rate hearing on February 17, 2009: Procedure code J-E0628 has a reimbursement rate of \$347.26; Procedure code J-E0629 has a reimbursement rate of \$347.25; Procedure code J-E1010 has a reimbursement rate of \$1,635.90; Procedure code J-E2300 has a reimbursement rate of \$2,491.24.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

122 (03/27/09 through 04/17/09) ***Attention All Medicaid Providers*******

This is an update to an article that was published on the TMHP website at www.tmhp.com on December 5, 2008, titled "Texas Medicaid Reimbursement Rates Change for Patient Lifts." The reimbursement rate for procedure code J-E0635 without the TG modifier was not included. The reimbursement rate for procedure code J-E0635 without the TG modifier is \$1,565.42. Procedure code J-E0635 when submitted with modifier TG is reimbursable only to durable medical equipment suppliers.

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

123 (04/03/09 through 04/03/09) ***Attention All Medicaid Pediatric Providers*******

The Texas Health and Human Services Commission (HHSC) has contracted with Health Management Associates (HMA) to conduct a survey to understand problems pediatric providers face. This effort is part of the state's initiative to improve access to specialty and subspecialty care for the pediatric Medicaid population.

Provider input is very important to help HHSC effectively address barriers to specialty and subspecialty care. Providers are requested to respond to the survey as soon as it arrives. Providers that do not receive a survey by April 6 should call Jessica Marks at 1-517-482-9236 to request another one.

Providers may also complete the survey online. Primary care providers for Texas Medicaid should complete the survey at <http://tx-pcp.questionpro.com>. Pediatric subspecialist providers for Texas Medicaid should complete the survey at <http://tx-specialist.questionpro.com>.

Providers will need to have their medical license number available, since that is needed to access the survey.

The survey is designed to take less than 15 minutes to complete.

HHSC thanks all providers for their participation, which will help HHSC to facilitate possible solutions to the barriers providers face and ultimately improve the quality of health care received by Texas children.■

124 (04/03/09 through 04/24/09) ***Attention All Medicaid Providers*******

Effective for dates of services on or after April 1, 2009, some non-clinical laboratory reimbursement rates will change for Texas Medicaid. The reimbursement rates were adopted following a public rate hearing that was held on February 17, 2009, and apply to clients of all ages.

Details of the reimbursement rate changes are available on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

125 (04/03/09 through 04/24/09) ***Attention All Medicaid Providers*******

Effective for dates of service from October 1, 2008, through December 31, 2010, the Federal Medical Assistance Percentage (FMAP) has increased from 59.44% to 68.76% as part of the federal stimulus package recently passed by Congress. Affected claims for the first and second quarters of the federal fiscal year 2009 will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

FMAP is the federal government's contribution to states for Medicaid expenditures and is used for Medicaid fee-for-service and managed care. The FMAP change affects only providers that certify expenses and are reimbursed only the federal share of their claims.

The Enhanced Federal Medical Assistance Percentage (EFMAP) rate will not change. The EFMAP percentage will remain at 71.61%.

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

126 (04/03/09 through 04/24/09) ***Attention All Medicaid Providers*******

Effective for dates of services on or after April 1, 2009, Texas Medicaid reimbursement rates will change for some durable medical equipment (DME) procedure codes.

Details of changes to the reimbursement rates are available on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

127 (04/03/09 through 04/24/09) ***Attention All Providers*******

Radio TMHP, which is now available on the TMHP website at www.tmhp.com, offers providers an opportunity to hear quarterly audio programs about a variety of special-interest topics.

Providers can access Radio TMHP from the navigation bar of the TMHP website. Programming will focus on health industry topics, including changes in policies and procedures associated with state of Texas health-care programs.

The first program features a conversation about Children with Special Health Care Needs (CSHCN) Services Program clients at federally qualified health centers and rural health clinics. The program outlines how providers at those clinics can enroll in the CSHCN Services Program so they can be reimbursed for the care they provide to CSHCN Services Program clients.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

128 (04/03/09 through 04/24/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is a correction to a message that first appeared on the March 6, 2009, Remittance and Status (R&S) Report about the end of the respiratory syncytial virus (RSV) season. The article stated that additional information would be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224 and the August 2009 *CSHCN Services Program Provider Bulletin*, No. 71. The additional information is available on the TMHP website at www.tmhp.com and will not be published in the bulletins.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

129 (04/03/09 through 04/24/09) ***Attention All THSteps Dental and CSHCN Services Program Dental Providers*******

This is a correction to articles that were published on the TMHP website at www.tmhp.com on February 6, 2009, titled "Benefit Update for THSteps Dental Diagnostic Services for Texas Medicaid" and "Benefit Update for Diagnostic Dental Services for the CSHCN Services Program." Both articles incorrectly stated that procedure code D0180 is limited to once every 6 months by the same provider.

Procedure code D0180 is not limited to once every 6 months by the same provider; however, other limitations described in the articles do apply to procedure code D0180. The complete, corrected articles will be published in the May/June 2009 *Texas Medicaid Bulletin*, No. 223, and the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

130 (04/03/09 through 04/24/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

The first quarter 2009 Healthcare Common Procedure Coding System (HCPCS) additions, changes, and deletions that are effective for dates of service on or after April 1, 2009, are now available. Deleted procedure codes are no longer benefits of Texas Medicaid, Medicaid Managed Care, or the Children with Special Health Care Needs (CSHCN) Services Program.

Details are available on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

For more information, call the TMHP Contact Center at 1-800-925-9126, or the TMHP-CSHCN Services Program Contact Center at 1-800-598-2413.■

131 (04/03/09 through 04/24/09) ***Attention All Medicaid Providers*******

Effective for dates of services on or after April 1, 2009, procedure code J-E0172 is a benefit of Texas Medicaid. The initial reimbursement rate for procedure code J-E0172 is \$819.18, which was adopted following a public rate hearing on February 17, 2009.

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

132 (04/03/09 through 04/24/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

TMHP has identified an issue that impacts claims submitted before March 5, 2009, with dates of service on or after January 1, 2009, and procedure code 1-99464. Claims may have been denied in error with an explanation of benefits message that indicated that the services are not in line with medical policy. Procedure code 1-99464 may be reimbursed in line with medical policy and does not require medical review. Affected claims will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the CSHCN Services Program Contact Center at 1-800-568-2413.■

133 (04/03/09 through 04/24/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective March 27, 2009, clinical laboratory panel procedure code 5-80047 will be reimbursed at the appropriate automated test panel (ATP) pricing in accordance with the Centers for Medicare and Medicaid Services (CMS) clinical laboratory fee schedule, which is available on the CMS website at www.cms.hhs.gov.

Additionally, procedure codes 5-82550, 5-83615, 5-G0306, and 5-G0307 will be reimbursed at a flat-fee rate and not at an ATP rate. Providers will be informed of the updated clinical laboratory reimbursement rates in a future notification.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

134 (04/10/09 through 04/16/09) ***Attention All Medicaid Pediatric Providers*******

By this time, providers should have received a survey asking about their views and experiences with pediatric specialty and subspecialty consultations and referrals.

The Texas Health and Human Services Commission (HHSC) has contracted with Health Management Associates (HMA) to conduct this survey to understand problems pediatric providers face. This effort is part of the state's initiative to improve access to specialty and subspecialty care for the pediatric Medicaid population.

Provider input is very important to help HHSC effectively address barriers to specialty and subspecialty care. Providers are requested to respond to the survey as soon as it arrives. Providers who have not yet received a survey should call Jessica Marks at 1-517-482-9236 to request a copy.

Providers may also complete the survey online. Primary care providers for Texas Medicaid should complete the survey at <http://tx-pcp.questionpro.com>. Pediatric subspecialist providers for Texas Medicaid should complete the survey at <http://tx-specialist.questionpro.com>.

Providers will need to have their medical license number available, since that is needed to access the survey.

The survey is designed to take less than 15 minutes to complete.

HHSC thanks all providers for their participation, which will help HHSC to facilitate possible solutions to the barriers providers face and ultimately improve the quality of health care received by Texas children.■

135 (4/10/09 through 05/01/09) ***Attention All Medicaid Providers*******

This is an update to a banner message that first appeared on the February 13, 2009, Remittance and Status (R&S) Report concerning benefit and prior authorization changes for total parenteral nutrition (TPN) services and to a corresponding web article that was published on the TMHP website at www.tmhp.com on February 6, 2009, titled "Update to Total Parenteral Nutrition (TPN) Services." The articles stated that effective for dates of service on or after April 1, 2009, Texas Medicaid would implement benefit and prior authorization changes for TPN services.

The effective date for these benefit and prior authorization changes has been delayed until July 1, 2009. Because of this delay, TMHP will extend prior authorizations for TPN services procedure codes 1-S9364, 1-S9365, 1-S9366, 1-S9367, and 1-S9368. Because the changes were to be implemented on April 1, 2009, this extension affects providers whose authorizations ended on March 31, 2009. Providers will receive another prior authorization letter from TMHP about the extension. For all other authorization extensions, providers will need to submit requests for extension of services through June 30, 2009.

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

136 (04/10/09 through 05/01/09) ***Attention All FQHC Providers*******

TMHP has identified an issue that impacts claims submitted by Federally Qualified Health Centers (FQHCs) with dates of service on or after September 1, 2008, and procedure code 1-J7302. These claims may have been denied in error with the explanation of benefits (EOB) message "This procedure not covered for this provider type." Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

137 (04/10/09 through 05/01/09) ***Attention All Medicaid Dental Providers*******

This is an update and a correction to a banner message that first appeared on the March 13, 2009, Remittance and Status (R&S) Report concerning diagnostic dental services procedure codes that are becoming benefits of Texas Health Steps (THSteps). The article included an incorrect procedure code D0632. The correct procedure code is D0362. In addition, the article has been updated to include prior authorization requirements.

The complete, revised article is available on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

138 (04/10/09 through 05/01/09) ***Attention All Medicaid Dental Providers*******

TMHP has identified an issue that impacts claims billed with procedure code D2392 and a surface identification combination of L, M, and O. These claims may have been denied in error. Claims for dates of service from March 24, 2007, through March 23, 2009, will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

139 04/10/09 through 05/01/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

On September 1, 2008, the Department of State Health Services (DSHS) began to issue mammography certification to providers who render mammography services. Providers can submit this certification to the TMHP Provider Enrollment Department in lieu of certification issued by the Food and Drug Administration (FDA) because certification issued by DSHS is recognized by the FDA. TMHP will also continue to accept mammography certification issued by the FDA.

Providers are reminded to check the expiration date of their mammography certifications and to submit updated mammography certifications prior to the expiration date. Mail or fax certifications to: Texas Medicaid & Healthcare Partnership, Provider Enrollment, PO Box 200795, Austin, TX 78720-0795, Fax: 1-512-514-4214.

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

140 (04/10/09 through 05/01/09) ***Attention All Medicaid Providers*******

TMHP has identified issues that affect claims billed with dates of service from December 2, 2008, through March 24, 2009, and some hearing aid devices and services procedure codes. Affected claims will be reprocessed, and payments will be adjusted accordingly. Denied claims may require the submission of medical record documentation for appropriate reimbursement.

Details are available on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

141 (04/10/09 through 05/01/09) ***Attention All Medicaid Providers*******

Reminder: When asked to do so, Medicaid providers are required to complete and sign authorized medical transportation forms (e.g., Form 3103, Individual Driver Registrant (IDR) Service Record, or Form 3111, Verification of Travel to Healthcare Services by Mass Transit) or provide an equivalent (i.e., provider statement on official letterhead) to attest that services were provided to a client on a specific date. The client presents these forms to the provider. Providers are not allowed to bill clients or Texas Medicaid for completing these forms.

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

142 (04/10/09 through 05/01/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to an article that was published on the TMHP website at www.tmhp.com on February 20, 2009, titled "Correction to Rate Changes Insert in the November 2007 *CSHCN Services Program Provider Bulletin*." The article incorrectly stated that rates for some procedure codes were updated February 24, 2009, for dates of service on or after October 1, 2007.

The rates for procedure codes 1-90810 and 1-90812 were updated on March 3, 2009, and rates for the remaining procedure codes were updated on February 26, 2009.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

143 (04/17/09 through 04/23/09) ***Attention All Medicaid Pediatric Providers*******

Two weeks ago, providers were scheduled to receive a survey asking about their views and experiences with pediatric specialty and subspecialty consultations and referrals.

The Texas Health and Human Services Commission (HHSC) has contracted with Health Management Associates (HMA) to conduct this survey to understand problems pediatric providers face. This effort is part of the state's initiative to improve access to specialty and subspecialty care for the pediatric Medicaid population.

Provider input is very important to help HHSC effectively address barriers to specialty and subspecialty care. Providers are requested to respond to the survey as soon as it arrives. Providers who have not received a survey should call Jessica Marks at 1-517-482-9236 to request a copy.

Providers may also complete the survey online. Primary care providers for Texas Medicaid should complete the survey at <http://tx-pcp.questionpro.com>. Pediatric subspecialist providers for Texas Medicaid should complete the survey at <http://tx-specialist.questionpro.com>.

To access the survey, providers will need to have their medical license number available.

The survey is designed to take less than 15 minutes to complete.

HHSC thanks all providers for their participation, which will help HHSC to facilitate possible solutions to the barriers providers face and ultimately improve the quality of health care received by Texas children.■

144 (04/17/09 through 05/08/09) ***Attention All Medicaid Providers*******

This is a correction to an article that was published on the TMHP website at www.tmhp.com on March 27, 2009, titled "Texas Medicaid Reimbursement Rates Will Change for Some Durable Medical Equipment Procedure Codes." The article incorrectly included procedure codes J-E0164 and J-E0166 as reimbursable

procedure codes for Texas Medicaid. Procedure code J-E0164 and J-E0166 are no longer reimbursable procedure codes for Texas Medicaid.

Details of the correct reimbursement rates changes are available on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

145 (04/17/09 through 05/08/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of service on or after May 15, 2009, procedure code 5/I-92561 (Bekesy Audiometry) will no longer be a benefit of Texas Medicaid or the Children with Special Health Care Needs (CSHCN) Services Program.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

146 (04/17/09 through 05/08/09) ***Attention All Medicaid and Family Planning Providers*******

This is an update to an article published on the TMHP website at www.tmhp.com on March 20, 2009, titled, "Women's Health Program and Family Planning Benefits and Claims Filing Criteria to Change." The article indicated that the changes in billing modifier FP are effective July 1, 2009, for any claim or appeal filed regardless of date of service. The updated information is as follows:

Modifier FP changes are effective for dates of service on or after July 1, 2009, and not for the July 1, 2009, implementation date regardless of date of service as previously indicated. For example, if a service is performed on June 29, 2009, but the claim is submitted July 13, 2009, modifier FP must be billed with any evaluation and management (E/M) service. If a service is performed on July 2, 2009, and the claim is submitted July 13, 2009, modifier FP must be billed only with an annual family planning examination.

The complete, corrected article is available on the TMHP web site at www.tmhp.com and in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

147 (04/17/09 through 05/08/09) ***Attention All Medicaid Providers*******

This is a correction to an article that was published on the TMHP website at www.tmhp.com on March 23, 2009, titled "Non-Clinical Laboratory Procedure Codes Reimbursement Rates Will Change for Texas Medicaid." The article incorrectly listed some procedure codes that were no longer reimbursable, some procedure codes with incorrect reimbursement rates, and incorrect provider types. The complete, corrected article is available on the TMHP website at www.tmhp.com and will be published in the 2009 July/August *Texas Medicaid Bulletin*, No. 224.

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

148 (04/17/09 through 05/08/09) ***Attention All THSteps Medical Medicaid Providers*******

This is an update to the 2009 *Texas Medicaid Provider Procedures Manual* section 43.1.7.1 titled "Medical Checkups" on page 43-7. The following two paragraphs should be added to section 43.1.7.1:

If the provider that performs the medical checkup provides treatment for an identified condition on the same day, the provider may submit a separate claim for an established-client acute office visit. The separate claim must include the established-client procedure code that is appropriate for the diagnosis and treatment of the

identified problem. Treatment of minor illnesses or conditions (e.g., follow-up of a mild upper respiratory infection) during the THSteps medical checkup may not warrant additional billing.

For more information about conducting a THSteps checkup, providers can refer to the THSteps online educational modules on the THSteps website at www.txhealthsteps.com.

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

149 (04/17/09 through 05/08/09) ***Attention All FQHC and RHC Medicaid Providers*******

Reminder: In a federally qualified health center (FQHC) or rural health clinic (RHC) facility, Texas Health Steps (THSteps) medical checkups must be performed by a physician (M.D. or D.O.), advanced practice nurse (APN), or physician assistant (PA).

Registered nurses (RNs) may assist in the completion of all components of a THSteps medical checkup, but the unclothed physical examination must be completed by a physician, APN, or PA. An RN cannot be the sole examiner for a THSteps medical checkup for FQHC or RHC providers. RNs that provide visiting nurse services for FQHCs and RHCs are limited to homebound clients in areas that have been determined to have a shortage of home health agencies.

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

150 (04/17/09 through 05/08/09) ***Attention All Medicaid Providers*******

Beginning April 6, 2009, updated Texas Medicaid fee schedules are available on the TMHP website at www.tmhp.com. Providers can request a free paper copy of a fee schedule by calling the TMHP Contact Center at 1-800-925-9126.■

151 (04/17/09 through 05/08/09) ***Attention All Medicaid Providers*******

The Office of Inspector General has identified an issue that affects claims for removal of cerumen (procedure code 2-69210) on the same date of service by the same provider or provider group as an evaluation and management (E/M) service.

Details of guidelines for billing procedure code 2-69210 are available on the TMHP website at www.tmhp.com and will again be published in the in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

152 (04/17/09 through 05/08/09) ***Attention All CSHCN Services Program Dental Providers*******

This is a correction to the 2008 *CSHCN Services Program Provider Manual*, section 13.3.4.15, titled "Internal Bleaching of Tooth," on page 13-28, and section 13.3.4.16, titled "Adjunctive General Services," on page 13-28. These sections incorrectly indicate that prior authorization is required for procedure code D9974. The correct information is as follows:

Prior authorization is not required for internal bleaching of a discolored tooth. Internal bleaching of a discolored tooth (procedure code D9974) is an accepted endodontic treatment for clients 13 years of age and older. It is intended to remove and change the organic material in the enamel of an infected or traumatized tooth. It is considered medically necessary when chemical change of the contents in the interior of the tooth is judged necessary to complete an endodontic treatment to the tooth for therapeutic, not cosmetic, purposes.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

153 (04/24/09 through 05/15/09) ***Attention All CSHCN Services Program Providers*******

The Children with Special Health Care Needs (CSHCN) Services Program is conducting a survey to learn more about delivery of services for children with special needs in Texas. The questions in the survey relate to national and state performance goals for serving children with special health-care needs. Provider participation is very important, and all provider responses will be kept confidential. The CSHCN Services Program requests that providers participate in this brief survey at by visiting the website at <http://cshcnproviders.questionpro.com/>. The link will be available only until May 31, 2009. Results of the survey will be published in the November 2009 *CSHCN Services Program Provider Bulletin*.■

154 (04/24/09 through 05/15/09) ***Attention All Medicaid DME Providers*******

Effective June 1, 2009, for all dates of service, TMHP will accept only the revised Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form (effective date 10/21/2008). This updates the information previously published that indicated that the old forms were going to be returned beginning April 1, 2009.

After June 1, 2009, if an old order form is submitted, it will be returned to the provider with instructions to submit the revised form. The revised form is available on the TMHP website at www.tmhp.com and was published in the 2009 March/April *Texas Medicaid Bulletin*, No. 222.

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

155 (04/24/09 through 05/15/09) ***Attention All Medicaid Providers*******

Reminder: Ordinarily, claims submitted must be the provider's usual and customary fee for the services provided. The billed charges must not be higher than the fees charged to other carriers or private pay patients. This process is different when billing for durable medical equipment (DME), expendable supplies, and nutritional products that have no established fee.

DME and expendable supplies other than nutritional products that have no established fee are subject to manual pricing at the documented manufacturer's suggested retail price (MSRP) less 18 percent or at the provider's documented invoice cost. Nutritional products that have no established fee are subject to manual pricing at the documented average wholesale price (AWP) less 10.5 percent or at the provider's documented invoice cost. These items require prior authorization. The dollar amount billed must match the amount that was prior authorized.

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

156 (04/24/09 through 05/15/09) ***Attention All Medicaid Providers*******

This is a correction to the 2009 *Texas Medicaid Provider Procedures Manual*, section 21.3 titled "[Federally Qualified Health Centers] Benefits and Limitations" on page 21-5.

The manual includes an incorrect place of service (POS) and omits some valid modifiers for procedure code T1015. The correct statement is as follows:

Services provided by a health-care professional require one of the following modifiers with procedure code T1015, to indicate the health-care professional providing the services: AH, AJ, AM, SA, TD, TE, TH, or U7. Services billed with modifier TD or TE must be billed with POS 2.■

157 (04/24/09 through 05/15/09) ***Attention All Medicaid Providers*******

Reminder: Institute for mental disease (IMD) services and any associated professional services provided to clients who are 21 through 64 years of age and who reside in an IMD facility are not a benefit of Texas Medicaid.

All claims for IMD services and all associated professional service rendered to these clients that have been paid in error by Texas Medicaid will be recouped and payments will be adjusted accordingly.■

158 (04/24/09 through 05/15/09) ***Attention All Medicaid Providers*******

This is a clarification about claim billing requirements for rural health clinics (RHCs). RHCs are reimbursed for general medical services (procedure code T1015) and copayments (procedure codes CP001, CP002, CP005, or CP006) using their RHC National Provider Identifier (NPI). Providers that perform services in the RHC setting for Texas Health Steps (THSteps) medical services and family planning services for Women's Health Program (WHP) and Titles V, XIX, and XX clients must submit claims using the provider's (not the RHC's) NPI and place of service 72.

Details including updates to the 2009 *Texas Medicaid Provider Procedures Manual*, section 41.4, "Benefits and Limitations," on page 41-2, and section O.4.2.3, "Family Planning Billing Procedures by FQHCs and RHCs," on page O-3, are available on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.■

159 (04/24/09 through 05/15/09) ***Attention All THSteps Dental Providers*******

This is a correction to the 2009 *Texas Medicaid Provider Procedures Manual*, section 19.17 titled "Dental Therapy Under General Anesthesia" on page 19-35. Procedure code 7-00171 with EP modifier is included in this section. The correct procedure code is 7-00170 with EP modifier. The complete corrected paragraph is as follows.

Surgical services related to THSteps dental services must be coded as follows: *Anesthesia services for dental rehabilitation/restoration, 7-00170 with EP modifier, *ASC/HASC dental rehabilitation/restoration, 41899 with EP modifier,*Physical examinations prior to dental restorations under anesthesia using the appropriate CPT procedure code when provided in the office, inpatient hospital, or outpatient settings.■

160 (04/24/09 through 05/15/09) ***Attention All THSteps Dental Providers*******

This is a correction to the 2009 *Texas Medicaid Provider Procedures Manual*, section 19.19.7 titled "Orthodontic Procedure Codes and Fee Schedule" on page 19-41. Procedure code D8692 was omitted from this section but should have been included as a nonpayable code. Although procedure code D8692 is not a benefit of Texas Medicaid, providers can use procedure code D8680 to bill for retainer(s). Providers should include local code Z2014 or Z2015 on the claim form to indicate upper or lower, as appropriate.

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

161 (05/01/09 through 05/22/09) ***Attention All CSHCN Services Program Providers*******

Enrollment and National Provider Identifier (NPI) Attestation Reminder: To enroll in the Children with Special Health Care Needs (CSHCN) Services Program, a provider must complete the required CSHCN Services Program Provider Enrollment Application and enter into a written provider agreement with the CSHCN Services Program.

Providers are required to provide their NPI in the enrollment application. Providers that enrolled before July 13, 2007, must submit their NPI and related data to TMHP by completing the NPI attestation. Providers that have not completed NPI attestation will experience rejection or denial of claims.

Providers that have completed the NPI attestation for Texas Medicaid must also complete the NPI attestation for the CSHCN Services Program.

Provider attestation can be completed under the "I would like to..." section on the home page of the TMHP website at www.tmhp.com.

Group providers that complete the attestation for individual providers in their group must click the plus sign (+) to expand the list and reveal all of the performing providers in the group. Taxonomy codes should be selected for performing providers according to their specialty type.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

162 (05/01/09 through 05/22/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of service on or after May 1, 2009, benefits have changed for molecular laboratory services. Details of these changes are available on the TMHP web site at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224, and the August 2009 *CSHCN Services Program Provider Bulletin*, No. 71.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

163 (05/01/09 through 05/22/09) ***Attention All Hospital Providers*******

Reminder: Notification for an inpatient stay is required when a prior-authorized, scheduled outpatient day surgery for a client enrolled in Primary Care Case Management (PCCM) becomes an inpatient stay due to complications. The prior authorization for the day surgery is not valid as authorization for the inpatient stay. Refer to the 2009 *Texas Medicaid Provider Procedures Manual*, section 7.7.17, "PCCM Inpatient Authorization Process," section 7.7.17.6, "Urgent and Emergent Admission," and section 7.7.2, "Inpatient/Outpatient Prior Authorization Line" for contact telephone and fax numbers.

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

164 (05/01/09 through 05/22/09) ***Attention All Medicaid Providers*******

Primary care providers are encouraged to complete the Texas Health Steps (THSteps) medical checkup as part of the medical home for their clients who are enrolled in Primary Care Case Management (PCCM). Providers that refer these clients to a THSteps provider for a THSteps medical checkup must document that THSteps medical checkup in their clients' records. If a client self-refers to a THSteps provider for a THSteps medical checkup, the provider that performs THSteps medical checkup services must work in collaboration with the client's primary care provider and provide the THSteps medical checkup results to the primary care provider to ensure continuity of care.

Primary care providers that want to become THSteps providers may enroll online through the TMHP website at www.tmhp.com or by downloading the Texas Medicaid Provider Enrollment Application from the TMHP website and submitting it by mail.

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

165 (05/01/09 through 05/22/09) ***Attention All Texas Medicaid Inpatient DRG Hospital Providers*******

By the end of May 2009, TMHP will mail letters to inpatient diagnosis-related group (DRG) hospital providers. The letters will contain the standard dollar amounts (SDAs) that will be effective for admissions on or after September 1, 2008. The letters will also contain information about the proposed changes to the SDA and DRG statistics for state fiscal year 2010. TMHP will send the letters to the attention of the Administrator or Chief Financial Officer at the mailing address on file.

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

166 (05/01/09 through 05/22/09) ***Attention All Medicaid Providers*******

This is a correction to the 2009 *Texas Medicaid Provider Procedures Manual*, section 24.4.29.8, "Pediatric CPAP Criteria," on page 24-60. The section incorrectly indicates that polysomnography documentation of an Apnea/Hypopnea Index (AHI) less than 1 may be used as a saturation level for clients who are 18 years of age or younger. The correct information is as follows:

One of the following AHI or oxygen saturation levels may be used for clients who are 18 years of age or younger: * Polysomnography documentation AHI greater than 1. * An oxygen saturation less than 92 percent, taken upon exertion, breathing room air

For additional information on CPAP systems, providers can refer to the 2009 *Texas Medicaid Provider Procedures Manual*, section 24.4.29.8, "Continuous Positive Airway Pressure (CPAP) System," on page 24-60.

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

167 (05/01/09 through 05/22/09) ***Attention All Medicare Providers*******

This is an update to an article published on the TMHP website at www.tmhp.com on March 6, 2009, titled "New Process for Medicare Advantage Plans (MAP) Claims for 2005 through 2007 Dates of Service." The previous article and the MAP Submission Forms and Instructions direct providers to submit the original claim on form HCFA 1500 or HCFA 1450/UB-92, which were the forms in use during the dates of service affected by the new process. In 2007, the CMS-1500 and CMS-1450-UB/04 forms replaced the HCFA forms.

Providers should submit the CMS-1500 or CMS-1450-UB/04 claim forms; however, if a provider is unable to submit claims with the new claim forms, TMHP will accept the HCFA forms.

Additional information about this new process and the revised MAP Submission Forms and Instructions are available on the TMHP website at www.tmhp.com and will be published in the 2009 July/August *Texas Medicaid Bulletin*, No. 224.

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

168 (05/01/09 through 05/22/09) ***Attention All Medicaid Providers*******

This is a correction to an article that was published on the TMHP website at www.tmhp.com on February 6, 2009, titled "Benefits for Home Health Bath and Bathroom Equipment to Change." The article incorrectly stated that procedure codes J-E0243, J-E0244, J-E0245, J-E0246, J-E0160, J-E0621, J-E0625, and J-E1399 will no longer be reimbursed in any place of service to custom durable medical equipment (DME) providers. The correct information is as follows:

Procedure codes J-E0243, J-E0244, J-E0245, J-E0246, J-E0160, J-E0621, J-E0625, and J-E1399 may be reimbursed to custom DME providers.

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

169 (05/01/09 through 05/22/09) ***Attention All PCCM Providers*******

TMHP has identified an issue that affects Primary Care Case Management (PCCM) claims for dates of service on or after September 1, 2007, that were billed with procedure code 7-00534, 7-00540, 3-99252, 3-99255, or 1-J1885. These claims may have been reimbursed at an incorrect rate.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary. Providers should refer to the appropriate Texas Medicaid fee schedule for pricing.

For more information call the PCCM Provider Helpline at 1-888-834-7226.■

170 (5/1/2009 through 05/22/2009) ***Attention All Medicaid and CSHCN Providers*******

Effective September 1, 2009, the Program for Amplification for Children of Texas (PACT) will no longer be administered by the Department of State Health Services (DSHS). The hearing services benefits currently administered through PACT will be transitioned to HHSC for Texas Medicaid benefits and DSHS-Children with Special Health Care Needs (CSHCN) Services Program for CSHCN Services Program benefits. Hearing services available to children will be administered by TMHP. PACT providers will need to be enrolled with Texas Medicaid and the CSHCN Services Program to continue providing services to Medicaid and CSHCN Services Program clients. A special webpage titled "Hearing Services for Children" has been created to give updates as the transition from PACT to HHSC and DSHS-CSHCN occurs. Providers can access this page by clicking on the "Providers" tab at the top of the TMHP website at www.tmhp.com.

More details about the PACT Transition to HHSC and DSHS-CSHCN can be found on the TMHP website.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

171 (05/01/09 through 05/22/09) ***Attention All Medicaid Ambulatory Surgical Centers*******

TMHP has identified an issue that impacts ambulatory surgical center claims with dates of service on or after August 1, 2005, and procedure codes ranging from F-27599 through F-29450. Claims may have been denied in error with the explanation of benefits message, "These services are not in accordance with Medical Policy."

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

The list of affected procedure codes is available on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

172 (05-01-09 through 05-22-09) ***Attention All Medicaid Providers*******

The State of Texas has received a special Social Services Block Grant from the U. S. Department of Health and Human Services that can be used, in part, to process Medicaid provider claims related to 2008's Hurricane Ike and Hurricane Dolly for uninsured evacuees. A provider may be reimbursed for services rendered to an uninsured evacuee who is not eligible for Medicaid. Details are available on the TMHP website at www.tmhp.com.

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

173 (05/08/09 through 05/29/09) ***Attention All Medicaid Providers*******

Since August 18, 2008, the Statistical Analysis DME Regional Carrier (SADMERC) product classification list, which was previously published by Palmetto Government Benefits Administrator [GBA], has been published by Noridian Administrative Services, LLC as the Pricing, Data Analysis and Coding (PDAC) product classification list. Providers can visit the Noridian website at www.dmepdac.com for additional information.

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

174 (05/08/09 through 05/29/09) ***Attention All Medicaid Providers*******

This is an update to an article that was published on the TMHP website at www.tmhp.com on March 20, 2009, titled "Personal Care Services (PCS) Prior Authorization FAQs." Question # 4 on the frequently asked questions (FAQs) has been updated. The revised FAQ can be found on the "Alberto N. Related Information"

topic web page of the TMHP website and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

175 (05/08/09 through 05/29/09) ***Attention All Medicaid Providers*******

This is a clarification to an article that was published on the TMHP website at www.tmhp.com on April 10, 2009, titled "Update to 'Women's Health Program and Family Planning Benefits and Claims Filing Criteria to Change.'" The article, which indicates that procedure code 9-E1399 is a benefit for Women's Health Program (WHP) clients, should have included the following WHP billing instructions:

Procedure code 9-E1399 is reimbursed for the occlusive sterilization system (micro-insert) and must be submitted with modifier UD and the most appropriate WHP diagnosis code. Procedure code 9-E1399 with modifier UD may be reimbursed separately from the surgery procedure code (2/F-58565).

Providers can find additional information in the 2009 *Texas Medicaid Provider Procedures Manual*, section 36.4.15.5, "Hysteroscopic Sterilization," on page 36-40, and section 20.7.5, "Contraceptive Devices and Related Procedures," on page 20-10. The complete list of WHP diagnosis codes can be found in the 2009 *Texas Medicaid Provider Procedures Manual*, section O.4.1, "Diagnosis Codes," on page O-3.

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

176 (05/08/09 through 05/29/09) ***Attention All Medicaid Out-of-State Providers*******

Effective for dates of service on or after July 1, 2009, out-of-state providers that render services to Primary Care Case Management (PCCM) clients who are migrant farm workers do not need a referral from the clients' primary care providers. To be considered for reimbursement, providers must include modifier UC for each billed procedure code.

Although these claims will initially be denied, the denied claims will be reprocessed and adjusted on the third week of every month starting July 22, 2009. No further action on the part of the provider is necessary. Claims that are denied for reasons other than a missing primary care provider referral are the responsibility of the provider and must be appealed.

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

177 (05/08/09 through 05/29/09) ***Attention All Medicaid Providers*******

This is an update to an article that was published in the November/December 2008 *Texas Medicaid Bulletin*, No. 219 titled, "Vaccine/Toxoids Reimbursement Changes." The article states procedure codes 1-90471, 1-90472, 1-90473, or 1-90474 may be used to bill for vaccine/toxoid administration for clients who are 21 years of age or older.

Procedure codes 1-90473 and 1-90474 are restricted to clients who are birth through 20 years of age, and these procedure codes may not be used when billing for clients who are 21 years of age or older.

Claims submitted for clients who are 21 years of age or older with dates of service from August 1, 2008, through April 30, 2009, and procedure codes 1-90471, 1-90472, 1 90473, or 1-90474, may have denied in error as not a benefit.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary. Claims that were submitted with procedure codes 1-90473 or 1-90474 will be denied again because the procedure code is inappropriate for the client's age. Providers must not bill clients for claims that are denied because they were billed inappropriately.

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

178 (05/08/09 through 05/29/09) ***Attention All Medicaid RHC Providers*******

This is a correction to an article published on the TMHP website at www.tmhp.com on April 17, 2009, titled, "Clarification of RHC Claims Filing Requirements and Family Planning Changes." The article included incorrect information about how Texas Health Steps (THSteps) medical services should be billed when performed in the RHC setting. The correct billing information is posted on the TMHP website and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

179 (05/08/09 through 05/29/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that impacts professional claims that are duplicates of professional claims filed to Medicare, i.e., crossover claims. Professional claims with dates of service on or after January 1, 2004 that are duplicates of professional crossover claims may have been paid in error. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

As a reminder, public health programs available to clients with Medicaid, such as Medicare and Tricare, are considered a third-party resource (TPR) as defined in the *Texas Medicaid Provider Procedures Manual*, section 4.10 titled "Third-Party Resources (TPR)" on page 4-15 and Title 1 Texas Administrative Code (TAC) §358.215.

Additional information is available on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

180 (05/08/09 through 05/29/09) ***Attention All Medicaid Dental Providers*******

This is a correction to a banner message that first appeared on the April 10, 2009, Remittance and Status (R&S) Report about claims billed with procedure code D2392 and a surface identification combination of L, M, and O. The article incorrectly states these claims may have been denied in error, and that claims for dates of service from March 24, 2007, through March 23, 2009, would be reprocessed.

These claims were denied appropriately. Procedure code D2392 applies to two surfaces only and may not be billed with a surface identification combination of L, M, and O (three surfaces). Claims that were denied for dates of service from March 24, 2007, through March 23, 2009, will not be reprocessed.

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

181 (05/08/09 through 05/29/09) ***Attention All FQHC Out-of-State Providers*******

Effective for dates of service on or after April 1, 2009, out-of-state Federally Qualified Health Center (FQHC) providers that render services to Primary Care Case Management (PCCM) clients who are migrant farm workers do not need a referral from the clients' primary care providers. To be considered for reimbursement, providers must include modifier UC for each billed procedure code.

Claims submitted before May 7, 2009, without modifier UC will be reprocessed. Providers will not need to resubmit these claims. Although claims will initially be denied, the denied claims will be reprocessed and adjusted starting May 4, 2009, and subsequently in the third week of every month starting May 22, 2009. No further action on the part of the provider is necessary. Claims that are denied for reasons other than a missing primary care provider referral are the responsibility of the provider and must be appealed.

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

182 (05/08/09 through 05/29/09) ***Attention All Women's Health Program Providers*******

Section 32.0248, Human Resources Code, prohibits payment of Women's Health Program funds to a provider that performs or promotes elective abortions. A provider that has performed or promoted elective abortions (through either surgical or medical methods) for any patient is ineligible to serve Women's Health Program clients and cannot be reimbursed for those services. This prohibition has been in effect since September 1, 2005. The Health and Human Services Commission will recoup Women's Health Program funds that it determines were paid to providers that have performed or promoted elective abortions.■

183 (05/08/09 through 05/29/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective June 1, 2009, for dates of service on or after January 1, 2009, newborn resuscitation (procedure code 1-99465) will be denied if billed on the same date of service by the same provider as neonatal critical care (procedure code 1-99468) or initial hospital care (procedure code 1-99477). Reimbursement of these services is limited by National Correct Coding Initiative (NCCI) guidelines.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

184 (05/08/09 through 05/29/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of service on or after May 31, 2009, efalizumab (Raptiva), procedure code 1-S0162, will no longer be a benefit of Texas Medicaid or the Children with Special Health Care Needs (CSHCN) Services Program.

Genentech, Inc., the manufacturer of Raptiva, is voluntarily withdrawing the psoriasis medication from the United States market due to an increased risk of progressive multifocal leukoencephalopathy (PML) in patients on efalizumab therapy. Effective June 9, 2009, efalizumab will no longer be available in the United States.

Providers should plan a careful transition to alternative psoriasis therapies for clients who are discontinuing treatment with efalizumab.

For more information, call Genentech at 1-800-821-8590. ■

185 (05/08/09 through 05/29/09) ***Attention All CSHCN Services Program Providers*******

TMHP has revised all of the forms found in the 2008 *CSHCN Services Program Provider Manual*. The updated forms will be available on the TMHP website at www.tmhp.com in May and will be published in the 2009 *CSHCN Services Program Provider Manual*. Forms that are available through the TMHP fax-back option will also be updated. The fax-back option is available through the Automated Inquiry System (AIS) at 1-800-568-2413.

Instructions for submitting the forms have been added to all authorization and prior authorization forms. In addition, fields have been expanded or moved to allow additional space for filling out the form. Additional information about the changes to the forms is available on the TMHP website at www.tmhp.com.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

186 (05/15/09 through 06/05/09) ***Attention All Providers*******

Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program are expanding the list of procedure codes that will be denied if submitted without an 11-digit National Drug Code (NDC). Effective June 1, 2009, claims for the following additional procedure codes must be submitted with an 11-digit NDC: J9206, J2405, J1626, J9178, J3370, J1170, J9293, J9190, and J9062. If these procedure codes are submitted without NDC information, they will be denied, even if they have been prior authorized.

The new list, called "Drugs Requiring NDC for Texas Medicaid and CSHCN Services Program Reimbursement," is available on the TMHP website at www.tmhp.com.

The NDC number submitted to Medicaid or the CSHCN Services Program must be the NDC number on the package or container from which the medication was administered.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

187 (05/15/09 through 06/05/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

On June 26, 2009, TMHP will implement online fee lookup functionality on the TMHP website at www.tmhp.com for Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program. Providers will be able to retrieve real-time fee schedule information and to search for procedure code reimbursement rates individually, in a list, or in a range. Providers will be able to search and review their contracted rates and retrieve up to 24 months of history for a procedure code by searching for specific dates of service within a 2-year period. Providers will also be able to search for benefits and limitations for dental and durable medical equipment (DME) procedure codes.

Beginning in July 2009, computer-based training for using the online fee lookup functionality will be available to providers.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

188 (05/15/09 through 06/05/09) ***Attention All Family Planning Titles V and XX Providers*******

TMHP has identified an issue that impacts claims that were reimbursed under the Family Planning Titles V or XX program with dates of service from May 11, 2007 through August 28, 2008. Claims for clients who received retroactive Title XIX eligibility for that period of time will be recouped, and then the claims will be reimbursed under the Title XIX program.

A provider's Titles V or XX Remittance and Status (R&S) Report will show that the Title V or XX claim was adjusted, an accounts receivable was set up, and the adjusted claim will appear as paid on the provider's Title XIX R&S Report. Individual providers will be contacted by the Texas Department of Health Services (DSHS) if recoupment of outstanding fiscal year 2007 and fiscal year 2008 Title V or Title XX accounts receivables is necessary.

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

189 (05/15/09 through 06/05/09) ***Attention All Medicaid Providers*******

Effective June 1, 2009, for dates of service on or after June 1, 2009, providers may bill 17-alpha hydroxyprogesterone caproate (17P) intramuscular injections for a pregnant client who has a history of preterm delivery before 37 weeks of gestation and who has not experienced preterm labor in the current pregnancy.

Providers should note that progesterone therapy as a technique to prevent preterm labor is considered investigational and not medically necessary for pregnant women who do not meet the above criteria or for those with other risk factors for preterm delivery, including, but not limited to, multiple gestations, short cervical length, or positive tests for cervicovaginal fetal fibronectin.

17P for intramuscular injection is not commercially available, but it can be compounded by a pharmacy provider.

Claims for 17P must be submitted using procedure code J3490 and diagnosis code V2341. A claim must include documentation that the patient was pregnant during weeks 16 through 36, has a history of preterm delivery before 37 weeks of gestation, and has not experienced preterm labor during the current pregnancy. A maximum of 250 mg of 17P will be reimbursed per week. This drug will be manually priced.

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

190 (05/15/09 through 06/05/09) ***Attention All Medicaid Primary Care Providers*******

The American Academy of Pediatrics (AAP) is hosting a free teleconference series through June 2009 to provide child health professionals with practical strategies for implementing the medical home concept in their practices. This activity is acceptable for a maximum of 1.25 AAP credits.

This informative series will be led by nationally recognized experts who will educate participants about the value of family-centered primary care medical homes for all children and youth, the availability of practical tools and resources, and strategies for improving care and increasing patient and family satisfaction.

Providers must register separately for each free teleconference. Registration will begin one month before each teleconference. Providers are encouraged to register as early as possible because the teleconferences are expected to fill up quickly. Archives of the teleconferences will be available on the AAP medical home website at www.medicalhomeinfo.org/training/archives.html.

For more information, including teleconference schedules and topics, visit the AAP medical home website at www.medicalhomeinfo.org or e-mail Brenda Amos-Lewis at blewis@aap.org.

Note: This activity has been approved for American Medical Association Physician's Recognition Award (AMA PRA) Category 1 Credit™.■

191 (05/15/09 through 06/05/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that affects claims submitted by certified nurse midwives (CNMs) with dates of service on or after April 1, 2009, and procedure code 2-59410. These claims may have been denied inappropriately. Affected claims submitted between April 1, 2009, and May 1, 2009, will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

192 (05/15/09 through 06/05/09) ***Attention All Medicaid Providers*******

This is an update to an article that was published in the January 2009 *HCPCS Special Bulletin*, No. 221, titled "Immunizations (Vaccine/Toxoids)" for Texas Medicaid and "Vaccine/Toxoids" for Children with Special Health Care Needs (CSHCN). The articles list procedure codes 90681 and 90696 as new immunizations but do not indicate the components that are associated with each procedure code.

Procedure code 90681 has one state-defined component, and procedure code 90696 has two state-defined components. The immunization administration codes for vaccines with one state-defined component do not require a modifier and two state-defined components should be billed with a U2 modifier.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

193 (05/15/09 through 06/05/09) ***Attention All Medicaid Providers*******

This is an update to the 2009 *Texas Medicaid Provider Procedures Manual*, section 36.4.45, "Radiation Therapy," on page 36-118. Effective for dates of service on or after July 1, 2009, established office visits (procedure codes 99211, 99212, 99213, 99214, and 99215) and outpatient visits (procedure codes 99281, 99282, 99283, 99284, and 99285) may be reimbursed when provided within the 90-day period after radiation treatment by the same provider.

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

194 (05/15/09 through 06/05/09) ***Attention All Medicaid Providers*******

To align with Centers for Medicare & Medicaid Services (CMS) requirements for easy access to all Texas Medicaid fees, TMHP has completed the second-quarter procedure code review. Effective for dates of service on or after July 1, 2009, provider type, place of service (POS), and type-of-service (TOS) changes will be applied to some procedure codes. Provider type changes are now available in the updated fee schedules, and providers are encouraged to confirm coverage by reviewing the fee schedules before submitting claims.

Details for the second-quarter procedure code review are available on the TMHP website at www.tmhp.com on the Code Updates - Procedure Code Review web page and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225.

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

195 (05/15/09 through 06/05/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

TMHP has identified an issue that impacts claims submitted with procedure code 1-J1568, 1-J1572, or 1-90284, and dates of service on or after January 1, 2008. These claims may have had payments reduced in error or been denied in error with an explanation of benefits message that indicated the allowed benefit limitations had been exceeded.

The affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

196 (05/15/09 through 06/05/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

On July 1, 2009, TMHP will implement second-quarter 2009 Healthcare Common Procedure Coding System (HCPCS) additions, changes, and deletions effective for dates of service on or after July 1, 2009.

Deleted procedure codes will no longer be benefits of Texas Medicaid fee-for-service, Medicaid Managed Care, and the Children with Special Health Care Needs (CSHCN) Services Program. Details of these changes will be posted on the TMHP website on the Code Updates-HCPCS web page on July 1, 2009, and will also be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225 and the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

197 (05/15/09 through 06/05/09) ***Attention All Medicaid Providers*******

This is an update to the 2009 *Texas Medicaid Provider Procedures Manual*, section 39.3.9, "Contrast Materials/Radiopharmaceuticals," on page 39-8. This section states that contrast materials are not benefits when they are used for diagnostic purposes in radiopharmaceutical studies. The following is the updated information:

Some diagnostic radiopharmaceuticals are benefits of Texas Medicaid. Providers should refer to the fee schedules available on the TMHP website at www.tmhp.com for the diagnostic radiopharmaceuticals that are reimbursed by Texas Medicaid.

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

198 (05/15/09 through 06/05/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of service on or after May 1, 2009, the limitations have changed for cytogenetics testing procedure codes for Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program.

Details of the changes are available on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224, and the August 2009 *CSHCN Services Program Provider Bulletin*, No. 71.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

199 (05/15/09 through 06/05/09) ***Attention All Medicaid Providers*******

This is a correction to a banner message that first appeared on the April 3, 2009, Remittance and Status (R&S) Report about the reimbursement rate for bath and bathroom equipment procedure code J-E0172, which became a new Texas Medicaid benefit effective for dates of services on or after April 1, 2009. The article incorrectly lists a reimbursement rate of \$819.18 for procedure code J-E0712. The correct reimbursement rate for procedure code J-E0172 is \$1,963.90.

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

200 (05/15/09 through 06/05/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

On April 20, 2009, Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program reimbursement rates were adopted for some additional 2009 Healthcare Common Procedure Coding System (HCPCS) procedure codes, which became effective for dates of services on or after January 1, 2009. On May 23, 2009, the Children with Special Health Care Needs (CSHCN) Services Program will adopt the same rates and effective date as Texas Medicaid. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225.

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

201 (05/15/09 through 06/05/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to a banner message that first appeared on the March 13, 2009, Remittance and Status (R&S) Report regarding new benefit criteria for home health services for the Children with Special Health

Care Needs (CSHCN) Services Program. The banner message incorrectly stated that details of these changes would be published in the May 2009 *CSHCN Services Program Provider Bulletin*, No. 70. Details of these changes will be published in the August 2009 *CSHCN Services Program Provider Bulletin*, No. 71.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

202 (05/22/09 through 06/12/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to an article that was published on the TMHP website at www.tmhp.com on February 20, 2009, titled "CSHCN Services Program Reimbursement Rates Change for Patient Lifts." The article incorrectly included procedure code J-E0635 with modifier TG as a benefit of the Children with Special Health Care Needs (CSHCN) Services Program. Procedure code J-E0635 with modifier TG is not a benefit of the CSHCN Services Program; however procedure code J-E0635 without modifier TG remains a benefit of the CSHCN Services Program with a reimbursement rate of \$1,565.42.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

203 (05/22/09 through 06/12/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after June 1, 2009, Texas Medicaid providers may be eligible to receive an increased rate when they provide prior authorized personal care services to clients with a behavioral health condition.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225.

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

204 (05/22/09 through 06/12/09) ***Attention All Family Planning Providers*******

Reminder: Effective for dates of service on or after July 1, 2009, the Women's Health Program (WHP) and Titles V, XIX, and XX Family Planning will be changing the way modifier FP is used on claims for family planning services. Beginning July 1, 2009, modifier FP must be used only when billing the annual family planning examination. All other family planning services, such as evaluation and management services, laboratory services, and anesthesia services, must omit modifier FP. Claims filed incorrectly may be denied.

Details of these changes are available on the TMHP website at www.tmhp.com. For more information about the changes to family planning benefits, providers may refer to the website articles titled, "Update to 'Women's Health Program and Family Planning Benefits and Claims Filing Criteria to Change,'" posted on April 10, 2009, and "Clarification of RHC Claims Filing Requirements and Family Planning Changes," posted on April 17, 2009.

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

205 (05/22/09 through 06/12/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2009, procedure codes 2-11981, 2-11982, and 2-11983 will become benefits of Texas Medicaid for physicians and physician groups when services are rendered in an office or outpatient hospital setting. The reimbursement rates for these procedure codes will be established through the rate hearing process.

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

206 (05/22/09 through 06/12/09) ***Attention All Medicaid Providers*******

This is an update to an article that was posted on the TMHP website at www.tmhp.com on March 19, 2009, and published in the 2009 May/June *Texas Medicaid Bulletin*, No. 223 titled "Correction to Texas Medicaid Reimbursement Rates Change for Some Medical Services, Surgical, Interpretation, and Total Component." The article incorrectly states that procedure code T-93532 has a reimbursement rate of \$1, 379.24, and procedure code T-93641 has a reimbursement rate of \$435.24. The correct information is as follows: Procedure code T-93532 has a reimbursement rate of \$1, 403.06, and procedure code T-93641 has a reimbursement rate of \$298.55.

The corrected table of reimbursement rates is available on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

207 (05/22/09 through 06/12/09) ***Attention All Medicaid Providers*******

This is a correction to an article that was posted on the TMHP Code Updates - Procedure Code Review website at www.tmhp.com on March 20, 2009, titled "Correction to First Quarter Procedure Code Review." The article incorrectly indicates that effective for dates of service on or after April 1, 2009, procedure code 10022 is no longer reimbursed for the technical or professional components. The correct information is as follows:

Effective for dates of service on or after April 1, 2009, procedure code I/T-10022 is a benefit and is reimbursed as follows: I-10022 is reimbursed at \$75.65, and T-10022 is reimbursed at \$27.74.

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

208 (05/22/09 through 06/12/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of service on or after June 1, 2009, procedure code J9025 is restricted to clients who are 13 years of age and older and may be billed with diagnosis codes 23872, 23873, 23874, or 23875. A complete list of diagnosis codes that may be billed with procedure code J9025 is available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225, and the August 2009 *CSHCN Services Program Provider Bulletin*, No. 71.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

209 (05/22/09 through 06/12/09) ***Attention All FQHC Providers*******

Reminder: Federally Qualified Health Centers (FQHCs) must bill using one of the following modifiers for mental health services: Modifier AH - (Clinical Psychologist), Modifier AM - (Clinical Psychiatrist), Modifier AJ - (Licensed Clinical Social Worker), Modifier U1 - (Licensed Professional Counselor), Modifier U2 - (Licensed Marriage and Family Therapist).

Details of the procedure codes that must be billed with one of these modifiers are available on the TMHP website at www.tmhp.com and will be published in the September/October *Texas Medicaid Bulletin*, No. 225.

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

210 (05/22/09 through 06/12/09) ***Attention All Providers*******

In order to provide better service to providers, TMHP developed two surveys to find out what providers think about the claims and prior authorization transaction processes.

The surveys will be available on the TMHP website at www.tmhp.com from June 1, 2009, through June 30, 2009.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the CSHCN Services Program Contact Center at 1-800-568-2413.■

211 (05/22/09 through 05/22/09) ***Attention All Medicaid Pediatric Providers*******

Primary Care Physicians: Do you feel you are having difficulty communicating with subspecialists about your pediatric patients? Subspecialists: Do you need more from your communications with primary care physicians in order to properly assess and care for their referrals? The Texas Health and Human Services Commission (HHSC) has contracted with Health Management Associates (HMA) to conduct a survey to better understand problems pediatric providers face. This effort is part of the state's initiative to improve access to specialty and subspecialty care for the pediatric Medicaid population. Two thousand pediatric generalists and subspecialists were notified a few weeks ago that they were selected at random to receive this survey. If you received this letter, we encourage you to complete the survey as soon as possible. If you are a Medicaid primary care physician or subspecialist serving the pediatric population, but were not part of the random sample, your opinion also matters greatly to us. We encourage you to complete the survey, as well. Your input is very important to us in effectively addressing these barriers.

You may complete the survey on paper, or online by going to:

Texas Medicaid Primary Care Providers: <http://tx-pcp.questionpro.com>

Texas Medicaid Subspecialist: <http://tx-specialist.questionpro.com>

Please have your medical license number ready (for tracking purposes only), as you will need it at the end in order to submit your survey.

The survey is designed to take less than 15 minutes to complete.

Your participation will assist HHSC in facilitating possible solutions to the barriers you face and ultimately improve the quality of health care received by Texas children.■

212 (05/22/09 through 06/12/09) ***Attention All Evercare ICM Providers*******

This is an update to an article published on the TMHP website at www.tmhp.com on April 3, 2009, titled "HHSC to End the ICM Program Contract with Evercare." Beginning June 1, 2009, for services provided to clients who were previously enrolled in Evercare Integrated Care Management (ICM), prior authorization requirements will follow the 2009 *Texas Medicaid Provider Procedures Manual*. Providers should refer to specific sections in the manual for authorization information related to the service provided.

Beginning June 1, 2009, TMHP will process prior authorization requests for clients who have been reassigned to Medicaid fee-for-service. For clients who have been reassigned to State of Texas Access Reform (STAR) health maintenance organizations (HMOs), prior authorizations will be processed by the STAR HMOs and then submitted to TMHP.

Before June 1, 2009, providers must request prior authorizations from Evercare for ICM clients. Prior authorizations obtained from Evercare that contain dates of service on or after June 1, 2009, will remain valid. Providers will not be required to obtain new authorizations until existing authorizations expire.

Providers with questions about or updates to authorizations issued by Evercare should contact Evercare at 1-866-915-6474. Evercare's representatives will be available through August 31, 2009, to assist providers with authorization questions. Claims for ICM members enrolled in STAR health plans will continue to be processed by TMHP.

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

213 (05/22/09 through 06/12/09) ***Attention All Medicaid Providers*******

The Centers for Medicare & Medicaid Services Medicaid Integrity Group (CMS-MIG) is currently auditing Texas Medicaid. CMS-MIG is assessing claims for payment for items or services submitted by some Texas Medicaid providers. A Medicaid Integrity Contractor (MIC) may ask selected Medicaid providers for medical records documentation and other information as part of the review.

More information is posted on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224. ■

214 (05/22/09 through 06/02/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

As part of the planning for 2010 provider education activities, TMHP is asking for provider input on how educational workshops can be made more helpful to providers and their staff. Providers can give feedback to TMHP by completing a brief survey. A link to the survey is available on the TMHP website at www.tmhp.com. The survey will be available through June 5, 2009.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Contact Center at 1-800-568-2413.■

215 (05/22/09 through 05/25/09) ***Attention All Providers*******

As outlined in the 2009 *Texas Medicaid Provider Procedures Manual*, page 5-8, and the 2009 *CSHCN Services Program Provider Manual*, page 5-5, claims filing deadlines will be extended for the Memorial Day holiday, May 25, 2009. Because TMHP will be closed in observance of this holiday, claims filing deadlines will be extended until the next business day, Tuesday, May 26, 2009.

Providers will be able to access the automated inquiry system (AIS) or use the TMHP website at www.tmhp.com to obtain eligibility or claim status information on Memorial Day.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the CSHCN Services Program Contact Center at 1-800-568-2413.■

216 (05/29/09 through 06/19/09) ***Attention All Medicaid Providers*******

Effective for dates of services on or after April 1, 2009, clinical laboratory procedure code reimbursement rates have changed for Texas Medicaid. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Details of the reimbursement rates are available on the TMHP website at www.tmhp.com and will be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224.

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

217 (05/29/09 through 06/19/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is a correction to an article that was published on the TMHP website at www.tmhp.com on May 8, 2009, titled "Additional Annual 2009 HCPCS Procedure Codes." The article incorrectly indicates that the reimbursement rates for procedure codes 7-00211, and 7-00567 apply to clients of all ages. The correct information is as follows: Procedure code 7-00211 has a reimbursement rate of \$269.69 for clients who are birth through 20 years of age and a reimbursement rate of \$240.77 for clients who are 21 years of age or older. Procedure code 7-00567 has a reimbursement rate of \$797.17 for clients who are birth through 20 years of age

and a reimbursement rate of \$613.62 for clients who are 21 years of age or older. For more information, call the TMHP Contact Center at 1-800-925-9126.■

218 (05/29/09 through 06/19/09) ***Attention All CSHCN Services Program Providers*******

The "DSHS Form to Release CSHCN Services Program Claims History" is now available on the TMHP website at www.tmhp.com. This form must be completed by a client (or parent or guardian) of the Children with Special Health Care Needs (CSHCN) Services Program or by someone, such as an attorney, who represents a CSHCN Services Program client in a third-party claim or an action for damages related to personal injuries. The form must be signed by the client, parent, or guardian. When the signed form is received, TMHP will release the CSHCN Services Program claim information that pertains to the client. A complete article on TMHP third-party liability cases was published in the 2008 August *CSHCN Services Program Provider Bulletin*, No. 67. The "DSHS Form to Release CSHCN Services Program Claims History" will be available in the 2009 *CSHCN Services Program Provider Manual* at the end of May and in the 2009 August *CSHCN Services Program Provider Bulletin*, No. 71. For more information, call the TMHP Third-Party Resources Contact Center at 1-800-846-7307, Option 2.■

219 (06/05/09 through 06/26/09) ***Attention All FQHC Providers*******

This is an update to the 2009 *Texas Medicaid Provider Procedures Manual*, section 21.3, "[Federally Qualified Health Center (FQHC)] Benefits and Limitations" on page 21-3. Procedure code D2971 should be included in the list of Texas Health Steps (THSteps) dental services that may be reimbursed to FQHC providers.

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

220 (06/05/09 through 06/26/09) ***Attention All Maternity Service Clinic Providers*******

TMHP has identified an issue that affects claims submitted by maternity service clinics (MSCs) with dates of service from January 1, 2009, through April 20, 2009, and procedure codes 1-99201, 1-99202, 1-99203, 1-99204, 1-99205, 1-99211, 1-99212, 1-99213, 1-99214, or 1-99215. These claims may have been paid at an incorrect rate. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Reminder: MSCs must use the TH modifier when submitting claims for procedure codes 1-99201, 1-99202, 1-99203, 1-99204, 1-99205, 1-99211, 1-99212, 1-99213, 1-99214, or 1-99215. For additional information providers can refer to the *Texas Medicaid Provider Procedures Manual*, section 31.3, "Benefits and Limitations," on page 31-2.

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

221 (06/05/09 through 06/26/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is a correction to the 2009 *Texas Medicaid Provider Procedures Manual*, section 1.1.4.11, "Copy of License/Temporary License/Certification," on page 1-7 and the 2009 *CSHCN Services Program Provider Manual*, section 2.1.4.5, "Provider's License" on page 2-5. These sections list licensing boards from which TMHP directly receives information. The Texas State Board of Examiners of Psychologists, the Texas Board of Chiropractic Examiners (Medicaid only), and the Texas State Board of Podiatric Medical Examiners should not have been included. The correct information is available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225 and the August 2009 *CSHCN Services Program Bulletin*, No. 71.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

222 (06/05/09 through 06/26/09) ***Attention All Medicaid Providers*******

This is a clarification to an article that was posted on the TMHP website at www.tmhp.com on May 15, 2009, titled: "Update to Rate Changes for Some Medical Services, Surgical, Interpretation, and Technical Component." The article included updated reimbursement rates for procedure codes T-93532 and T-93641. Claims submitted with dates of service on or after April 1, 2009, and procedure code T-93532 or T-93641 for the technical components may have been reimbursed at an incorrect rate. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

223 (06/05/09 through 06/26/09) ***Attention All Medicaid Providers*******

Effective for dates of services on or after July 1, 2009, Texas Medicaid reimbursement rates will change for medical services and blood products procedure codes. The reimbursement rates were adopted following a public rate hearing that was held on May 12, 2009.

Details of the reimbursement rates are available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225.

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

224 (06/05/09 through 06/26/09) ***Attention All Medicaid Providers*******

Reminder: Prior authorization request forms with signature lines must be signed and dated by the medical or dental provider familiar with the client before the forms are submitted to TMHP. All signatures on these forms must be current, unaltered, and handwritten. Computerized or stamped signatures are not permitted. Forms that are submitted without a hand-written signature and date will be rejected. The form that contains the original signature must be kept in the client's medical record for future access. Submission of prior authorization requests via the secure pages of the TMHP website at www.tmhp.com does not replace adherence to documentation requirements outlined in the 2009 *Texas Medicaid Provider Procedures Manual*.

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

225 (06/05/09 through 06/26/09) ***Attention All Medicaid Providers*******

Effective for dates of services on or after July 1, 2009, Texas Medicaid will implement initial reimbursement rates for implant services procedure codes. These procedure codes will be a new benefit of Texas Medicaid. The initial reimbursement rates were adopted following a public rate hearing that was held on May 12, 2009.

Details of the reimbursement rates are available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225.

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

226 (06/05/09 through 06/26/09) ***Attention All Medicaid Providers*******

Effective for dates of services on or after July 1, 2009, Texas Medicaid will implement initial reimbursement rates for molecular laboratory services procedure codes. These procedure codes will be a new benefit of Texas Medicaid. The initial reimbursement rates were adopted following a public rate hearing that was held on May 12, 2009.

Details of the reimbursement rates are available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225.

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

227 (06/12/09 through 07/03/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of services on or after June 1, 2009, procedure code 1-99292 may be reimbursed in addition to procedure code 1-99291 when billed by the provider who performed procedure code 1-99291 or by a member of the same group as that provider.

Reminder: If the provider's time exceeds the 74-minute time threshold for procedure code 1-99291, procedure code 1-99292 may be billed in addition to procedure code 1-99291 for each additional 30 minutes. Procedure code 1-99292 will be denied if billed without procedure code 1-99291.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

228 (06/12/09 through 07/03/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that affects claims with dates of service (DOS) on or after August 1, 2008, and procedure code 1-90656. Claims for clients 21 years of age and older may have been paid incorrectly. The correct reimbursement rates for procedure code 1-90656 for clients 21 years of age and older are: \$14.83 for DOS from August 1, 2008, through September 30, 2008; \$17.37 for DOS from October 1, 2008, through March 31, 2009; \$17.15 for DOS on or after April 1, 2009.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

229 (06/12/09 through 07/03/09) ***Attention All Medicaid Providers*******

This is a correction to a banner message that first appeared on the May 29, 2009, Remittance and Status (R&S) Report about changes to the reimbursement rates for clinical laboratory procedure codes. The article incorrectly stated that details of the reimbursement rate changes would be published in the July/August 2009 *Texas Medicaid Bulletin*, No. 224. Details of the rate changes will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225.

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

230 (06/12/09 through 07/03/09) ***Attention All Medicaid Providers*******

On June 26, 2009, the Texas Medicaid reimbursement rate for procedure code 9-S8265 will change. The new reimbursement rate of \$28.54 was adopted following a public rate hearing that was held on May 12, 2009, and is effective for dates of services on or after January 1, 2009. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

231 (06/12/09 through 07/03/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after August 1, 2009, some provider type and place-of-service (POS) limitations will change for the following Texas Medicaid services: kidney transplants and anesthesia services. Additionally, provider type, POS, and type-of-service (TOS) changes will be applied to some other procedure codes. Details of these changes are available on the TMHP website at www.tmhp.com on the Code Updates - Procedure Code Review web page and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225.

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

232 (06/12/09 through 07/03/09) ***Attention All PCCM Providers*******

Reminder: TMHP cannot add new clients when the primary care provider has a closed panel. A client who selects the same primary care provider as another family member may be denied because of a closed panel. When this happens, clients are instructed to notify the primary care provider because TMHP can open a panel only at the request of a primary care provider.

Directions for opening a closed panel are available on the TMHP website at www.tmhp.com and will be published in the September/October *Texas Medicaid Bulletin*, No. 225.

For questions about this process, please contact TMHP Provider Enrollment at 1-800-925-9126, option 2.■

233 (06/12/09 through 07/03/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after August 1, 2009, the medical direction criteria for anesthesia reimbursement will change for Texas Medicaid.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225.

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

234 (06/05/09 through 06/08/09) ***Attention All Providers*******

TMHP will perform scheduled maintenance to the claims engine and Long Term Care systems on Sunday, June 14, 2009, from 6:00 p.m. until 11:59 p.m. Some functions will be unavailable during this time period.

Details are available on the TMHP website at www.tmhp.com.■

235 (06/12/09 through 07/03/09) ***Attention All Audiology and Hearing Aid Providers*******

Frequently asked questions (FAQ) about the Program for Amplification for Children of Texas (PACT) transition are now available on the TMHP website at www.tmhp.com on the TMHP Providers - Hearing Services for Children (PACT Transition) web page. The FAQ will be updated periodically. Providers are encouraged to refer to the web page regularly for the latest information.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

236 (06/12/09 through 07/03/09) ***Attention All Audiologists and Hearing Aid Providers*******

As part of the Program for Amplification of the Children of Texas (PACT) hearing services transition effective for dates of service on or after September 1, 2009, TMHP is encouraging providers to ensure that they are enrolled appropriately. Audiologists must be enrolled with Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program as audiologists; hearing aid providers must be enrolled as hearing aid providers; and otologists and otorhinolaryngologists (ENTs) must be enrolled as physicians.

Details of the enrollment process are available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225 and the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

237 (06/12/09 through 07/03/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after August 1, 2009, benefit criteria for the following services will change for the Children with Special Health Care Needs (CSHCN) Services Program: * Outpatient speech-language pathology, * Physical medicine and rehabilitation.

Benefit details are available on the TMHP website at www.tmhp.com and will be published in the August 2009 *CSHCN Services Program Provider Bulletin*, No. 71.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

238 (06/19/09 through 07/10/09) ***Attention All Medicaid Providers*******

This is a correction to an article posted May 8, 2009, on the TMHP website at www.tmhp.com on the Code Updates - Procedure Code Review web page titled, "Second-Quarter Procedure Code Review Updates." The article included incorrect relative value units (RVUs) and access-based or calculated fees for some assistant surgery procedure codes. Details, including the correct RVUs and fees, are available on the Code Updates - Procedure Code Review web page on the TMHP website.

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

239 (06/19/09 through 07/10/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is a correction to a banner message that first appeared on the May 8, 2009, Remittance and Status (R&S) Report about procedure code 1-S0162. The message incorrectly stated that procedure code 1-S0162 would no longer be a benefit of Texas Medicaid effective for dates of service on or after May 31, 2009. The correct effective date is June 1, 2009. The following is the complete, corrected article:

Effective for dates of service on or after June 1, 2009, efalizumab (*Raptiva*), procedure code 1-S0162, is no longer a benefit of Texas Medicaid or the Children with Special Health Care Needs (CSHCN) Services Program.

Genentech, Inc., the manufacturer of *Raptiva*, is voluntarily withdrawing the psoriasis medication from the United States market due to an increased risk of progressive multifocal leukoencephalopathy (PML) in patients on efalizumab therapy. Effective June 9, 2009, efalizumab is no longer available in the United States.

Providers should plan a careful transition to alternative psoriasis therapies for clients who are discontinuing treatment with efalizumab.

For more information, call Genentech at 1-800-821-8590.■

240 (06/19/09 through 07/10/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that affects claims submitted with dates of service from January 1, 2004, through July 31, 2009, and allergy testing procedure code 95075. Procedure code 95705 is reimbursed as a medical service (type of service [TOS] 1) and not as a laboratory service (TOS 5). Claims may have been denied incorrectly. Affected claims will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary.

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

241 (06/26/09 through 07/17/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after July 1, 2009, procedure code 9-K0739 may be billed with prior authorization for non-warranty repairs of durable medical equipment (DME). Procedure code 9-K0739 may

be reimbursed in the home setting to home health DME suppliers, medical DME suppliers, and custom DME providers. Procedure code 9-K0739 will be denied if it is billed with the same date of service as procedure code 9-E1340 by the same provider.

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

242 (06/26/09 through 07/17/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to the 2009 *CSHCN Services Program Provider Manual*, section 1.2.2.9 Regions 9 and 10 titled "TMHP and DSHS Contact Information" On page 1-14. The manual lists an incorrect telephone number for the Midland Office (Region 9). The correct telephone number is 1-432-571-4759.

The manual also lists an incorrect telephone number for San Angelo (Region 9). Region 9 should list Joanne Mundy at 1-432-571-4151 as the Case Management Consultant for both the Midland and San Angelo offices.

The El Paso information is correct for Region 10.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

243 (6/26/09 through 7/17/09) ***Attention All CSHCN Services Program Providers*******

Effective June 12, 2009, for dates of service on or after April 4, 2007, procedure code 1-92506 is not diagnosis-restricted. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

244 (06/26/09 through 07/17/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is an update to an article that was published on the TMHP website at www.tmhp.com on May 8, 2009, titled "Online Fee Lookup Will Be Available to Texas Medicaid and CSHCN Services Program Providers." TMHP will implement the Online Fee Lookup (OFL) functionality on the TMHP website for Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program on the weekend of June 26, 2009. Providers can use the OFL beginning Monday, June 29, 2009. Details of the capabilities of the OFL are available on the TMHP website.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

245 (06/26/09 through 07/17/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2009, procedure code 9-K0739 may be billed with prior authorization for non-warranty repairs of durable medical equipment (DME). Procedure code 9-K0739 may be reimbursed to home health DME suppliers and medical DME suppliers in the home setting. Procedure code 9-K0739 will be denied if it is billed with the same date of service as procedure code 9-E1340 by any provider.

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

246 (06/26/09 through 07/17/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

The second quarter 2009 Healthcare Common Procedure Coding System (HCPCS) additions, changes, and deletions that are effective for dates of service on or after July 1, 2009, are now available. Deleted procedure

codes are no longer benefits of Texas Medicaid, Medicaid Managed Care, or the Children with Special Health Care Needs (CSHCN) Services Program.

Details of these changes are available on the TMHP Code Updates - HCPCS web page at www.tmhp.com, and will also be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225, and the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the CSHCN Services Program Contact Center at 1-800-568-2413.■

247 (06/26/09 through 07/17/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

TMHP has identified an issue that impacts claims submitted with dates of service on or after January 1, 2008, and procedure code 2-49440 for male clients. Claims may have been denied incorrectly. Procedure code 2-49440 applies to both male and female clients. Affected claims will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

248 (06/26/09 through 07/17/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

TMHP identified an issue that impacts claims submitted with dates of service on or after May 1, 2007, through June 30, 2009, and some evaluation and management (E/M) procedure codes.

Effective for dates of service on or after May 1, 2007, the limitation for new patient E/M codes changed from allowing 1 new patient visit every 2 years to allowing 1 new patient visit every 3 years following the last new or established patient visit reimbursed to the same provider or a provider in the same group. Some claims may have been reimbursed incorrectly. Affected claims will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary.

Details of these changes are available on the TMHP website at www.tmhp.com, and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225, and the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72. For more information, call the TMHP Contact Center at 1 800 925 9126 or the TMHP CSHCN Services Program Contact Center at 1 800 568 2413.■

249 (06/26/09 through 07/17/09) ***Attention All Medicaid Providers*******

This is an update to an article that was published on the TMHP website at www.tmhp.com on May 29, 2009, titled "Texas Medicaid Implements Molecular Laboratory Services Reimbursement Rates." Effective for dates of services on or after July 1, 2009, procedure codes 5-86336, 5-S3800, and 5-S3835 are payable to independent or privately-owned laboratories, hospitals in an outpatient setting, and physicians in an office setting. The Department of State Health Services (DSHS) Laboratory reimbursement rate for procedure code 5-86336 was included in the table in error. Details of the restrictions to these procedure codes are available on the TMHP website at www.tmhp.com.

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

250 (06/26/09 through 07/17/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that affects claims with dates of service on or after July 1, 2008, and emergency medical condition code 30500. These claims may have been denied in error.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

251 (06/26/09 through 07/17/09) ***Attention All Medicaid Ambulance Providers*******

Reminder: Providers must submit ambulance claims for emergency services with modifier ET on each procedure code. For facility-to-facility emergency transports, providers must use modifier ET and one of the facility-to-facility transfer modifiers (HI, IH, or HH) on each procedure code listed on the claim. Procedure codes submitted without the appropriate modifiers will be denied.

Notice: A previous banner message that first appeared on the March 21, 2008, R&S Report requested ambulance providers to use modifier TG when submitting a claim for emergency ambulance services that included advanced life support services. Claims with modifier TG were used by rate-setting staff to determine the cost and fiscal impact of assigning advanced life support services as a benefit. This work by rate-setting staff has been completed; therefore, providers are no longer requested to include modifier TG when advanced life support services have been provided.

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

252 (06/26/09 through 07/17/09) ***Attention All Medicaid Providers*******

Reminder: As of September 1, 2005, Section 32.0248(h) of the *Human Resources Code* prohibits the payment of Women's Health Program (WHP) funds to a provider that performs elective abortions. To enable HHSC to comply with this requirement, a WHP Provider Certification form will be mailed on June 22, 2009, to all billing providers that have delivered WHP services during the calendar years 2008 and 2009. Complete details are available on the TMHP website at ww.tmhp.com and will be published in the 2009 September/October *Texas Medicaid Bulletin*, No. 225.

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

253 (06/26/09 through 07/17/09) ***Attention All Medicaid Providers*******

TMHP will be extending prior authorizations for Total Parenteral Nutrition (TPN) to August 14, 2009. This extension affects existing prior authorizations for TPN services using procedure codes 1-S9364, 1-S9365, 1-S9366, 1-S9367, and 1-S9368 that end on June 30, 2009. Providers will be receiving a prior authorization letter from TMHP about the extension. For new prior authorizations that are requested before August 15, 2009, providers will need to request services through August 14, 2009.

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

254 (06/26/09 through 07/17/09) ***Attention All Medicaid Providers*******

This month, TMHP Radio will feature a conversation with Cossy Hough, Case Management Branch Manager from the Department of State Health Services (DSHS), about the Case Management for Children and Pregnant Woman (CPW) program. Cossy Hough describes CPW program benefits and services, client eligibility requirements, and the requirements for enrolling as a provider.

Providers can access Radio TMHP by visiting the TMHP website at www.tmhp.com and clicking on the Radio TMHP link. Radio TMHP focuses on health-care industry topics, including changes in the policies and procedures of Texas state health-care programs.

For more information on the CPW program, please visit the DSHS website at www.dshs.state.tx.us/caseman or call 1-512-458-7111, extension 2168.■

255 (06/26/09 through 07/17/09) ***Attention All Providers*******

The Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS) received federal approval in February 2009 to implement a 1915(c) Medicaid Waiver. This program, called Youth Empowerment Services (YES), allows more flexibility in the funding of intensive community-based services and supports for children with serious emotional disturbances (SED) and their families. The service array under this waiver includes: respite care, adaptive aids and supports, community land family living supports, minor home modifications, non-medical transportation, paraprofessional and professional services, specialized psychiatric observation, supportive family-based alternatives, and transitional services. Travis and Bexar counties will serve as the initial pilot sites, with a tentative waiver services start date of September 2009. Providers are currently able to submit applications to the YES program to provide services under the waiver. Details of the YES waiver and provider enrollment information are available on the TMHP website at www.tmhp.com.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Contact Center at 1-800-568-2413.■

256 (06/26/09 through 07/17/09) ***Attention All Providers*******

Effective July 31, 2009, the format for the 8-character batch identification number assigned to claims received through the TMHP Electronic Data Interface (EDI) Gateway will change.

Details are available on the TMHP website at www.tmhp.com and will be published in the 2009 September/October, *Texas Medicaid Bulletin*, No 225 and the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP EDI Contact Center at 1-888-863-3638.■

257 (07/03/09 through 07/24/09) ***Attention All CSHCN Services Program Providers*******

TMHP has identified an issue with the compact disc (CD) edition of the 2009 *CSHCN Services Program Provider Manual*. The CSHCN Services Program Physician/Dentist Assessment Form (PAF) published in the CD edition of the manual was not the correct version of the form. The correct form, with a revision date of April 2008, is included in the print edition of the manual and in the file library of the TMHP website at www.tmhp.com.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

258 (07/03/09 through 07/24/09) ***Attention All Medicaid and Family Planning Providers*******

TMHP has identified an issue that impacts claims submitted with procedure codes 1- J7303, J7304, or 1-S4993 and dates of service on or after October 1, 2008. These claims may have been denied in error with an explanation of benefits (EOB) message indicating that services exceeded allowed benefit limitations. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on part of the provider is required.

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

259 (07/03/09 through 07/24/09) ***Attention All Medicaid Providers*******

This is a correction to the 2009 *Texas Medicaid Provider Procedures Manual*, section 24.4.29.21, "Procedure Codes and Limitations for Respiratory Equipment and Supplies" on page 24-64. The limitation that is shown for procedure code A7015 is incorrect. The correct limitation for procedure code A7015 is 1 per month.

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

260 (07/03/09 through 07/24/09) ***Attention All Medicaid Providers*******

This is a correction to information that was published in the January 2009 *Inpatient and Outpatient Behavioral Health Services Special Bulletin*, No. 1, about diagnosis codes that may be reimbursed for chemical dependency treatment facility (CDTF) services. The list of diagnosis codes on page 14 of the special bulletin did not include all of the payable diagnosis codes for CDTF services.

In addition, the policy has been clarified to indicate that CDTF services for caffeine or nicotine withdrawal are not a benefit of Texas Medicaid.

Details are available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225.

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

261 (07/03/09 through 07/24/09) *** Attention All Medicaid and CSHCN Services Program Providers *******

Effective for dates of service on or after July 1, 2009, procedure code 9-K0739 will be a new benefit of both Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program. The reimbursement rate for procedure code 9-K0739 will be \$13.21, which will be payable for clients of all ages.

Procedure code 9-K0739 may be billed with prior authorization for non-warranty repairs of durable medical equipment (DME) and may be reimbursed to home health DME suppliers and medical DME suppliers in the home setting. Procedure code 9-K0739 will be denied if it is billed with the same date of service as procedure code 9-E1340 by any provider.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

262 (07/03/09 through 07/24/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to a banner message that first appeared on the June 26, 2009, Remittance and Status (R&S) Report about a correction to telephone numbers for Regions 9 and 10 in the 2009 *CSHCN Services Program Provider Manual*. The message contained an incorrect telephone number for Region 9. The article also did not mention the correct telephone and fax number for Region 10. The following is the complete, corrected information:

The manual lists an incorrect telephone number on page I-14 for the Midland Office (Region 9). The correct telephone number is 1-432-571-4159.

The manual lists an incorrect phone number for San Angelo (Region 9). The correct telephone number is 1-432-571-4151 and Joanne Mundy is the Case Management Consultant for both the Midland and San Angelo offices.

The manual lists an incorrect telephone and fax number for Region 10. The correct telephone number for region 10 is 1-915-834-7682, and the correct fax number is 1-915-834-7808.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

263 (07/10/09 through 07/31/09) ***Attention All Medicaid Providers*******

This is an update to a banner message that appeared on the April 10, 2009, Remittance and Status (R&S) Report about changes to benefits and prior authorization requirements for total parenteral nutrition (TPN) services and to a web article that was published on the TMHP website at www.tmhp.com on April 1, 2009, titled "Update to Total Parenteral Nutrition (TPN) Services." The articles stated that effective for dates of

service on or after July 1, 2009, benefit and prior authorization changes for TPN would change. The implementation for these benefit and prior authorization changes will be delayed until August 15, 2009.

Details about the benefit and prior authorization changes for TPN services related to this implementation are available on the TMHP website, and providers may also refer to an article titled "Update to Total Parenteral Nutrition Services" published in the May/June *Texas Medicaid Bulletin*, No. 223.

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

264 (07/10/09 through 07/31/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that impacts claims submitted with dates of service from October 16, 2003, through June 30, 2009, and procedure code E-V2755.

Effective for dates of service on or after October 16, 2003, procedure code E-V2755 is restricted to diagnosis codes 37931 and 74335. Some claims may have been reimbursed incorrectly. Affected claims will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary.

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

265 (07/10/09 through 07/31/09) ***Attention All Medicaid Program Providers*******

Beginning August 28, 2009, TMHP will notify providers by mail when a prior authorization has been closed early. The letter will include the beginning date of service, the revised ending date of the authorization, and the reason for the early closure.

When a client decides to change providers or elects to discontinue prior-authorized services before the authorization ends, that prior authorization will be updated to reflect the early closure date and the reason for closure.

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

266 (07/10/09 through 07/31/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

TMHP has revised the taxonomy codes available to otologists and otorhinolaryngologists (ENTs), hearing aid fitters and dispensers, and audiologists who are enrolled as hearing aid providers (i.e., the provider's enrollment letter indicates "Hearing Aid"). Details of these changes are available on the TMHP website at www.tmhp.com on the TMHP Providers - Hearing Services for Children (PACT Transition) web page and will also be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225, and in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

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

267 (07/10/09 through 07/31/09) ***Attention All Providers*******

On August 29, 2009, TMHP will implement new features that will make it easier to navigate and enter data on TexMedConnect. Acute care providers will also be able to access more client eligibility information through the online system.

Details of the new features are available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225 and in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

268 (07/10/09 through 07/31/09) ***Attention All Medicaid Providers*******

Beginning August 31, 2009, the Automated Inquiry System (AIS) eligibility inquiry responses will provide more detail about a client's type of Medicaid coverage.

Details about the updated AIS responses are available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225.

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

269 (07/10/09 through 07/31/09) ***Attention All Medicaid Providers*******

Beginning August 29, 2009, TMHP will update the TexMedConnect and Electronic Data Interchange (EDI) systems with a new type of coverage code for clients who have a Medicare Advantage Plan (MAP). The eligibility verification screen will display "M" on the Other Insurance Segments if the client is enrolled in a MAP in addition to Medicaid.

For detailed information about claims for clients enrolled in a MAP, providers can refer to previous MAP articles in banner messages and on the TMHP website at www.tmhp.com.

A table detailing type of coverage codes is available on the TMHP website at www.tmhp.com and will be published in the 2009 September/October *Texas Medicaid Bulletin*, No. 225.

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

270 (07/10/09 through 07/31/09) ***Attention All Medicaid Providers*******

Reminder: Federal financial participation (FFP) is not available to reimburse providers for services provided to Texas Medicaid clients who are inmates of public correctional institutions or holding facilities (Code of Federal Regulations, Title 42, 435.1009). Details of this restriction are available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225.

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

271 (07/10/09 through 07/31/09) ***Attention All Medicaid Providers*******

Beginning July 5, 2009, the revised Texas Medicaid Fee Schedules will be available on the TMHP website at www.tmhp.com. Providers can request a free paper copy of a fee schedule by calling the TMHP Contact Center at 1-800-925-9126.■

272 (07/10/09 through 07/31/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after September 1, 2009, providers will not need authorization to bill cardiac surgery procedures for the Children with Special Health Care Needs (CSHCN) Services Program.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

273 (07/17/09 through 08/07/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of service on or after September 1, 2009, procedure code 1-J9035 will be eligible for reimbursement with the following additional diagnosis codes: 1910, 1911, 1912, 1913, 1914, 1915, 1916, 1917, 1918, or 1919. This addition applies to Medicaid clients of all ages and Children with Special Healthcare Needs (CSHCN) Services Program clients who are 21 years of age or older.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

274 (07/17/09 through 08/07/09) ***Attention All Medicaid Providers*******

Effective July 20, 2009, phase II of the cost avoidance coordination-of-benefits (COB) initiative for pharmacy claims will be implemented. Phase II will include all Medicaid clients of all ages who have other known insurance coverage. Phase I of the cost avoidance initiative was implemented on January 20, 2009, and includes only a limited number of clients who are 21 years of age or older.

The Texas Medicaid Vendor Drug Program (VDP) implemented the cost avoidance initiative to ensure compliance with federal Centers for Medicare & Medicaid Services (CMS) regulations. Under federal rules, Medicaid agencies must be the payer of last resort. The cost avoidance model checks for other known insurance at the point of sale so that Medicaid does not pay a claim until after the pharmacy attempts and fails to obtain payment from the client's third-party insurance.

For more information on the cost avoidance initiative, visit the VDP website at: www.txvendordrug.com/costavoidance.html.■

275 (07/17/09 and 08/07/09) ***Attention All Medicaid Providers*******

Reminder: Effective for dates of service on or after January 1, 2009, benefits for clinician-directed care coordination services changed for Texas Medicaid.

Details of these benefits are available on the TMHP website at www.tmhp.com and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226. For more information, call the TMHP Contact Center at 1-800-925-9126.■

276 (07/17/09 through 08/07/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after August 31, 2009, benefit criteria for the following services will change for Texas Medicaid:

- Physical, occupational, and speech therapy for the Comprehensive Care Program (CCP)
- Physical and occupational therapy for Home Health
- Physical, occupational, and speech therapy for acute services.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

277 (07/17/09 through 08/07/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of service on or after July 1, 2009, the total and technical components are no longer reimbursed for some radiology and laboratory procedure codes. Details of these changes are available on the Code Updates - Procedure Code Review web page available on the TMHP website at www.tmhp.com.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

278 (07/17/09 through 08/07/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to an article that was published on the TMHP website at www.tmhp.com on March 6, 2009, titled "New Benefits for Home Health Services for the CSHCN Services Program." The article listed an incorrect procedure code for social work services. The correct social work services procedure code is C-G0155.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

279 (07/17/09 through 08/07/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of services on or after September 1, 2009, the Children with Special Health Care Needs (CSHCN) Services Program will implement initial reimbursement rates for two molecular laboratory services procedure codes.

Details of the reimbursement rates are available on the TMHP website at www.tmhp.com and will be published in the November 2009 *CSHCN Services Program Provider Bulletin*, No.72.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

280 (07/17/09 and 08/07/09) ***Attention All CSHCN Services Program Providers*******

Reminder: Effective for dates of service on or after January 1, 2009, benefits for clinician-directed care coordination services changed for the Children with Special Health Care Needs (CSHCN) Services Program.

Details of these benefits are available on the TMHP website at www.tmhp.com and will be published in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72. For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

281 (07/17/09 through 08/07/09) ***Attention All CSHCN Services Program Providers*******

The changes to benefit criteria for outpatient speech-language pathology and physical medicine and rehabilitation, which were to change for the Children with Special Health Care Needs (CSHCN) Services Program on August 1, 2009, have been delayed until August 31, 2009.

This updates the following articles:

- A banner message that appeared on the June 12, 2009, Remittance and Status (R&S) Report about outpatient speech-language pathology and physical medicine and rehabilitation.
- Web articles that were published on the TMHP website at www.tmhp.com on June 5, 2009, titled "Outpatient Speech-Language Pathology Benefits to Change for the CSHCN Services Program," and "Physical Medicine and Rehabilitation Benefits to Change for the CSHCN Services Program."
- Bulletin articles published in the August 2009 *CSHCN Services Program Provider Bulletin*, No. 71 titled "Outpatient Speech-Language Pathology Benefits to Change," and "Physical Medicine and Rehabilitation Benefits to Change for the CSHCN Services Program."

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

282 (07/17/09 through 08/07/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after September 1, 2009, benefit criteria for cleft/craniofacial services will change for the Children with Special Health Care Needs (CSHCN) Services Program. Details are available on the TMHP website at www.tmhp.com and will be published in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

283 (07/17/09 through 08/07/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after September 1, 2009, additional molecular laboratory procedure codes may be reimbursed by the CSHCN Services Program. Details of these changes are available on the TMHP

website at www.tmhp.com and will be published in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

284 (07/24/09 through 08/14/09) ***Attention All THSteps Dental Providers*******

TMHP has identified an issue that affects claims with dates of service on or after June 30, 2003, and procedure codes D3347 or D3348. Claims may have been denied in error with an explanation of benefits (EOB) message indicating that prior authorization is required for these procedure codes. No prior authorization is required for procedure codes D3347 or D3348. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

285 (07/24/09 through 08/14/09) ***Attention All Medicaid Providers*******

This is a correction to an article published on the TMHP website at www.tmhp.com on June 5, 2009, titled "Benefit Changes: Procedure Code Updates Effective for Dates of Service on or After August 1, 2009." The article incorrectly stated that procedure codes 7-00561, 7-00625, and 7-00626 are no longer reimbursed in the inpatient hospital setting. The correct information is as follows: Effective for dates of service on or after August 1, 2009, procedure codes 7-00561, 7-00625, and 7-00626 will no longer be reimbursed in the outpatient hospital setting.

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

286 (07/24/09 through 08/14/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is a correction to an article published on the TMHP website at www.tmhp.com on January 30, 2009, titled "Correction to the 2009 HCPCS Special Bulletin, No. 221." The article incorrectly stated that procedure code 1-99466 replaced discontinued procedure code 1-99440. The replacement procedure code for 1-99440 is 1-99465. The correct information is as follows:

Procedure codes 1-99460, 1-99462, 1-99463, 1-99464, and 1-99465 are replacement codes and were correctly added to the Replacement Procedure Codes table. Procedure codes 1-99460, 1-99462, 1-99463, 1-99464, and 1-99465 are benefits of Texas Medicaid and replace discontinued procedure codes 1-99431, 1-99433, 1-99435, 1-99436, and 1-99440. These procedure codes are not covered by the Children with Special Health Care Needs (CSHCN) Services Program.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the CSHCN Services Program Contact Center at 1-800-568-2413.■

287 (07/24/09 through 08/14/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

The transition of hearing services for children from the Program for Amplification for Children of Texas (PACT) to TMHP, which will go into effect on September 1, 2009, will impact audiologists and hearing aid fitters and dispensers who are employed by or contracted with school districts, state agencies, and inpatient hospitals. These providers must enroll with Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program by choosing "Audiologist" or "Hearing Aid" as appropriate on the enrollment application.

Additional information about enrollment for audiologists and hearing aid fitters and dispensers is available on the TMHP website at www.tmhp.com on the Providers Hearing Services for Children (PACT Transition) web page.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the CSHCN Services Program Contact Center at 1-800-568-2413.■

288 (07/24/09 through 08/14/09) ***Attention All Medicaid Ambulance Providers*******

Effective for dates of service on or after September 1, 2009, prior authorization requirements and telephone line hours for nonemergency ambulance requests will change for Texas Medicaid.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

289 (07/24/09 through 08/14/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to an article published on the TMHP website at www.tmhp.com on April 24, 2009, titled "Molecular Laboratory Services Benefits Change." The article incorrectly stated that effective for dates of service on or after May 1, 2009, procedure code 5-S3840 would be reimbursed by the Children with Special Health Care Needs (CSHCN) Services Program. The correct information is as follows:

Procedure code 5-S3840 will be reimbursed by the CSHCN Services Program effective for dates of service on or after September 1, 2009.

Additional information is available in an article published on the TMHP website on July 10, 2009, titled "New Molecular Laboratory Benefits for the CSHCN Services Program."

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

290 (07/24/09 through 08/14/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to the *CSHCN Services Program Provider Manual*, section 1.2.2.10 titled "TMHP and DSHS Contact Information." The manual lists a fax number for Region 11 that is no longer in service. The updated fax number for the Region 11 office in Harlingen is 1-956-444-3293.

291 (07/24/09 through 08/14/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after September 1, 2009, benefit criteria will change for preventive care medical checkups for the Children with Special Health Care Needs (CSHCN) Services Program. Details are available on the TMHP website at www.tmhp.com and will be published in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

292 (07/31/09 through 08/21/09) ***Attention All THSteps Medical Providers*******

Effective for dates of service on or after September 1, 2009, Texas Health Steps (THSteps) preventive care medical checkup criteria will change for Texas Medicaid.

Details of the changes are available on the TMHP website at www.tmhp.com and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

293 (07/31/09 through 08/21/09)***Attention All Medicaid Providers*******

TMHP has identified an issue that affects claims submitted with dates of service from March 1, 2007, through July 9, 2009, and procedure codes 5-85007 and 5-85027. These claims may have been denied in error. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Procedure codes 5-85007 and 5-85027 may be billed on the same day, same provider.

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

294 (07/31/09 through 08/21/09) ***Attention All Medicaid and CSHCN Services Program Hospital Providers*******

TMHP has identified an issue that impacts claims submitted by acute care hospital providers with dates of service on or after January 1, 2006, and procedure code 1-90761 that was performed in the outpatient hospital setting. Claims may have been denied in error with the explanation of benefits (EOB) message that this procedure is not covered for this provider type.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action by the provider is necessary.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

295 (07/31/09 through 08/21/09) ***Attention All Providers*******

TMHP will perform scheduled maintenance to the Claims Engine and Long-term Care systems beginning at 6:00 p.m. Sunday, August 9, 2009, and ending at 3:00 a.m. Monday August 10, 2009. During the system maintenance window, some applications will be unavailable for both Acute Care and Long-term Care systems.

Details are available on the TMHP website at www.tmhp.com.■

296 (07/31/09 through 08/21/09) ***Attention All Medicaid Providers*******

Effective immediately, providers are encouraged to use the new Special Medical Prior Authorization (SMPA) Request Form. Using the new form will result in fewer delays and denials for incomplete requests. The form also makes it easier for providers to submit all required information for special medical services.

The new form is available on the TMHP website at www.tmhp.com and will be published in the 2009 November/December *Texas Medicaid Bulletin*, No. 226.

Providers may continue to submit requests for special medical services by sending only medical documentation to the SMPA Department. To avoid authorization delays and denials for incomplete requests, the requests must contain all required information, such as client information and Medicaid number, National Provider Identifier (NPI), Texas Provider Identifier (TPI), and requesting provider information.

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

297 (07/31/2009 through 08/21/2009)***Attention All Medicaid Providers*******

This is a correction to an article that was published on the TMHP website at www.tmhp.com on April 10, 2009, and in the July/August 2009 *Texas Medicaid Bulletin*, No 224 titled "Correction to Non-Clinical Laboratory Procedure Codes Reimbursement Rates Will Change for the Texas Medicaid Program." The article included some procedure codes that were discontinued with the 2009 Healthcare Common Procedure Coding System (HCPCS) update.

Details of the correction are available on the TMHP website and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

298 (07/31/09 through 08/21/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that impacts some of the static Texas Medicaid fee schedules posted on the TMHP website at www.tmhp.com on July 5, 2009. TMHP will update the affected fee schedules and repost them. Providers will be notified in a future banner message when the revised fee schedules can be accessed.

For accurate and up-to-date fees, providers may use the Online Fee Lookup, which is updated daily.

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

299 (07/31/09 through 08/21/09) ***Attention All SHARS Providers*******

The Certification of Funds (COF) statements for School Health and Related Services (SHARS) providers for the third quarter (April 1 through June 30) for federal fiscal year 2009, which were scheduled to be mailed on July 3, 2009, have been delayed. These letters will be mailed the week of July 20, 2009. Each quarter, SHARS providers are required to certify their reimbursement amounts during the previous fiscal quarter. TMHP mails the quarterly COF statements to all SHARS providers after the end of each quarter in the federal fiscal year (October 1 through September 30). Providers will have 25 calendar days from the date printed on the letter to return the signed and notarized letter to TMHP, which will certify the funds for the third quarter that were listed on the statement accompanying the letter.

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

300 (07/31/09 through 8/21/09) ***Attention All Medicaid Behavioral Health Providers*******

Effective for dates of service on or after August 31, 2009, behavioral health services performed by a licensed psychological associate (LPA) who is licensed by the Texas State Board of Examiners of Psychologists (TSBEP) will be a benefit of Texas Medicaid when certain conditions are met. As a result, claims filing for certain behavioral health services will be affected.

In addition, effective for dates of service on or after August 31, 2009, the documentation requirements for psychological and neuropsychological testing will expand.

Details about these changes to behavioral health services benefits are available on the TMHP website at www.tmhp.com and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

301 (07/31/09 through 08/21/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after September 1, 2009, the reimbursement rate for procedure code 9-S8265 will change for the Children with Special Health Care Needs (CSHCN) Services Program. The new reimbursement rate will be \$28.54.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

302 (07/31/09 through 08/21/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after September 1, 2009, benefit criteria for doctor of dentistry services as a limited physician will change for the Children with Special Health Care Needs (CSHCN) Services Program.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP-CSHCN Contact Center at 1-800-568-2413.■

303 (07/31/09 through 08/21/09) ***Attention All CSHCN Services Program Providers*******

Reminder: Authorization and prior authorization request forms submitted to TMHP must be signed and dated by the medical or dental provider or supplier treating the client. If indicated on the form, an authorized representative's signature is acceptable.

All signatures and dates must be handwritten and current. Computerized or stamped signatures are not permitted. Alterations to dates and signatures, such as cross-outs or white-outs, are not allowed. Submitted forms without an original handwritten signature and date will be rejected.

Providers must keep the original, signed forms in the client's medical record as documentation.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

304 (07/31/09 through 08/21/09) ***Attention All CSHCN Services Program Providers*******

Type of service (TOS) codes no longer appear as part of procedure codes in the *CSHCN Services Program Provider Manual* and are not required for billing. TOS codes are assigned by the system and will appear on Remittance and Status (R&S) Reports.

For some procedure codes, providers need to include a specific modifier so the system can assign the correct TOS. Information about modifiers and their requirements is available in the relevant sections of the *CSHCN Services Program Provider Manual*.

A list of TOS codes and descriptions is available on the TMHP website at www.tmhp.com and will be published in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72. The TOS list may be helpful to providers as they review their R&S Reports.

For more information, call the TMHP CSHCN Services Program Contact Center at 1-800-568-2413.■

305 (08/07/09 through 08/28/09) ***Attention All Medicaid Hospital Providers*******

The Texas Health and Human Services Commission (HHSC) will conduct a review of the Primary Care Case Management (PCCM) program reimbursement data for inpatient hospital services. In order to complete this review, HHSC requires hospitals to include PCCM data in their Centers for Medicare & Medicaid Services (CMS) Form CMS-2552 Hospital Cost Report. HHSC is reviewing hospital cost data from federal fiscal year 2008 (October 1, 2007, to September 30, 2008) and requires each hospital that submitted a cost report, which covered any portion of the hospital fiscal year, to submit two additional supplemental worksheets reporting PCCM data.

The worksheets and details about completing them are available on the TMHP website at www.tmhp.com and will be published in the 2009 November/December *Texas Medicaid Bulletin*, No. 226.■

306 (08/07/09 through 08/28/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that affects claims submitted with dates of service from March 1, 2007, through July 9, 2009, and procedure codes 5-83013 and 5-83014. These claims may have been denied in error.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

307 (08/07/09 through 08/28/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that affects claims submitted by ambulatory surgical centers with dates of service from September 14, 2006, through July 7, 2009, and procedure code F-20999. These claims may have been denied in error. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

308 (08/07/09 through 08/28/09) ***Attention All Providers*******

Beginning August 28, 2009, when providers make client eligibility inquiries through Electronic Data Interchange (EDI), the providers can receive the relationship between the client and "other insurance" policyholder as part of the response. For clients who have other insurance on the date of service, the system will display the following: "C" for child, "M" for spouse, "O" for other, "P" for parent, and "S" for self.

Providers are not required to use this new feature; however, if providers (or their billing agents) plan to use this new feature, they must confirm their systems are ready to receive the new data to avoid errors or delays. Detailed technical information about these changes is available on the TMHP EDI testing website at <https://editesting.tmhp.com/index.jsp>.

On August 28, 2009, revised companion guides will be available from the EDI homepage of the TMHP website at www.tmhp.com.

For more information, call the TMHP EDI Contact Center at 1-888-863-3638.■

309 (08/07/09 through 08/28/09) ***Attention All Medicaid Providers*******

Beginning August 29, 2009, TMHP will process certain claims for dates of service on or after January 1, 2008, for clients enrolled in a Medicare Advantage Plan (MAP) for Medicare Qualified Medicaid Beneficiary (MQMB) clients.

Eligibility inquiry responses on TexMedConnect and the TMHP Electronic Data Interchange (EDI) will be updated to provide Medicare Part C eligibility dates and contract identification numbers for clients enrolled in a MAP.

Details are available on the TMHP website at www.tmhp.com and will be published in the 2009 November/December *Texas Medicaid Bulletin*, No. 226.

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

310 (08/07/09 through 08/28/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after September 1, 2009, hearing services for children will transition from the Department of State Health Services (DSHS) Program for Amplification for the Children of Texas (PACT) to be administered by TMHP. Texas Medicaid hearing aid devices and services will include benefits for clients who are birth through 20 years of age as well as for clients 21 years of age and older.

Details of the changes are available on the TMHP website at www.tmhp.com on the Hearing Services for Children (PACT Transition) web page and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

311 (08/07/09 through 08/28/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Computer-based training (CBT) for the online fee lookup (OFL) functionality is now available for Texas Medicaid and the Children with Special Health Care Needs Services (CSHCN) Program providers.

A link to the training is available on the TMHP website at www.tmhp.com.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

312 (08/07/09 through 08/28/09) ***Attention All Family Planning Services Providers*******

TMHP has identified issues that impact Women's Health Program (WHP) and family planning Titles V, XIX, and XX claims submitted on and after July 1, 2009. Claims with counseling or preventive services procedure codes 1-99401, 1-99402, and 1-99429 that were billed without modifier FP and managed care claims for family planning clients may have been denied or rejected in error. Affected claims will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary.

Although affected claims with dates of service from July 1, 2009, through July 15, 2009, and preventive services procedure codes 1-99401, 1-99402, or 1-99429 will be reprocessed, only claims for clients of Titles V and XX family planning are eligible for reimbursement. Procedure codes 1-99401, 1-99402, and 1-99429 have not been a benefit of the WHP or Title XIX family planning since September 1, 2007. When affected claims for WHP or Title XIX family planning clients are reprocessed, they will be denied again as not a benefit, and the denials will appear on providers' Remittance & Status (R&S) Reports.

Details of the claims reprocessing effort are available on the TMHP website at www.tmhp.com.

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

313 (08/07/09 through 08/28/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after September 1, 2009, hearing services for children will transition from the Department of State Health Services (DSHS) Program for Amplification for the Children of Texas (PACT) and will be administered by the Texas Medicaid & Healthcare Partnership (TMHP). Children with Special Health Care Needs (CSHCN) Services Program clients of any age will be eligible to receive medically necessary hearing aid devices and services.

Details of the changes are available on the TMHP website at www.tmhp.com on the Hearing Services for Children (PACT Transition) web page and will be published in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

314 (08/07/09 through 08/28/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to an article that was published in the August 2009 *CSHCN Services Program Provider Bulletin*, No. 71, titled "Provider Enrollment and NPI Attestation Reminder."

The article incorrectly stated that providers who have not completed national provider identifier (NPI) attestation for Texas Medicaid must also complete NPI attestation for the CSHCN Services Program.

The following is the complete, corrected information:

Providers are now required to document their NPI in the enrollment application. Providers that enrolled before July 13, 2007, must submit their NPI and related data to TMHP by completing the NPI attestation. Providers

that have completed NPI attestation for Texas Medicaid must also complete NPI attestation for the CSHCN Services Program.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

315 (08/07/09 through 08/28/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to the 2009 *CSHCN Services Program Provider Manual* section 29.2.22 titled "Hyperbaric Oxygen Therapy (HBOT)" on page 29-58. Diagnosis code 94101 should have been included as a valid diagnosis code for HBOT.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

316 (08/14/09 through 09/04/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of service on or after October 1, 2009, providers must use diagnosis codes from the 2010 *International Classification of Diseases*, Ninth Edition, Clinical Modification (ICD-9-CM), which contains the annual updates. Deleted diagnosis codes will no longer be benefits of Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program.

Details of these changes will be available on the TMHP website at www.tmhp.com beginning October 1, 2009, and will also be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227, and in the February 2010 *CSHCN Services Program Provider Bulletin*, No. 73.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

317 (08/14/09 through 09/04/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

The third quarter 2009 Healthcare Common Procedure Coding System (HCPCS) additions, changes, and deletions that will be effective for dates of service on or after October 1, 2009, will be available by October 1, 2009. Deleted procedure codes will no longer be benefits of Texas Medicaid, Medicaid Managed Care, or the Children with Special Health Care Needs (CSHCN) Services Program.

Details of these changes will be available on the TMHP Code Updates - HCPCS web page at www.tmhp.com, and will also be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227, and the February 2010 *CSHCN Services Program Provider Bulletin*, No. 73.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the CSHCN Services Program Contact Center at 1-800-568-2413.■

318 (08/14/09 through 09/04/09) ***Attention All Medicaid Providers*******

To align with the Centers for Medicare & Medicaid Services (CMS) requirements for easy access to all Texas Medicaid fees, TMHP has completed the third-quarter procedure code review. Effective for dates of service on or after October 1, 2009, provider type, place of service (POS), and type-of-service (TOS) changes will be applied to some procedure codes. Provider type changes will be available in updated fee schedules, and providers are encouraged to confirm coverage by reviewing the fee schedules before submitting claims.

Details of these changes are available on the TMHP website at www.tmhp.com on the Code Updates - Procedure Code Review web page and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

319 (08/14/09 through 09/04/09) ***Attention All Medicaid Providers*******

This is an update to an article that was published on the TMHP website at www.tmhp.com on June 29, 2009, and in the September/October 2009 *Texas Medicaid Bulletin*, No 225 titled "Women's Health Program (WHP) Providers and Performance of Elective Abortion."

As of September 1, 2005, Section 32.0248(h), Human Resources Code, prohibits the payment of Women's Health Program (WHP) funds to a provider that performs elective abortions. On June 22, 2009, a WHP certification form was mailed to all billing providers, who have delivered WHP services during 2008 and 2009. The accompanying letter gave providers until July 23, 2009, to sign and return the certification form to TMHP. The Texas Health and Human Services Commission (HHSC) has extended the deadline for submission of the certification form until September 18, 2009. TMHP will place a payment hold on all Medicaid fee-for-service claims filed by, or on behalf of, any billing provider who fails to respond by this date. For more information, call the TMHP Contact Center at 1-800-925-9126.■

320 (08/14/09 through 09/04/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after September 1, 2009, the following providers will no longer be required to certify their expenditures of state or local (nonfederal) funds on a federal fiscal year (FFY) quarterly basis: mental health (MH) and mental retardation (MR), targeted case management for Early Childhood Intervention (ECI), and tuberculosis (TB) clinics. Associated claims will be considered for the federal and state share reimbursement.

The following providers must continue to certify state funds (i.e., complete and return the associated certification of funds letter) on a FFY quarterly basis to be considered for the federal portion reimbursement: Blind Children's Vocational Discovery and Development Program (BCVDDP) and School Health and Related Services (SHARS).

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

321 (08/14/09 through 09/04/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of services on or after September 1, 2009, the reimbursement rates for surgery and ambulatory surgical center procedure codes 11981, 11982, and 11983 will change for the Children with Special Health Care Needs (CSHCN) Services Program.

Details of the reimbursement rate changes are available on the TMHP website at www.tmhp.com and will be published in the November 2009 *CSHCN Services Program Provider Bulletin*, No.72.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

322 (08/14/09 through 09/04/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of services on or after September 1, 2009, reimbursement rates will change for some durable medical equipment (DME) procedure codes for the Children with Special Health Care Needs (CSHCN) Services Program.

Details of the reimbursement rate changes are available on the TMHP website at www.tmhp.com and will be published in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

323 (08/14/09 through 09/04/09) ***Attention All Medicaid Providers*******

Effective for dates of services on or after September 1, 2009, benefit criteria for tuberculosis clinics will change for Texas Medicaid.

Benefit details are available on the TMHP website at www.tmhp.com and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

324 (08/21/09 through 09/11/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that impacts claims submitted by nurse practitioners (NPs), clinical nurse specialists (CNSs), and physician assistants (PAs) with dates of service from July 1, 2009, through August 11, 2009, and some clinical laboratory procedure codes in the office setting. Claims may have been denied in error. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Additionally, the Texas Medicaid fee schedules will be updated. The updated fee schedules will be available on the TMHP website at www.tmhp.com on August 21, 2009.

Details of the claims reprocessing are available on the TMHP website at www.tmhp.com and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

325 (08/21/09 through 09/11/09) ***Attention All Medicaid Providers*******

This is a correction to an article that was published on the TMHP website at www.tmhp.com on July 3, 2009, titled "New AIS Eligibility Inquiry Responses Beginning August 31, 2009."

For clients with Children's Health Insurance Program (CHIP) Perinatal coverage, the updated Automated Inquiry System (AIS) response, "Limited Medicaid coverage - CHIP Perinatal," is not required and will not be implemented. Providers will continue to receive the current AIS response for clients with CHIP Perinatal coverage.

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

326 (08/21/09 through 09/11/09) ***Attention All Providers*******

Beginning September 1, 2009, the Provider Information Change (PIC) Form will be revised to include an option for hearing services providers to indicate that they provide hearing services for children. The online PIC Form will include this option in the "Additional Services Offered" field. The paper form will include a checkbox for the new designation. The revised PIC Form must be used beginning September 1, 2009.

Providers who have established administrator accounts on the TMHP website at www.tmhp.com may access the revised PIC Form beginning September 1, 2009. The revised paper PIC Form is available now for download from the TMHP website in the Provider Forms section of the home page and also from the Hearing Services for Children (PACT Transition) web page. All providers must use the updated form beginning September 1, 2009.

Details of these changes are available on the TMHP website and the Hearing Services for Children (PACT Transition) web page at www.tmhp.com. For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

327 (08/21/09 through 09/11/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is an update to a banner message that appeared on the May 8, 2009, Remittance and Status (R&S) Report about newborn resuscitation (procedure code 1-99465). The information also appeared in an article in the July/August 2009 *Texas Medicaid Bulletin*, No. 224, titled "Newborn Resuscitation for Texas Medicaid and the CSHCN Services Program," and an article in the August 2009 *CSHCN Services Program Provider Bulletin*, No. 71, titled "Newborn Resuscitation." The articles stated that effective for dates of service on or after January 1, 2009, procedure code 99465 will be denied when billed on the same date of service as procedure code 99468 or 99477.

Effective August 31, 2009, for dates of service on or after January 1, 2009, procedure code 99465 will no longer be denied when billed on the same date of service as procedure code 99468 or 99477. Affected claims for dates of service on or after January 1, 2009, will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

328 (08/21/09 through 09/11/09) *** Attention All CSHCN Services Program Providers *******

Effective for dates of service on or after September 1, 2009, clinical laboratory procedure codes reimbursement rates will change for the Children with Special Health Care Needs (CSHCN) Services Program.

Details of the reimbursement rate changes are available on the TMHP website at www.tmhp.com and will be published in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

329 (08/21/09 through 09/11/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after September 1, 2009, some reimbursement rates for the medical services, surgical, interpretation, and technical components of procedure codes will change for the Children with Special Health Care Needs (CSHCN) Services Program.

Details of the reimbursement rate changes are available on the TMHP website at www.tmhp.com and will be published in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

330 (08/28/09 through 09/18/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after September 1, 2009, hearing services for children will transition from the Department of State Health Services (DSHS) Program for Amplification for the Children of Texas (PACT) and will be administered by the Texas Medicaid & Healthcare Partnership (TMHP). Children with Special Health Care Needs (CSHCN) Services Program clients of any age will be eligible to receive medically necessary hearing aid devices and services.

Details of the changes are available on the TMHP website at www.tmhp.com on the Hearing Services for Children (PACT Transition) web page and will be published in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

331 (08/28/09 through 09/18/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after September 1, 2009, hearing services for children will transition to the Health and Human Services Commission from the Department of State Health Services (DSHS) Program for Amplification for the Children of Texas (PACT) and will be administered by TMHP. Texas Medicaid hearing aid devices and services will include benefits for clients who are birth through 20 years of age as well as for clients 21 years of age and older.

Details of the changes are available on the TMHP website at www.tmhp.com on the Hearing Services for Children (PACT Transition) web page and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

332 (09/04/09 through 09/25/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after August 1, 2009, Texas Health Steps- Comprehensive Care Program (THSteps-CCP) reimbursement rates for personal care services (PCS) have changed. The affected procedure codes include high-powered lenses, prosthetic eyes, and frames. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Details of the reimbursement rate changes are available on the TMHP website at www.tmhp.com and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

333 (08/28/09 through 09/18/09) ***Attention All Medicaid Providers*******

Reminder: Primary Care Case Management (PCCM) providers are encouraged to use the PCCM Referral Form to refer PCCM clients to specialists. The PCCM Referral Form disseminates necessary information to specialists and serves as documentation of the specialist's diagnosis and treatment in the client's medical record.

Details of the PCCM Referral Form and instructions for its use are available on the TMHP website at www.tmhp.com and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

For more information call the PCCM Provider Helpline at 1-888-834-7226.■

334 (08/28/09 through 09/18/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2009, reimbursement rates for some professional and durable medical equipment (DME) services changed. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Details of the reimbursement rates are available on the TMHP website at www.tmhp.com and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

335 (08/28/09 through 09/18/09) ***Attention All Medicaid Providers*******

This is a correction to the 2009 *Texas Medicaid Provider Procedures Manual*, sections 4.8.4, "Medicare Part C" and 5.1.7, "Claims Filing Deadlines."

In section 4.8.4, "Medicare Part C," the correct definition for "MAPs" is "Medicare Advantage Plans."

In section 5.1.7, "Claims Filing Deadlines," December 26, 2009, (day after Christmas) should not have been listed as a holiday. Additionally, Independence Day should have been listed as a holiday on July 3, 2009.

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

336 (08/28/09 through 09/18/09) ***Attention All Medicaid Providers*******

Reminder: Effective August 15, 2009, prior authorization requests for total parenteral nutrition (TPN) services must be submitted to TMHP using the Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form. For dates of service on or after August 15, 2009, the Medicaid Certificate of Medical Necessity for In-Home Total Parenteral Nutrition (TPN) Form is no longer accepted by TMHP. If the older form is submitted after August 15, 2009, it will be returned to providers.

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

337 (08/28/09 through 09/18/09) ***Attention All Medicaid Providers*******

The contact information has changed for some of the Medicare Advantage Plans (MAPs) that are contracted with the Texas Health and Human Services Commission (HHSC). An updated MAPs list is available on the TMHP website at www.tmhp.com.

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

338 (08/28/09 through 09/18/09) ***Attention All Medicaid Providers*******

Effective January 1, 2010, Texas state law will change for human immunodeficiency virus (HIV) diagnostic testing of pregnant women. This revised law applies to all clinicians who care for pregnant women.

Details of changes to the state law are posted on the TMHP website at www.tmhp.com and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

339 (08/28/09 through 09/18/09) ***Attention All Medicaid Inpatient DRG Hospital Providers*******

TMHP will mail letters to inpatient diagnosis-related group (DRG) hospital providers by the end of September 2009. The letters will contain the standard dollar amounts (SDAs) that will be effective for admissions on or after September 1, 2009, and will be directed to the attention of the Administrator or Chief Financial Officer at the mailing address on file.

Note: For most inpatient DRG hospitals, the SDA will be the same as the previous fiscal year; however, the SDAs for some inpatient DRG hospitals will be adjusted effective September 1, 2009 in accordance with Texas Administrative Code (TAC) §355.8052. The letter will indicate whether the SDA will be adjusted or remain the same.

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

340 (08/28/09 through 09/18/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after September 1, 2009, reimbursement rates for physician-administered drugs, vaccines, and toxoids will change for the Children with Special Health Care Needs (CSHCN) Services Program.

Details of the reimbursement rate changes are available on the TMHP website at www.tmhp.com and will be published in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

341 (09/04/09 through 09/25/09) ***Attention All Providers*******

The hours for the system maintenance scheduled for Sunday, September 13, 2009, has been extended. TMHP will perform the scheduled maintenance to the claims engine and Long Term Care systems on Sunday, September 13, 2009, from 6:00 p.m. until Monday September 14, 2009, at 3:00 a.m. Some functions will be unavailable during this time period.

Details are available on the TMHP website at www.tmhp.com.■

342 (09/04/09 through 09/25/09) ***Attention All PCCM Providers*******

Reminder: Providers have the right to submit a complaint to the TMHP Complaints Resolution Department to express any dissatisfaction with Primary Care Case Management (PCCM). Providers can also use the complaint process when the relationship between provider and client has become unsatisfactory to one or both parties. Providers can submit complaints by telephone (1-800-925-9126 or 1-888-834-7226), by fax (1-888-235-8399), or by mail. Details about submitting a complaint are available on the TMHP website at www.tmhp.com and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the PCCM Provider Helpline at 1-888-834-7226.■

343 (09/04/09 through 09/25/09) ***Attention All PCCM Providers*******

Providers can access several online resources to assist clients who need eligibility information. Details about these resources and links to the websites are available on the TMHP website at www.tmhp.com and will be published in the 2009 November/December *Texas Medicaid Bulletin*, No. 226.

For more information, contact the TMHP Call Center at 1-800-925-9126.■

344 (09/04/09 through 09/25/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after September 1, 2009, prior authorization criteria for palivizumab (Synagis) will change for Texas Medicaid.

The prior authorization criteria changes will incorporate the most recent American Academy of Pediatrics RedBook recommendations for palivizumab. Details are available on the TMHP website at www.tmhp.com.

The Texas Medicaid Palivizumab (Synagis) Prior Authorization Request Form found on page B-103 of the 2009 *Texas Medicaid Provider Procedures Manual* has been revised to include the prior authorization criteria changes. The revised form will be available on September 1, 2009, in the Provider Forms section of the TMHP website at www.tmhp.com. The form will also be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

345 (09/04/09 through 09/25/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to the 2009 *CSHCN Services Program Provider Manual*, section 1.1.4 titled "TMHP-CSHCN Services Program Automated Inquiry System (AIS)." The manual lists incorrect hours for the AIS eligibility and claim status information availability. The following is the correct information:

The TMHP-CSHCN Services Program AIS eligibility and claim status information is available 23 hours a day, 7 days a week with scheduled down time between 3 a.m. and 4 a.m., Central Time. All other AIS information is available Monday through Friday from 7 a.m. until 7 p.m., Central Time. AIS offers 15 transactions per call.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

346 (09/04/09 through 09/25/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after January 1, 2009, the Children with Special Health Care Needs (CSHCN) Services Program reimbursement rates have been revised for the following medical procedure codes: 1-J1930 (\$31.89), 1-J1953 (\$0.46), 1-J9207 (\$651.52), 1-J9330 (\$48.41), 1-Q4108 (\$32.77), and 1-Q4110 (\$40.86).

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

347 (9/04/09 through 09/25/09) ***Attention All CSHCN Services Program Providers*******

Clients and other providers will soon be able to search for Children with Special Health Care Needs (CSHCN) providers by name and physical location through the online provider lookup (OPL) tool on the TMHP website. TMHP encourages CSHCN Services Program providers to verify as soon as possible that their addresses and telephone numbers on file with TMHP are current and accurate.

CSHCN Services Program providers should verify that the addresses and telephone numbers on file with TMHP are current for both their CSHCN Services Program provider identifiers and the corresponding Medicaid 9-digit provider identifiers. CSHCN Services Program group administrators should verify that telephone numbers and physical addresses for their performing providers are current and match their active Medicaid and CSHCN Services Program provider identifiers. By ensuring that their information is current, CSHCN Services Program providers will make it easier for clients and other providers to find them on the OPL when this option becomes available on December 11, 2009.

Details about how to notify TMHP of information changes are available on the TMHP website at www.tmhp.com.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

348 (09/11/09 through 10/02/09) ***Attention All Medicaid Providers*******

This is an update to an article posted on the TMHP website at www.tmhp.com on July 31, 2009, titled "Medicare Advantage Plan Claims Processing and Eligibility Inquiries Implementation." The Health and Human Services Commission (HHSC) contact information to be used by Medicare Advantage Plans (MAPs) that choose not to contract with HHSC is no longer valid. When new contact information is available, it will be published in a provider notification.

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

349 (09/11/09 through 10/02/09) ***Attention All Medicaid Providers*******

This is a follow-up to an article that was published in the January/February 2009 *Texas Medicaid Bulletin*, No. 220, titled "Obstetric Services Benefits to Change." Effective for dates of service on or after November 1, 2008, benefits for obstetric services changed for Texas Medicaid. The original article requires some clarification.

Details of these clarifications are available on the TMHP website at www.tmhp.com and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

350 (09/11/09 through 10/02/09) ***Attention All Medicaid Providers*******

Reminder: Prior authorization is not a guarantee of payment, but prior authorization is required for consideration of reimbursement for personal care services (PCS). After assessing or reassessing PCS clients, the Department of State Health Services (DSHS) case managers fax the PCS Communication Tool/Checklist to the provider and an authorization request form to TMHP. TMHP reviews the request and faxes the provider a copy of the authorization notification, which indicates whether the authorization has been approved, denied, or modified. A provider that does not receive the authorization notification should contact the TMHP PCS Prior Authorization Inquiry Line at 1-888-648-1517 to verify the PCS authorization and to request a copy of the PCS provider notification letter.

Providers should validate client Medicaid eligibility on a monthly basis. It is the provider's responsibility to verify that each PCS client is eligible for Medicaid and that an approved authorization exists for the dates on which services are provided. Services that are provided to clients without an approved authorization may not be eligible for reimbursement.

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

351 (09/11/09 through 10/02/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after January 1, 2009, the reimbursement rate for Indian Health Services (IHS) has changed. The new reimbursement rate is \$268.00. Claims submitted by IHS facilities for dates of service on or after January 1, 2009, will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

352 (09/11/09 through 10/02/09) ***Attention All Medicaid Providers*******

This is a correction to an article published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225, titled, "Pelvic Pneumography Claims Reprocessing." The title of the article is incorrect. Procedure code 49440 is for the insertion of a gastrostomy tube. The correct title is, "Claims Reprocessing for Gastrostomy Tube Insertion." Providers may refer to the appropriate copyright holder for the full description of the procedure code.

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

353 (09/11/09 through 10/02/09) ***Attention All Medicaid Providers*******

To align with the Centers for Medicare & Medicaid Services (CMS) requirements for easy access to all Texas Medicaid fees, TMHP has completed an additional analysis of the cardiovascular surgery procedure code review. Effective for dates of service on or after November 1, 2009, provider type, place of service (POS), and type of service (TOS) changes will be applied to some cardiovascular surgery procedure codes.

Details of these changes are available on the Code Updates - Procedure Code Review web page on the TMHP website at www.tmhp.com.

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

354 (09/11/09 through 10/02/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after September 1, 2009, Texas Medicaid reimbursement rates for some ambulance services have changed. Affected claims submitted for dates of service on or after September 1, 2009, will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Details of the revised reimbursement rates are available on the TMHP website at www.tmhp.com and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

355 (09/11/09 through 10/02/09) ***Attention All Medicaid Providers*******

This is an update to an article that was published in the May/June 2009 *Texas Medicaid Bulletin*, No. 223, titled "Benefits to Change for Regional Anesthesia Services." The article indicated that effective for dates of service on or after April 1, 2009, surgical procedure codes 62311 and 62319 would no longer be reimbursed to certified registered nurse anesthetists (CRNAs). Beginning September 1, 2009, TMHP will resume reimbursement for procedure codes 62311 and 62319 to CRNAs.

Affected claims that were submitted between April 1, 2009 and September 1, 2009 will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary.

Also beginning September 1, 2009, for dates of service on or after April 1, 2009, CRNAs may be reimbursed for procedure codes 62310 and 62318.

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

356 (09/11/09 through 10/02/09) ***Attention All Medicaid Providers*******

This is an update to an article that was published on the TMHP website at www.tmhp.com on August 7, 2009, titled "Tuberculosis Clinic Benefit Criteria to Change for Texas Medicaid." Procedure code 99211 has been removed from the table of codes that must be billed within the 90 days immediately preceding the date directly observed therapy (procedure code H0033) is performed. Also, procedure code H0033 has been removed from the table of codes that must be billed on the same date of service as procedure code 99001.

The complete, updated article is available on the TMHP website and will be published in the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

357 (09/11/09 through 10/02/09) ***Attention All Medicaid Providers*******

Reminder: Clients who are enrolled under the Women's Health Program (WHP) have limited Texas Medicaid benefits. WHP covers family planning services only. A client's WHP status can be identified by locating "Women's Health Program" on the client's Medicaid Identification Form H3087. Before ordering laboratory services, providers must verify that the services are a benefit of WHP.

A complete list of WHP-covered laboratory services procedure codes, WHP-covered family planning diagnosis codes, and details and guidelines for submitting WHP claims are available on the TMHP website at www.tmhp.com and will be published in the 2009 November/December *Texas Medicaid Bulletin*, No. 226.

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

358 (09/11/09 through 10/02/09) ***Attention All Medicaid Ambulance Providers*******

Effective for dates of service on or after September 1, 2009, advanced life support (ALS) procedure codes A0398, A0426, A0427, A0433, and A0434 are benefits of Texas Medicaid.

Providers will no longer need to bill ALS services by billing basic life support (BLS) procedure codes.

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

359 (09/11/09 through 10/02/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after November 1, 2009, diabetic equipment and supplies services criteria will change for the Children with Special Health Care Needs (CSHCN) Services Program.

Details of the changes are available on the TMHP website at www.tmhp.com and will be published in the February 2010 *CSHCN Services Program Provider Bulletin*, No. 73.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

360 (09/11/09 through 10/02/09) ***Attention All CSHCN Services Program Dental Providers*******

Effective for dates of services on or after November 1, 2009, benefit criteria for preventive dental services will change for the Children with Special Health Care Needs (CSHCN) Services Program.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the February 2010 *CSHCN Services Program Provider Bulletin*, No. 73.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

361 (09/11/09 through 10/02/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2009, some benefit changes were made to procedure codes for cardiac catheterization, transthoracic echocardiograms, and doppler echocardiography. Effective September 24, 2009, for dates of service on or after July 1, 2009, some of the benefit changes will be reversed. Affected claims will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary.

Details of these changes are available on the TMHP website at www.tmhp.com on the Code Updates - Procedure Code Review web page.

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

362 (09/18/09 through 10/09/09) ***Attention All Medicaid Home Health Providers*******

Effective September 1, 2009, claims that are submitted with procedure code T1000 (private duty nursing) do not need to be submitted to Medicare for clients with Medicare eligibility. These claims should be submitted to TMHP for payment consideration.

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

363 (09/18/09 through 10/09/09) ***Attention All Medicaid Providers*******

The Texas Medicaid Vendor Drug Program Palivizumab (Synagis) Prescription Form has been revised to update the client's qualifying criteria. Details of the changes are available in an article published on the TMHP website at www.tmhp.com on August 28, 2009, titled "Palivizumab (Synagis) Prior Authorization Criteria to Change for Texas Medicaid."

The revised form is available on the TMHP website and will be published in the November/December *Texas Medicaid Bulletin*, No. 226.

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

364 (09/18/09 through 10/09/09) *** Attention All Medicaid/ and CSHCN Services Program Providers *******

This is a correction to an article that was posted on the TMHP website at www.tmhp.com on June 26, 2009, and published in the September/October 2009 *Texas Medicaid Bulletin*, No.225, and in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72, titled "DME New Benefit Procedure Code Reimbursement Rate." The article listed an incorrect reimbursement rate for procedure code 9-K0739. The correct reimbursement rate for benefit procedure code 9-K0739 is \$13.41.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

365 (09/18/09 through 10/09/09) ***Attention All Medicaid Providers*******

This is an update to an article posted on the TMHP website at www.tmhp.com on the TMHP Code Updates - Procedure Code Review web page on May 15, 2009, titled, "Second-Quarter Procedure Code Review Updates." Effective for dates of service on or after July 1, 2009, procedure codes 31075, 31205, and 31420 did not become payable as assistant surgery benefits, and surgery procedure code 31717 became payable. Additionally, provider type and place of surgery changes were applied to some surgery and radiology procedure codes.

Details of these changes are available on the TMHP Code Updates - Procedure Code Review web page on the TMHP website at www.tmhp.com.

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

366 (09/18/09 through 10/09/09) ***Attention All Medicaid Providers*******

This is an update to an article that was published on the TMHP website at www.tmhp.com on August 28, 2009, titled "Palivizumab (Synagis) Prior Authorization Criteria to Change for Texas Medicaid." The article stated that the respiratory syncytial virus (RSV) season in the second region is expected to start no earlier than November 1 of each calendar year. The November 1 start date applies only to regions 1, 9, and 10.

In addition, TMHP will allow a grace period for palivizumab (Synagis) prior authorization requests and will accept requests submitted on the old form until November 1, 2009. Beginning November 1, 2009, providers must submit the revised Texas Medicaid Palivizumab (Synagis) Prior Authorization Request Form, which is available in the provider forms section of the TMHP website.

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

367 (09/18/09 through 10/09/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2009, the Federal Medical Assistance Percentage (FMAP) has increased from 68.76 percent to 69.85 percent as part of the federal stimulus package recently passed by Congress. As published by the Centers for Medicare & Medicaid Services (CMS), this change is effective only for the fourth quarter of federal fiscal year 2009 and the first quarter of federal fiscal year 2010. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

FMAP is the federal government's contribution to states for Medicaid expenditures and is used for Medicaid fee-for-service and managed care. The FMAP change affects only providers that certify expenses and are paid only the federal share of their claims.

Effective for dates of service on or after October 1, 2009, the Enhanced Federal Medical Assistance Percentage (EFMAP) rate will change from 71.61 percent to 71.11 percent.

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

368 (09/18/09 through 10/09/09) ***Attention All Medicaid Providers*******

The Health and Human Services Commission (HHSC) has determined that funds are available to reimburse providers for Hurricane Ike claims for stages 2 and 3 (claims without FEMA numbers). HHSC has directed TMHP to process all Hurricane Ike stage 2 and stage 3 claims that were submitted before August 31, 2009, for dates of service from September 7, 2008, to November 7, 2008. Providers can expect to see processed claims beginning with the September 18, 2009, Remittance and Status (R&S) report.

Providers should refer to the article titled "Filing Claims for Uninsured Evacuees of Hurricane Dolly and Hurricane Ike" that was posted on the TMHP website at www.tmhp.com on April 24, 2009.

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

369 (09/25/09 through 10/16/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2009, Texas Medicaid reimbursement rates for high-powered lenses (post-cataract), prosthetic eyes, and frames have changed. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Details of the reimbursement rate changes are available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

370 (09/25/09 through 10/16/09) ***Attention All Medicaid Providers*******

Effective September 8, 2009, for claims with dates of service on or after January 1, 2008, procedure codes 35475, 36010, 36012, 37204, and 37205 are a benefit when performed by physicians in the office setting.

Claims with dates of service on or after January 1, 2008, and procedure code 36010, 36012, 35475, 37204, or 37205 billed in the office setting will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

371 (09/25/09 through 10/16/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after August 31, 2009, certain procedure codes that are considered to be outside the scope of psychologists are no longer reimbursable to psychologists for Texas Medicaid. A complete list of these procedure codes is available on the TMHP website at www.tmhp.com and will be published in the 2010 January/February *Texas Medicaid Bulletin*, No. 227.

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

372 (09/25/09 through 10/16/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that impacts claims submitted with dates of service on or after April 1, 2008, and iron study procedure codes 82728, 83540, 83550, 84466, or 85536. Claims may have been processed incorrectly.

Diagnosis restrictions for these procedure codes have been updated. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Providers may refer to the 2009 *Texas Medicaid Provider Procedures Manual*, section 26.4.5, "Ferritin and Iron Studies" for a complete list of valid diagnosis codes.

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

373 (09/25/09 through 10/16/09) ***Attention All Medicaid Providers*******

Influenza vaccine is available through the Texas Vaccines for Children (TVFC).program free of charge for Texas Medicaid clients who are birth through 18 years of age. Influenza vaccine is a benefit of Texas Medicaid for high-risk clients of any age when the client is not covered by THSteps or TVFC, or when the vaccine is not available through TVFC. Providers are expected to follow Advisory Committee on Immunization Practices (ACIP) recommendations that relate to the prevention and control of influenza.

Texas Medicaid does not require providers to enroll in TVFC; however, reimbursement for influenza vaccine administered to clients who are birth through 18 years of age is denied if the vaccine is available through TVFC, even if the provider is not enrolled in TVFC.

Additional information is available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

374 (09/25/09 through 10/16/09) ***Attention All CSHCN Services Program Providers*******

As a result of recent difficulties with the automated eligibility files at the Department of State Health Services, some Children with Special Health Care Needs (CSHCN) clients may not have documents available to prove their current eligibility period.

To verify the eligibility of these clients, providers may call the CSHCN Services Program Contact Center at 1-800-568-2413.■

375 (10/02/09 through 10/23/09) ***Attention All Medicaid Providers*******

Effective October 1, 2009, pharmacies and pharmacists can begin enrolling in Texas Medicaid to administer immunizations to Texas Medicaid clients.

The complete details are available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No.227.

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

376 (10/2/09 through 10/23/09) ***Attention All Hospital Providers*******

Effective November 27, 2009, TMHP will revise the Medicaid paid claims summary log (medlog) reports to provide additional information. TMHP will reformat the current medlog report and add two detailed reports. One detailed report will include claims that received an 8 percent reduction for Supplemental Security Income Program (SSI) and SSI-related claims. The other detailed report will include claims that were for clients who were 20 years of age or younger on the date of service.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

377 (10/02/09 through 10/23/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after September 1, 2009, procedure codes 76811 and 76812 no longer require modifier TS when claims are submitted for follow-up obstetric ultrasounds.

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

378 (10/02/09 through 10/23/09) ***Attention All Medicaid and CSHCN Service Program Providers*******

TMHP has identified an issue that affects outpatient claims submitted for laboratory services with dates of service from May 1, 2005, through September 8, 2009 and procedure code 82656. These claims may have been denied in error.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

379 (10/02/09 through 10/23/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

The third quarter 2009 Healthcare Common Procedure Coding System (HCPCS) additions, changes, and deletions that are effective for dates of service on or after October 1, 2009, are now available on the Code Updates - HCPCS web page of the TMHP website at www.tmhp.com. Deleted procedure codes are no longer benefits of Texas Medicaid or the Children with Special Health Care Needs (CSHCN) Services Program.

Details of these updates will also be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227, and the February 2010 *CSHCN Services Program Provider Bulletin*, No. 73.

380 (10/02/09 through 10/23/09) ***Attention All Medicaid Providers*******

This is a correction and an update to an article published on the TMHP website at www.tmhp.com on September 4, 2009, titled, "Cardiac Catheterization, Transthoracic Echocardiograms, Doppler Echocardiography Claims Reprocessing." The article incorrectly indicated that procedure code 95310 would be reprocessed. The correct procedure code to be reprocessed is 93510. Also, procedure codes 93532 and 93533 have been added to the list of procedure codes that will be reprocessed.

Details of these changes are available on the TMHP website on the Code Updates - Procedure Code Review web page.

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

381 (10/02/09 through 10/23/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2009, some clinical laboratory procedure codes may be reimbursed to nurse practitioners (NPs), clinical nurse specialists (CNSs), and physician assistants (PAs) in the office setting. Affected claims submitted by NPs, CNSs, and PAs with dates of service on or after July 1, 2009 will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

The complete list of affected procedure codes is published on the TMHP Code Updates - Procedure Code Review web page at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227. Note: These changes do not apply to Texas Health Steps (THSteps) services.

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

382 (10/02/09 through 10/23/09) ***Attention Titles V, X, and XX Family Planning Providers*******

Beginning with the November 9, 2009, Electronic Remittance & Status (ER&S) Report, and the November 13, 2009, Remittance & Status (R&S) Report, two contract periods will be listed for state fiscal year 2010 for family planning providers submitting claims under Titles V, X, and XX.

Period 1 will cover claim activity from September 1, 2009, through October 31, 2009, and period 2 will cover claim activity from November 1, 2009, through August 31, 2010.

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

383 (10/02/09 through 10/23/09) ***Attention All Medicaid and Family Planning Providers*******

Reminder: Elective sterilizations may be reimbursed only if the client is 21 years of age or older and TMHP has on file a valid Sterilization Consent Form that has been signed by the client. If the client was 20 years of age or younger when the consent form was signed, the consent form is not valid.

Providers can refer to the 2009 *Texas Medicaid Provider Procedures Manual*, section 36.4.15.4, "Elective Sterilization Services" on page 36-39 and section 20.7.9.1, "Sterilization Consent Form Instructions" on page 20-13 for detailed information.

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

384 (10/02/09 through 10/09/09) ***Attention All Providers*******

TMHP will perform scheduled maintenance to the Claims Engine and Long Term Care systems beginning at 4:00 p.m. Sunday, October 11, 2009, and ending at 3:00 a.m. Monday, October 12, 2009. During the system maintenance window, some applications will be unavailable for both Acute Care and Long Term Care systems. Details about the affected applications are available on the TMHP website at www.tmhp.com.■

385 (10/02/09 through 10/23/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is an update to an article published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225, titled, "Second-Quarter Procedure Code Review Updates." Effective October 1, 2009, for dates of service on or after July 1, 2009, the total, professional interpretation, and technical components are being reinstated and may be reimbursed for some radiology and laboratory procedure codes as appropriate. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Additional changes are being made to some of the procedure codes as well. Details of these changes are available on the TMHP Code Updates - Procedure Code Review web page of the TMHP website at www.tmhp.com, and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227, and the February 2010 *CSHCN Services Program Provider Bulletin*, No. 73.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

386 (10/02/09 through 10/23/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

On October 1, 2009, TMHP will apply the annual 2010 International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) additions, changes, and deletions, which will be effective for dates of service on or after October 1, 2009.

The details of all of the 2010 ICD-9-CM updates are now available on the Code Updates - ICD-9-CM page of the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227, and the February 2010 *CSHCN Services Program Provider Bulletin*, No. 73.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

387 (10/02/09 through 10/23/09) ***Attention All CSHCN Services Program Providers*******

The online fee lookup (OFL) functionality on the TMHP website at www.tmhp.com contains reimbursement rates for the Children with Special Health Care Needs (CSHCN) Services Program and replaces any previously published fee schedules. Providers should disregard references to fee schedules and Medicaid-allowed amounts that are listed in the 2009 *CSHCN Services Program Provider Manual* and use instead the OFL functionality to locate reimbursement rates.

OFL was created to provide reimbursement rates for both the CSHCN Services Program and Texas Medicaid. The static fee schedules that are available on the TMHP website contain reimbursement rates for Texas Medicaid only.

A link for frequently asked questions (FAQs) and a computer-based training (CBT) module for the OFL functionality is available on the TMHP website. For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

388 (10/02/09 through 10/23/09) ***Attention All Medicare Providers*******

Reminder: TMHP has resumed processing Medicare Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) copayment claims for dates of service on or after January 1, 2008. Details are available on the TMHP website at www.tmhp.com and will be published in the 2010 January/February *Texas Medicaid Bulletin*.

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

389 (10/02/09 through 10/23/09) ***Attention All Medicaid Providers*******

To align with the Centers for Medicare & Medicaid Services (CMS) requirements for easy access to all Texas Medicaid fees, TMHP has completed the third-quarter procedure code review. Effective for dates of service on or after October 1, 2009, provider type, place of service (POS), and type-of-service (TOS) changes will be applied to some procedure codes, including allergen immunotherapy, clofarabine injections, immune globulin injections, lung volume reduction surgery, and tetanus immune globulin.

Details of these changes are available on the TMHP website at www.tmhp.com on the Code Updates - Procedure Code Review web page and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

390 (10/02/09 through 10/23/09) ***Attention All Medicaid Providers*******

This is an update to an article that was posted on the TMHP website at www.tmhp.com on July 10, 2009, titled "Physical, Occupational, and Speech Therapy Benefits to Change for CCP." The article did not specify information for home health agencies under the Comprehensive Care Program (CCP) and incorrectly stated that maintenance therapy was not a benefit under CCP. Details are available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No.227.

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

391 (10/09/09 through 10/30/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after November 1, 2009, benefit criteria for phototherapy devices will change for Texas Medicaid.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

392 (10/09/09 through 10/30/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of service on or after November 1, 2009, diagnosis codes 6261, 6262, 6263, 6264, 6265, 6266, and 6268 will no longer have an age restriction.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

393 (10/09/09 through 10/30/09) ***Attention All Medicaid Providers*******

This is an update to the 2009 *Texas Medicaid Provider Procedures Manual*, section 7.7.11.2, "Client Support and Education." The telephone number listed for translation services has changed. The correct number is 1-800-752-6096.

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

394 (10/09/09 through 10/30/09) ***Attention All Medicaid Providers*******

Senate Bill 10, Section 17, 80th Legislature, Regular Session, 2007, has directed HHSC to extend health-care coverage to some former foster-care youth clients enrolled in an institution of higher education.

Effective for dates of service on or after October 1, 2009, HHSC will implement the Health Care for Former Foster Children in Higher Education (FFCHE) program. TMHP will process claims for these clients. Clients may be referred to contact Centralized Benefit Services (CBS) at 1-800-248-1078 for other eligibility requirements for the FFCHE program.

Additional information is available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227

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

395 (10/09/09 through 10/30/09) ***Attention All CSHSN Services Program Providers*******

This is an update to an article posted on the TMHP website at www.tmhp.com on September 25, 2009, titled "Pharmacists and Pharmacies May Enroll in the CSHCN Services Program to Administer Immunizations." The article indicated that providers must submit a paper enrollment application to enroll in the Children with Special Health Care Needs (CSHCN) Services Program. Pharmacies and pharmacists that wish to enroll in the CSHCN Services Program to administer immunizations may use the online provider enrollment application on the TMHP website at www.tmhp.com.

The complete, updated article is available on the TMHP website at tmhp.com and will be published in the February 2010 *CSHCN Services Program Provider Bulletin*, #73.

For more information, call the TMHP-CSHCN Contact Center at 1-800-568-2413.■

396 (10/09/09 through 10/30/09) ***Attention All Medicaid Providers*******

Seasonal flu vaccine is available for all Texas Medicaid clients. For clients who are 6 months through 18 years of age, the vaccine is available through Texas Vaccines for Children (TVFC) at no cost to the client or provider, so providers may be reimbursed only for the administration fee. For clients who are 19 years of age or older, providers may be reimbursed for both the vaccine and the administration fee.

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

Additional information is available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

397 (10/16/09 through 11/06/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

TMHP has identified an issue that affects claims submitted with dates of service from January 1, 2008, through September 8, 2009, and procedure code J3488 with diagnosis code 73300. These claims may have been denied in error. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Effective for claims with dates of service December 1, 2009, and after, procedure code J3488 will be payable with diagnosis codes 73301, 73302, 73303, 73309, and 73390 in addition to diagnosis codes 73300 and 7310. Diagnosis codes 73300 and 7310 were effective January 1, 2008.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Contact Center at 1-800-568-2413.■

398 (10/16/09 through 11/06/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that impacts claims submitted with dates of service on or after August 1, 2009, and any of the following procedure codes: 55250, 58565, 58600, 58615, 55450, 58605, 58611, 58670, 58671, 00851, 58700, or 58720. Claims may have been processed in error. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Reminder: Family planning procedures performed for the purpose of sterilization require a sterilization consent form. The English and Spanish versions of the consent form are available on the TMHP website at www.tmhp.com and are published in the 2009 *Texas Medicaid Provider Procedures Manual* in Appendix B on pages B-100 and B-101.

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

399 (10/16/09 through 11/06/09) ***Attention All Medicaid ASC/HASC Providers*******

This is a clarification of information found in the 2009 *Texas Medicaid Provider Procedures Manual*, section 19.17, "Dental Therapy Under General Anesthesia," on page 19-35. Ambulatory surgical centers (ASCs) and hospital ambulatory surgical centers (HASCs) use procedure code 41899 with EP modifier to bill for surgical services related to Texas Health Steps (THSteps) dental services. Procedure code 41899 does not require prior authorization for ASCs and HASCs.

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

400 (10/16/09 through 11/06/09) ***Attention All Medicaid Providers*******

To align with the Centers for Medicare & Medicaid Services (CMS) requirements for easy access to all Texas Medicaid fees, TMHP has completed a review of chemotherapy, computed tomography and magnetic resonance imaging, genetic testing for colorectal cancer, helicobacter pylori testing, and clinician-directed care coordination services procedure codes. Effective for dates of service on or after December 1, 2009, provider type, place of service (POS), and type-of-service (TOS) changes will be applied to some procedure codes.

Details of these changes are available on the TMHP website at www.tmhp.com on the Code Updates - Procedure Code Review web page and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

401 (10/16/09 through 11/06/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that impacts claims submitted with dates of service on or after December 2, 2008, and monaural hearing aid device procedure codes with modifier LT or RT. Claims that were appealed with appropriate documentation for a previously-reimbursed hearing aid may have been denied in error. Providers are encouraged to appeal affected claims. Providers may refer to the article published on April 3, 2009, on the TMHP website at www.tmhp.com, titled, "Some Hearing Aid Devices Claims to Be Reprocessed" for additional information.

Details are available on the TMHP website and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

402 (10/16/09 through 11/06/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that impacts crossover claims submitted through TrailBlazer (a Medicare intermediary) with the Medicare Part A, Remittance Advice (RA) and checks dated and distributed for August 18, 2008. The RA summaries did not contain the appropriate detail information, and as a result, the affected claims did not cross over to secondary insurers.

Important: To process the claims that did not cross over to Medicaid, affected providers must resubmit their claims, as new claims, with the original Medicare RA (not the TMHP template) to include paid date from the August 18, 2008, RA. Claims that are resubmitted with anything other than the Medicare RA may be subject to recoupment if the claim is paid.

All claims must be received by TMHP by December 11, 2009. Any claims received after December 11, 2009, will not be considered for reprocessing.

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

403 (10/16/09 through 11/06/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to the 2009 *CSHCN Services Program Provider Manual*, section 29.2.8, "Blood Factor Products," on page 29-12. Procedure codes J7190, J7191, J7192, J7198, and J7199 must be billed with diagnosis code 2860, 2861, 2862, 2863, or 2865.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

404 (10/16/09 through 11/06/09) ***Attention All Ambulance Providers*******

TMHP has identified an issue that impacts ambulance claims submitted with dates of service on or after September 1, 2009 through October 2, 2009, and mileage procedure code A0425 with an advanced life support (ALS) or specialty care transport (SCT) procedure code A0426, A0427, A0433, or A0434. These claims may have been denied in error with an explanation of benefits (EOB) that indicated the mileage procedure code is part of another procedure or service billed on the same day. Effective for dates of service on or after September 1, 2009, ALS and SCT procedure codes A0398, A0426, A0427, A0433, and A0434 may be reimbursed in the independent laboratory (place of service [POS] 6), birthing center (POS 7), or other location (POS 9) setting.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

405 (10/16/09 through 11/06/09) ***Attention All Texas Medicaid Providers*******

TMHP has identified an issue that affects claims submitted with dates of service from May 1, 2007, through October 31, 2008, and obstetrics procedure code 99201, 99202, 99203, 99204, 99205, 99341, 99342, 99343, 99344, or 99345 billed with modifier TH. These claims may have been denied incorrectly. Affected claims will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary.

Additional information is available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

406 (10/16/09 through 11/06/09) ***Attention All Medicaid Providers*******

This is an update to an article published on the TMHP website at www.tmhp.com on September 25, 2009, titled "Pharmacists and Pharmacies May Enroll in Texas Medicaid to Administer Immunizations." Pharmacists who participate in Medicaid must adhere to all state and federal regulations, including the Texas Occupations Code, Section 554.052, "Immunization and Vaccinations; Physician Supervision." In addition, pharmacists and pharmacies that are enrolled in Medicaid for the administration of vaccines must adhere to all State Board of Pharmacy licensing, certification, and scope-of-practice requirements.

The complete, updated article is available on the TMHP website at www.tmhp.com.

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

407 (10/16/09 through 11/06/09) ***Attention All Medicaid Providers*******

Texas Medicaid, in collaboration with the Texas Department of State Health Services (DSHS), is reimbursing the administration fee for the pandemic H1N1 flu vaccine when it is administered to Texas Medicaid clients of all ages in the office setting. The effective date is October 1, 2009. Providers should monitor the primary state website for information about the pandemic at www.TexasFlu.org.

Details of these changes are available on the TMHP website at www.tmhp.com.

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

408 (10/16/09 through 11/06/09) ***Attention All CSHCN Services Program Providers*******

The Children with Special Health Care Needs (CSHCN) Services Program is reimbursing the administration fee for the pandemic H1N1 flu vaccine when it is administered to CSHCN Services Program clients of all ages in the office setting. The effective date is October 1, 2009. Providers should monitor the primary state website for information about the pandemic at www.TexasFlu.org.

Details of these changes are available on the TMHP website at www.tmhp.com.

For more information, call the TMHP-CSHCN Contact Center at 1-800-568-2413.■

409 (10/23/09 through 11/13/09) ***Attention All Medicaid Providers*******

This is a correction to an article that was posted on the TMHP website at www.tmhp.com on September 25, 2009, on the TMHP Code Updates - ICD-9-CM web page, titled "2010 ICD-9-CM Updates Now Available." The article incorrectly indicated that diagnosis codes V6107, V6108, V6123, V6124, V6125, and V6142 would be valid for Texas Medicaid counseling services procedure codes 90806, 90806 with modifier U8, 90853, 90853 with modifier U8, 90847, 90847 with modifier U8, and revenue code 513. The following is the correct information:

Effective for dates of service on or after October 1, 2009, diagnosis codes V6107, V6108, V6123, V6124, V6125, and V6142 were not added as valid for procedure codes 90806, 90806 with modifier U8, 90853, 90853 with modifier U8, 90847, 90847 with modifier U8, and revenue code 513.

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

410 (10/23/09 through 11/13/09) ***Attention All Medicaid Providers*******

This is an update to an article that was posted on the TMHP website at www.tmhp.com on September 25, 2009, on the TMHP Code Updates - Procedure Code Review web page, titled, "Reinstated Components for Some Radiology and Laboratory Procedure Codes." Effective October 1, 2009, for dates of service on or after July 1, 2009, the total component was reinstated for procedure codes 91030, 91052, and 91065 as a laboratory service instead of a radiology service. The total component and the professional interpretation component may be reimbursed as appropriate.

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

411 (10/23/09 through 11/13/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue with claims that were submitted by physicians, ambulatory surgical centers, and hospitals with dates of service from January 1, 2006, through October 6, 2009, and procedure code 57295. Claims that were submitted with procedure code 57295 and diagnosis codes other than 25520, 25541, or 25542 may have been denied in error. Effective for dates of service on or after January 1, 2006, procedure code 57295 is no longer diagnosis-restricted.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

412 (10/23/09 through 11/13/09) ***Attention All Medicaid Providers*******

This is an update to an article that was posted on the TMHP website at www.tmhp.com on August 7, 2009, on the Code Updates - Procedure Code Review web page, titled "Third-Quarter Procedure Code Review Updates." The article indicated that effective for dates of service on or after October 1, 2009, benefits were changing for some Texas Medicaid procedure codes, including new assistant surgery benefits and additional provider type and place of service updates. These changes have been delayed and were not effective for dates of service on or after October 1, 2009. Providers will be informed in a future notification when these changes become effective.

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

413 (10/23/09 through 11/13/09) ***Attention All Providers*******

Beginning December 14, 2009, Provider Enrollment on the Portal (PEP) and the Online Provider Lookup (OPL) will be enhanced to improve overall functionality. These enhancements will be accompanied by changes to the paper enrollment applications for each of the state health-care programs.

Details of these enhancements are available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227, and the February 2010 *CSHCN Services Program Provider Bulletin*, No. 73.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

414 (10/23/09 through 11/13/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

TMHP has identified an issue that affects claims submitted with dates of service from January 1, 2009, through October 8, 2009, and procedure codes 90967, 90968, 90969, or 90970. These claims may have been denied in error.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Reminder: When billing procedure codes 90967, 90968, 90969, or 90970, providers must itemize each date of service on the claim to be considered for payment.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

415 (10/23/09 through 11/13/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue with the online fee lookup and static fee schedules on the TMHP website at www.tmhp.com. Procedure codes 93541, 93542, 93543, 93544, and 93545 were missing from the online fee lookup and the static fee schedules for physicians or ambulatory surgical centers from July 1, 2009, through October 5, 2009. Effective October 6, 2009, the online fee lookup was updated, and these procedure codes are now included.

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

416 (10/23/09 through 11/20/09) ***Attention All SHARS Providers*******

The Certification of Funds (COF) statements for School Health and Related Services (SHARS) providers for the fourth quarter (July 1 through September 30) for federal fiscal year 2009, which were scheduled to be mailed on the week of October 5, 2009, have been delayed. These statements will be mailed the week of November 2, 2009.

Each quarter, SHARS providers are required to certify the amount they were reimbursed during the previous fiscal quarter. TMHP mails quarterly COF statements to all SHARS providers after the end of each quarter in the federal fiscal year (October 1 through September 30). Each COF statement is accompanied by a letter. SHARS providers must return the signed and notarized letter to TMHP within 25 calendar days of the date printed on the letter, which will certify the funds for the fourth quarter that were listed on the statement accompanying the letter.

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

417 (10/23/09 through 11/13/09) ***Attention All Medicaid Providers*******

This is an update to an article published on the TMHP website, www.tmhp.com on October 7, 2009 titled "Administration Fee for H1N1 Vaccinations to Be Reimbursed for Texas Medicaid". Texas Medicaid, in collaboration with the Texas Department of State Health Services (DSHS), updated the information regarding provider registration with DSHS to receive the vaccine and provider billing of the administration of the H1N1 vaccine to TMHP. Please refer to the TMHP website at www.tmhp.com for the most current information.

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

418 (10/23/09 through 11/13/09) ***Attention All CSHCN Services Program Providers*******

This is an update to an article published on the TMHP website, www.tmhp.com on October 9, 2009 titled "CSHCN Reimbursement for H1N1 Vaccination Administration." The Texas Department of State Health

Services (DSHS), updated the information regarding provider registration with DSHS to receive the H1N1 vaccine and provider billing of the administration of the H1N1 vaccine to TMHP. The effective date is October 1, 2009. Providers should monitor the primary state website for information about the pandemic at www.TexasFlu.org.

The complete, updated article is available on the TMHP website at www.tmhp.com.

For more information, call the TMHP-CSHCN Contact Center at 1-800-568-2413.■

419 (10/30/09 through 11/20/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after November 1, 2009, the criteria for diabetic equipment and supplies for home health services will change for Texas Medicaid.

Details of the changes are available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

420 (10/30/09 through 11/20/09) ***Attention All Ambulance Providers*******

Effective for dates of service on or after November 1, 2009, the ambulance services criteria will change for Texas Medicaid.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

421 (10/30/09 through 11/20/09) ***Attention All Medicaid Providers*******

Reminder: Institute for Mental Disease (IMD) services and any associated professional services are not a benefit of Texas Medicaid if they are provided to clients who are from 21 through 64 years of age and residents of an IMD facility.

Beginning October 26, 2009, TMHP will begin to recoup claims that were paid to providers in error for services provided to Medicaid clients who were from 21 through 64 years of age and residents of an IMD facility.

Affected claims will be reprocessed, and payments will be adjusted accordingly. Adjustments will be reflected on the provider's Remittance and Status (R&S) Reports. No action on the part of providers is required.

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

422 (10/30/09 through 11/20/09) ***Attention All THSteps Dental and CSHCN Services Program Dental Providers*******

Effective for dates of service on or after April 1, 2009, procedure codes D0150 and D0180 are not limited to once per lifetime by the same provider. Claims with date of service on or after April 1, 2009, billed with procedure codes D0150 or D0180 that were denied with Explanation of Benefits (EOB), "Procedure not a benefit more than once in a lifetime" will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Contact Center at 1-800-568-2413.■

423 (10/30/09 through 11/20/09) ***Attention All Medicaid Providers*******

Effective October 30, 2009, prior authorization requests for palivizumab (Synagis) will no longer be completed through the TMHP website at www.tmhp.com.

Providers may fax prior authorization requests for palivizumab to the TMHP-CCP Prior Authorization Department at 1-512-514-4212 using the revised Texas Medicaid Palivizumab (Synagis) Prior Authorization Request Form, which is available in the Providers Forms section of the TMHP website and on page 57 of the November/December 2009 *Texas Medicaid Bulletin*, No. 226.

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

424 (10/30/09 through 11/20/09) ***Attention All Medicaid Providers*******

The Health and Human Services Office of Inspector General (HHS-OIG) restricts individuals and entities with exclusions on file from participation in all federal health-care programs. These restrictions include receiving reimbursement for items or services furnished, ordered, or prescribed.

To protect further against payments being made to those with exclusions, all current providers and providers applying to participate in state health-care programs must screen their employees and contractors monthly to determine whether they are excluded individuals or entities. These screens are a condition of the provider's enrollment or re-enrollment into state health-care programs. Details of the steps providers must take are available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

425 (10/30/09 through 11/20/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after November 1, 2009, reimbursement rates for some medical and laboratory procedure codes will change for the Children with Special Health Care Needs (CSHCN) Services Program.

Details of the changes are available on the TMHP website at www.tmhp.com and will be published in the February 2010 *CSHCN Services Program Provider Bulletin*, No. 73.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.■

426 (10/30/09 through 11/20/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of services on or after November 1, 2009, blood product procedure codes will change for the Children with Special Health Care Needs (CSHCN) Services Program.

Details of the reimbursement rates are available on the TMHP website at www.tmhp.com and will be published in the February 2010 *CSHCN Services Program Provider Bulletin*, No. 73.

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

427 (10/30/09 through 11/20/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after November 1, 2009, procedure code M0064 will have a reimbursement rate of \$29.84 (1.12 Relative Value Units [RVUs], \$28.640 conversion factor) for the Children with Special Health Care Needs (CSHCN) Services Program. The change was the result of a calendar fee review.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

428 (11/06/09 through 11/27/09) ***Attention All Medicaid Providers*******

This is an update to an article published on the TMHP website at www.tmhp.com on October 23, 2009, titled "Texas Medicaid Diabetic Equipment and Supplies Home Health Benefits to Change."

The article was removed from the TMHP website, because changes to the diabetic equipment and supplies Home Health benefit have not been finalized. Providers should disregard the previously published article and monitor future provider notifications for updates.

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

429 (11/06/09 through 11/27/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after November 1, 2009, the personal care services (PCS) prior authorization period will change from a six-month period to a 12-month period. This change will be effective for new or renewed prior authorizations only. It is the provider's responsibility to know the prior authorized time period for each client with an open authorization. Clients might experience a gap in service if an authorization is not updated before it expires.

Providers should keep track of authorization period end dates. If an authorization period is within 30 days of expiring and providers have not received an updated provider notification letter from TMHP, the provider may do one of the following: Call the TMHP PCS Prior Authorization Inquiry Line at 1-888-648-1517 and ask whether an authorization is in process; Call the TMHP PCS Client Line at 1-888-276-0702, option 2, and ask for a referral to the Texas Department of State Health Services (DSHS) to have a reassessment conducted; Call the DSHS Regional Office and notify the DSHS case manager that a new authorization has not been received. Providers must also retain current client information on file.

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

430 (11/06/09 through 11/27/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after November 1, 2009, prior authorization criteria for manual wheelchairs will change for Texas Medicaid.

Details are available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

431 (11/06/09 through 11/27/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that impacts claims with dates of service from September 30, 2009, through October 09, 2009, and procedure code S9152. These claims may have been denied in error.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

432 (11/06/09 through 11/27/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that affects claims with dates of service from July 1, 2009, through October 16, 2009, and procedure code 99214. Medicare crossover claims that were submitted by rural health clinic (RHC) providers with procedure code 99214 might have been denied in error. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Effective for dates of service on or after September 1, 2002, Medicaid providers may be reimbursed for the coinsurance and deductible for Medicare crossover claims that are submitted with procedure code 99214.

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

433 (11/06/09 through 11/27/09) ***Attention All Medicaid Providers*******

All hearing services claims for clients who are birth through 20 years of age must be submitted to TMHP regardless of the clients' Medicaid managed care plans.

For clients who are 21 years of age or older, the claim for hearing services must be submitted to TMHP for fee-for-service clients or to the appropriate Medicaid managed care plan, either to TMHP for Primary Care Case Management (PCCM) clients or to the appropriate health maintenance organization (HMO) for clients with another Medicaid managed care plan.

Standard third-party resource (TPR) rules apply to all hearing services claims.

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

434 (11/06/09 through 11/27/09) ***Attention All Medicaid Providers*******

Effective December 14, 2009, for dates of service on or after July 1, 2008, electromyography procedure codes 95873 and 95874 will no longer be diagnosis-restricted. Claims submitted with dates of service from July 1, 2008, through December 13, 2009, and procedure code 95873 or 95874 will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary.

This information updates the 2009 *Texas Medicaid Provider Procedures Manual*, section 36.4.11.9, "Electrodiagnostic (EDX) Testing," on page 36-32.

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

435 (11/06/09 through 11/27/09) ***Attention All PCCM Providers*******

A revised Primary Care Case Management (PCCM) Inpatient/Outpatient Authorization Form is now available. The revised form and details about the revisions are available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

Providers may submit authorization requests on either the new or the old form until December 31, 2009. Effective on or after January 1, 2010, only the revised form will be accepted.

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

436 (11/06/09 through 11/27/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that impacts claims submitted with dates of service on or after September 1, 2009, and procedure code H0033. These claims might be denied in error with an explanation of benefits (EOB) that indicate the services are not in accordance with medical policy. For a claim for procedure code H0033 to be valid, a physician visit must have been performed on the client within the 90 days prior to the date of service for procedure code H0033.

Claims that are submitted for dates of service from September 1, 2009, through December 1, 2009, might be denied, because the claims system cannot automatically verify physician visits that occurred before September 1, 2009. Providers who performed their own physician visits may appeal by submitting the Internal Control Numbers (ICNs) that were assigned to the physician visit claims on the R&S Report. If physician visits were performed by different providers, providers may appeal denied claims with documentation that verifies the necessary physician visits were rendered by different providers.

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

437 (11/06/09 through 11/27/09) ***Attention All Medicaid Providers*******

This is a correction to the January 2009 *Inpatient and Outpatient Behavioral Health Services Special Bulletin*, No. 1. The diagnosis code tables on pages 26 through 30 in the bulletin have been revised to include all of the appropriate codes. In addition, the procedure code table on page 30 of the bulletin has been revised to include all of the appropriate codes.

Claims that were submitted with the diagnosis codes listed in the diagnosis code tables might have been denied incorrectly. Affected claims will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

438 (11/06/09 through 11/27/09) ***Attention All Medicaid Providers*******

This is an update to an article that was posted on October 9, 2009, on the TMHP website at www.tmhp.com on the Code Updates - Procedure Code Review web page titled, "Procedure Code Changes Effective for Dates of Service on or After December 1, 2009." Additional changes will be applied to some benefits that were included in the article. Details of the additional changes are available on the Code Updates - Procedure Code Review web page and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

439 (11/06/09 through 11/27/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after November 1, 2009, the Children with Special Health Care Needs (CSHCN) Services Program reimbursement rate for cochlear implants will change. The reimbursement rate for procedure code L8614 will change from \$15,522.20 to \$23,380.00 for purchased durable medical equipment.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

440 (11/06/09 through 11/27/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of service on or after October 1, 2009, antiviral medications zanamivir inhalation powder (Relenza) and oseltamivir phosphate (Tamiflu) 75 mg are benefits of Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program for clients of all ages when provided by a physician, advance practice nurse, or physician assistant in the office setting.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227 and in the February 2010 *CSHCN Services Program Provider Bulletin*, No. 73.

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

441 (11/06/09 through 11/27/09) ***Attention All THSteps Dental Providers*******

Effective for dates of service on or after November 1, 2009, benefit criteria for Texas Health Steps (THSteps) preventive dental services will change for Texas Medicaid.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

442 (11/13/09 through 12/04/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that impacts claims submitted for services provided to clients with presumptive eligibility (PE) and maternity diagnosis codes. Claims might have been denied in error with an explanation of benefits (EOB) message that indicated the services were not payable to clients determined to be presumptively eligible. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action by the provider is necessary.

Lists of affected diagnosis codes with their corresponding dates of service, are available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

443 (11/13/09 through 12/04/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

On January 1, 2010, TMHP will implement the annual Healthcare Common Procedure Coding System (HCPCS) additions, changes, and deletions that will be effective for dates of service on or after January 1, 2010. Deleted procedure codes will no longer be benefits of Texas Medicaid or the Children with Special Health Care Needs (CSHCN) Services Program for dates of service after December 31, 2009. Details of the changes to procedure codes will be published in the January 2010 *HCPCS Special Bulletin*, No. 2, which will be available by December 31, 2009, on the TMHP website at www.tmhp.com. Providers will be mailed a printed copy of the bulletin in February 2010.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

444 (11/13/09 through 12/04/09) *** Attention All Medicaid Providers *******

This is a correction to an article that was published on the TMHP website at www.tmhp.com on June 26, 2009, and in the November/December 2009 *Texas Medicaid Bulletin*, No.226, titled "THSteps CCP Personal Care Services (PCS) Reimbursement Rates Have Changed." The article listed an incorrect reimbursement rate for procedure code T1019 with modifier U6.

Effective for dates of service on or after August 1, 2009, the correct reimbursement rate for procedure code T1019 with modifier U6 is \$2.92. The correction to the reimbursement rate for procedure code T1019 with modifier U6 does not apply to School Health and Related Services (SHARS) PCS.

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

445 (11/13/09 through 12/04/09) ***Attention All WHP and Family Planning Providers*******

TMHP has identified an issue that impacts claims submitted by Women's Health Program (WHP) providers or family planning providers for dates of service on or after April 1, 2009, and the following procedure codes: 00851, 58340, 58611, 58615, 58670, 74000, 74010, 81005, 87252, 99001, 99243, E1399, or Q0111. These claims might have been processed incorrectly. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Additionally, claims with dates of service on or after January 1, 2010, and procedure code 58600 will no longer be payable to family planning providers in the office setting (place of service [POS] 1).

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

446 (11/13/09 through 12/04/09) ***Attention All Medicaid Providers*******

This is an update to an article that was published on the TMHP website at www.tmhp.com on June 29, 2009, and in the September/October 2009 *Texas Medicaid Bulletin*, No. 225 titled "Women's Health Program (WHP) Providers and Performance of Elective Abortion."

On June 22, 2009, a WHP Certification Form was mailed to billing providers who delivered family planning services to WHP clients in 2008 and 2009. Providers were given until September 18, 2009 to respond. HHSC has extended the deadline for submission of the certification form until November 30, 2009. TMHP may place a payment hold on all Medicaid fee-for-service claims filed by, or on behalf of, any billing provider who fails to respond by this date.

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

447 (11/13/09 through 12/04/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

The Texas Medicaid and CSHCN Services Program Hearing Services Quick Reference Guide resources are now available on the TMHP website at www.tmhp.com on the Providers - Hearing Services for Children (PACT Transition) web page.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Contact Center at 1-800-568-2413.■

448 (11/13/09 through 12/04/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after January 1, 2010, the Extended Outpatient Psychotherapy/Counseling Request Form will be revised. In addition, a new Psychological/Neuropsychological Testing Request Form will be created, and providers will be required to use this form to request prior authorization for psychological and neuropsychological testing.

The corresponding electronic version of the Extended Outpatient Psychotherapy/Counseling Request Form that is submitted through the TMHP website will also be updated. An electronic version of the Psychological/Neuropsychological Testing Request Form will also be created and will be available on the TMHP website by choosing "Submit a Prior Authorization." Beginning January 1, 2010, all providers must use the appropriate new form to request prior authorization for these services. Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

449 (11/13/09 through 12/04/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after January 1, 2010, benefit criteria for osteopathic manipulative treatment will change for Texas Medicaid.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

450 (11/13/09 through 12/04/09) ***Attention All Medicaid Ambulance Providers*******

TMHP has identified an issue with the "Nonemergency Ambulance Prior Authorization Request" form. The provider information section of the form is gray, and faxed authorizations are often illegible.

A revised ambulance prior authorization form has been posted on the TMHP website at www.tmhp.com in the file library. Also, as an alternative to faxing the authorization form, providers may request ambulance authorizations electronically through the TMHP website.

Providers should fax only the revised ambulance prior authorization form, since faxing the authorization form that contains the gray portion will likely cause a delay in processing.

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

451 (11/13/09 through 12/04/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after November 1, 2009, the documentation requirements for obtaining glucose testing equipment and supplies for home health services has changed for Texas Medicaid.

Details of the changes are available on the TMHP website at www.tmhp.com and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227.

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

452 (11/13/09 through 12/04/09) ***Attention All Medicaid Providers*******

This is an update to an article that was posted on the TMHP website at www.tmhp.com on July 10, 2009, titled "Physical, Occupational, and Speech Therapy Benefits to Change for CCP." The article did not indicate procedure code 97535 as being payable for speech therapy. Typically, procedure code 97535 is used for speech therapy training for augmentative communication devices (ACD). Prior authorization requests and claims with procedure code 97535 and modifier GN must be submitted for speech therapy services.

Details are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

453 (11/20/09 through 12/11/09) ***Attention All Medicaid & CSHCN Services Program Providers*******

Beginning January 1, 2010, revised enrollment applications for each of the state health-care programs will be available for providers on the TMHP website at www.tmhp.com. The revisions to the applications reflect enhancements that are being made to Provider Enrollment on the Portal (PEP). From January 1, 2010, through March 31, 2010, providers may use either the current or the revised application packets. Beginning April 1, 2010, providers must use the revised application packets, and TMHP will return all application packets that are not submitted with the revised forms.

Details about the revised enrollment applications are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228 and the February 2010 *CSHCN Services Program Provider Bulletin*, No. 73.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

454 (11/20/09 through 12/11/09) ***Attention All Medicaid and CSHCN Services Program Hospital Providers*******

On October 23, 2009, the U.S. Food and Drug Administration (FDA) announced that it has issued an emergency use authorization (EUA) for the investigational antiviral drug Peramivir intravenous (IV) in certain adult and pediatric patients who are admitted to a hospital with confirmed or suspected 2009 H1N1 influenza

infection. This is in response to a request from the U.S. Centers for Disease Control and Prevention (CDC). Details of this EUA are available on the TMHP website at www.tmhp.com.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Contact Center at 1-800-568-2413.■

455 (11/20/09 through 12/11/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after January 1, 2010, benefit criteria for outpatient behavioral health services will change for the Children with Special Health Care Needs (CSHCN) Services Program.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the February 2010 *CSHCN Services Program Provider Bulletin*, No. 73.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1- 800-568-2413.■

456 (11/20/09 through 12/11/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to an article that was published in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72, titled "Preventive Care Medical Checkup Benefits to Change for the CSHCN Services Program." The article incorrectly stated that a provider can bill a new patient preventive care medical checkup even if the provider has previously billed for a new patient acute care E/M visit.

A new patient preventive care medical checkup will only be allowed when the client has not received any professional services from the same provider or provider group in the past three years. The corrected article was published on the TMHP website at www.tmhp.com on July 17, 2009, titled "Preventive Care Medical Checkup Benefits to Change for the CSHCN Services Program."

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

457 (11/20/09 through 12/11/09) ***Attention All CSHCN Services Program Providers*******

Beginning December 1, 2009, authorization requests for physical therapy, occupational therapy, and speech-language pathology services will no longer require a copy of the client's individualized education plan (IEP) or a statement from the client's school stating that the client is not eligible for therapy services from the school district.

The CSHCN Services Program Authorization Request for Extension of Outpatient Therapy (TP2) and the CSHCN Services Program Authorization Request for Initial Outpatient Therapy (TP1) forms found on pages B-91 and B-95 of the 2009 *CSHCN Services Program Provider Manual* will be revised to remove the IEP requirement. The revised forms will be available on December 1, 2009, in the Provider Forms section of the TMHP website at www.tmhp.com and will also be published in the February 2010 *CSHCN Services Program Provider Bulletin*, No. 73.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

458 (11/20/09 through 12/11/09) ***Attention All Medicaid Providers*******

This is a correction to an article that was published in the November/December 2009 *Texas Medicaid Bulletin*, No 226 titled "Reimbursement Rate Changes for Ambulance Services." The article listed some incorrect procedure code reimbursement rates.

For the correct ambulance services reimbursement rates, providers may refer to the Medicaid Ambulance fee schedule or an article published on September 4, 2009, on the TMHP website at www.tmhp.com titled "Some Texas Medicaid Ambulance Services Reimbursement Rates Change." The article can be found in the archived news items section.

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

459 (11/27/09 through 12/18/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

TMHP has identified an issue with claims that were submitted with dates of service on or after October 1, 2009, and influenza or pneumonia immunization procedure codes. These claims might have been denied incorrectly for diagnosis. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

460 (11/27/09 through 12/18/09) ***Attention All Medicaid and CSHCN Services Program Hospital Providers*******

TMHP has identified an issue that impacts claims submitted by acute care hospital providers with dates of service on or after January 1, 2006, and procedure code 90760 performed in the outpatient hospital setting. Claims might have been reimbursed incorrectly.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action by the provider is necessary.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

461 (11/27/09 through 12/18/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

TMHP has identified an issue with note codes 15 and 16 that appear in the Online Fee Lookup (OFL) and static fee schedules on the TMHP website at www.tmhp.com. Note codes 15 and 16 displayed incorrect note messages.

The following are the correct note messages: Note code 15: "Displayed fee reflects reimbursement for the service rendered in a non-facility location." Note code 16: "Displayed fee reflects reimbursement for the service rendered in a facility location."

The note messages have been corrected in both the OFL and the static fee schedules.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

462 (11/27/09 through 12/18/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after October 1, 2008, root canal therapy is not limited to four per lifetime for the Children with Special Health Care Needs (CSHCN) Services Program. The procedure codes that are no longer subject to the four-per-lifetime limitation are D3310, D3320, D3330, D3346, D3347, D3348, D3351, D3352, and D3353. Claims submitted with dates of service on or after October 1, 2008, and any of these procedure codes might have been denied in error. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

For more information, call the TMHP-CSHCN Contact Center at 1-800-568-2413.■

463 (11/27/09 through 12/18/09) ***Attention All Medicaid Providers*******

Effective November 25, 2009, for dates of service on or after October 1, 2009, the following services will be benefits of Texas Medicaid: *Cardiac rehabilitation services *Subcutaneous injection port devices.

Claims submitted with cardiac rehabilitation services procedure codes or subcutaneous injection port procedure codes with dates of service from October 1, 2009, to November 24, 2009, will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is required.

Details of these benefits are available on the TMHP website at www.tmhp.com and will also be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

464 (11/27/09 through 12/18/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after December 1, 2009, some provider type and place-of-service (POS) limitations will change for extracorporeal membrane oxygenation procedure codes. Details of these changes are available on the TMHP website at www.tmhp.com on the Code Updates - Procedure Code Review web page and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

465 (11/27/09 through 12/18/09) ***Attention All Medicaid Providers*******

This is an update to the 2009 *Texas Medicaid Provider Procedures Manual*, section 24.4.1, "Home Health Skilled Nursing (SN) Services." Effective November 25, 2009, for dates of service on or after October 1, 2009, skilled nursing visits will not be approved for the sole purpose of instructing the client on the use of the subcutaneous injection port device. Any necessary instruction for the use of the device must be performed as part of the office visit with the prescribing physician.

Details of the new subcutaneous injection port benefit are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

466 (11/27/09 through 12/18/09) ***Attention All Medicaid Providers*******

Effective November 25, 2009, for dates of service on or after October 1, 2009, benefit criteria for closure of wounds will change for Texas Medicaid.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

467 (11/27/09 through 12/18/09) ***Attention All Medicaid Providers*******

Effective November 25, 2009, for dates of service on or after October 1, 2009, screening, brief intervention, and referral to treatment (SBIRT) will be a benefit of Texas Medicaid.

Details of this new benefit are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

468 (11/27/09 through 12/18/09) ***Attention All Providers*******

TMHP will be closed November 26, 2009, and November 27, 2009, for the Thanksgiving holiday and December 24, 2009, and December 25, 2009, for the Christmas holiday. Because of these closures, claims filing deadlines will be extended until the next business days--Monday, November 30, 2009, and December 28, 2009--as outlined in the 2009 *Texas Medicaid Provider Procedures Manual*, page 5-8, and the 2009 *CSHCN Services Program Provider Manual*, page 5-4.

During the holidays, providers can access the Automated Inquiry System (AIS) or use the TMHP website at www.tmhp.com to obtain eligibility or claim status information.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the CSHCN Services Program Contact Center at 1-800-568-2413.■

469 (12/11/09 through 01/01/10) ***Attention All Medicaid Providers*******

Effective December 1, 2009, the documentation requirements for psychological and neuropsychological testing services that are performed by a psychiatrist, psychologist, or a licensed professional associate (LPA) have changed. Providers are no longer required to maintain the original testing material in the client's medical record; however, providers must maintain the original testing material so that it is readily available for retrospective review by the HHSC.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

470 (12/11/09 through 01/01/10) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is a correction to an article that was published on the TMHP website at www.tmhp.com on September 25, 2009, titled, "2010 ICD-9-CM Updates Now Available." The article indicated that diagnosis codes 27941 and 27949 were to be added to cytogenetics testing procedure codes. The correct information is as follows:

No diagnosis codes were added to the cytogenetics testing procedure codes.

The revised table is available on the TMHP website at www.tmhp.com on the Code Updates web page and will be published in the January/February 2010 *Texas Medicaid Bulletin*, No. 227, and in the February 2010 *CSHCN Services Program Provider Bulletin*, No. 73.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Contact Center at 1-800-568-2413.■

471 (12/11/09 through 01/01/10) ***Attention All Medicaid and Family Planning Providers*******

Providers that submit claims for family planning procedures that were performed for the purpose of sterilization must use the current version of the Sterilization Consent Form, which has an effective date of January 15, 2008. The effective date is located in the lower right corner of the form.

The form is available in English and Spanish on the TMHP website at www.tmhp.com, through the TMHP fax-back option, which is available on the Automated Inquiry System (AIS) at 1-800-925-9126, and in the 2009 *Texas Medicaid Provider Procedures Manual* in Appendix B on pages B-100 and B-101.

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

472 (12/11/09 through 01/01/10) ***Attention All Medicaid Providers*******

TMHP has identified an issue that affects claims submitted by physicians and dentists with dates of service from February 1, 2008, through April 1, 2009, and certain surgical procedure codes in the office, inpatient hospital, and outpatient hospital settings.

These claims were initially denied pending a rate hearing, which has been completed. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is required.

Details of the affected procedure codes are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

473 (12/11/09 through 01/01/10) ***Attention All Medicaid Providers*******

TMHP has identified an issue that impacts claims submitted with procedure code 90378 and dates of service on or after October 1, 2009. These claims might have been denied in error. Affected claims received between October 1, 2009, and December 11, 2009, will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is required. Additional information about requesting prior authorization and billing for procedure code 90378 is available on the TMHP website at www.tmhp.com.

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

474 (12/11/09 through 01/01/10) ***Attention All Medicaid Providers*******

Reminder: Procedure code 90378 requires prior authorization. When billing for procedure code 90378, the billing or performing provider identifier on the claim must match the requesting or performing provider identifier on the prior authorization number submitted with the claim. Since provider groups have multiple performing providers that may administer the drug to the same client, prior authorizations should be requested using the group provider identifier. Individual providers who administer the drug to the same client at multiple locations should request prior authorization and submit claims using their individual provider identifier.

If different vial sizes (e.g., 50 mg vial and 100 mg vial) are required for the appropriate dosage on the same date of service, providers must bill each vial separately on the same claim and include the appropriate National Drug Code (NDC) for each detail.

Providers that are no longer administering palivizumab (Synagis) from their stock, but are administering palivizumab (Synagis) that has been dispensed through the Vendor Drug Program, may bill Texas Medicaid for the administration of the drug only.

Physicians will be required to send a prescription for palivizumab (Synagis) with supporting clinical information on the Texas Medicaid Vendor Drug Program Palivizumab (Synagis) Prescription Form to a Texas Medicaid-enrolled pharmacy that is a member of the Synagis Distribution Network. A list of participating pharmacies, which is updated on a regular basis, is available on the Vendor Drug Program website at www.txvendordrug.com/synagis_phcy2009.pdf.

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

475 (12/11/09 through 01/01/10) ***Attention All Medicaid Providers*******

The 2010 *Texas Medicaid Provider Procedures Manual* will be mailed to providers and will be available on the TMHP website at www.tmhp.com in late May 2010 rather than in January 2010.

The 2010 *Texas Medicaid Provider Procedures Manual* will have a new format, which will make it easier for providers to access the information they need.

The 2010 manual will include policies that are implemented and in effect as of January 1, 2010. New policies and policy updates that become effective after January 1, 2010, will be published in the bimonthly *Texas Medicaid Bulletin*.

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

476 (12/11/09 through 01/01/10) ***Attention All Medicaid Providers*******

Effective for dates of service on or after December 1, 2009, benefit criteria for obstetrics services have changed for Texas Medicaid.

Details of the changes are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

477 (12/11/09 through 1/1/10) ***Attention All Providers*******

Beginning April 26, 2010, payment denial codes will be applied to Texas Provider Identifiers (TPIs) that have had no claim activity for a period of 24 months or greater. The TPI will be considered inactive and cannot be used to submit claims.

Details of this process are available on the TMHP website at www.tmhp.com and will be published March/April 2010 *Texas Medicaid Bulletin*, No. 228 and the May 2010 *CSHCN Services Program Provider Bulletin*, No. 74.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the CSHCN Services Program Contact Center at 1-800-568-2413.■

478 (12/11/09 through 01/01/10) ***Attention All Medicaid Providers*******

Private duty nursing (PDN) is a benefit only when services are provided by a registered nurse (RN) or a licensed vocational nurse (LVN). A qualified aide, working under the supervision of an RN, cannot provide or be reimbursed for PDN services.

Effective January 1, 2010, the prior authorization period for initial PDN requests will increase from 60 days to 90 days. Recertifications will be authorized for a period up to 6 months.

The following criteria must be met for consideration of a 6-month recertification request: * The client must have received PDN services for at least 3 months * No significant changes have occurred in the client's condition for at least 3 months * No significant changes in the client's condition are anticipated * The client's parent or guardian, physician, and provider agree the recertification is appropriate.

A request for a client that does not satisfy the criteria listed above for a 6-month authorization may be authorized for a period of time less than 6 months.

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

479 (12/11/09 through 01/01/10) ***Attention All Medicaid Providers*******

Effective January 4, 2010, for dates of services on or after January 1, 2010, reimbursement rates will change for some durable medical equipment (DME) procedure codes. Affected claims submitted from January 1, 2010, through January 3, 2010, will be reprocessed and payments will be adjusted accordingly. No action on the part of the provider is required.

Details of these reimbursement rates changes are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

480 (12/11/09 through 01/01/10) ***Attention All CSHCN Services Program Providers*******

This is a correction to an article that was published in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72, titled, "Hearing Services Benefits (PACT Transition)." The article indicated that acoustic reflex testing (procedure codes 92568 and 92569) is limited to invalid diagnosis code 38885. The correct diagnosis code is 3885.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

481 (12/11/09 through 01/01/10) ***Attention All Medicaid and PCCM Providers*******

Effective January 4, 2010, for dates of services on or after January 1, 2010, reimbursement rates for some durable medical equipment (DME) services, radiology, and medical services and surgery will change for Texas Medicaid and the Primary Care Case Management (PCCM) Programs. Affected claims for dates of service from January 1, 2010, through January 3, 2010, will be reprocessed, and payments will be adjusted accordingly. No action on the provider is required.

Details of the reimbursement rates are posted on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

482 (12/18/09 through 01/08/10) ***Attention All Medicaid and PCCM Providers*******

Beginning December 18, 2009, TMHP Radio will feature a frequently-asked-question (FAQ) segment that will provide details of the transition for positron emission tomography (PET) scans and the new requirement for cardiac nuclear imaging. These changes will affect services rendered to clients who are enrolled as fee-for-service or Primary Care Case Management (PCCM) clients. The changes will not affect services rendered to Children with Special Health Care Needs (CSHCN) Services Program clients or clients enrolled with managed care organizations (MCOs).

Providers can access Radio TMHP on the TMHP website at www.tmhp.com by clicking on the Radio TMHP link. Radio TMHP focuses on health-care industry topics, which include changes in the policies and procedures of Texas state health-care programs.

More information and announcements about this transition can be found on the Radiology Prior Authorization Services page of the TMHP website.

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

483 (12/18/09 through 01/08/10) ***Attention All Medicaid Providers*******

Effective for dates of service on or after February 1, 2010, the prior authorization process and some benefits will change for outpatient diagnostic positron emission tomography (PET) and cardiac nuclear imaging services. At that time, MedSolutions will become the prior authorization administrator for these radiology services.

Details about the transition of PET and cardiac nuclear imaging prior authorizations are available on a special web page on the TMHP website at www.tmhp.com titled "Radiology Prior Authorization Services." Providers can access the new web page from the Providers web page. Radiology providers are encouraged to refer to the new web page regularly for updates. Updates will also be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

484 (12/18/09 through 01/08/10) ***Attention All Medicaid and PCCM Providers*******

Effective for dates of service on or after February 1, 2010, the guidelines for cardiac nuclear imaging procedures have been updated in the 2009 Clinical Decision Support Tool for Advanced Imaging Guide. The updated guidelines are now available from the Provider Manuals and Guides section of the TMHP website at www.tmhp.com.

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

485 (12/18/09 through 01/08/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after February 1, 2010, to align with the Centers for Medicare & Medicaid Services (CMS) requirements for easy access to all Texas Medicaid fees, provider type, place-of-service (POS), and type-of-service (TOS) changes will be applied to some procedure codes, including chelating agent injection services, osteogenic stimulation services, and miscellaneous drugs.

Details of these changes will be available by February 1, 2010, on the TMHP website at www.tmhp.com on the Code Updates - Procedure Code Review web page and will be published in the May/June 2010 *Texas Medicaid Bulletin*, No. 229.

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

486 (12/18/09 through 01/08/10) ***Attention All Medicaid Providers*******

Effective for dates of service on or after October 1, 2009, some medical services procedure codes for 2009 first and second quarter Healthcare Common Procedure Coding System (HCPCS) became new benefits of Texas Medicaid.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is required.

Details of these benefits and reimbursement rates are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

487 (12/18/09 through 01/08/10) ***Attention All Medicaid Providers*******

This is an update to several procedure codes that were changed during the second and third quarter procedure code reviews. Effective December 4, 2009, the details for procedure codes 80050, 77427, 97002, and 93016 were updated retroactively.

Details of the changes are available on the TMHP Code Updates - Procedure Code Review web page at www.tmhp.com.

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

488 (12/18/09 through 01/08/10) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is an update to several procedure codes that were changed during the second and third quarter procedure code reviews. Effective for dates of service on or after January 1, 2009, procedure codes 90951, 90953, 90954, 90955, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, and 90970 were reimbursed in the office setting only.

Effective December 4, 2009, for dates of service on or after January 1, 2009, these procedure codes may additionally be reimbursed to physicians in the outpatient hospital setting. Affected claims submitted with

dates of service from January 1, 2009, through December 3, 2009, will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

489 (12/18/09 through 01/08/10) ***Attention All Medicaid Providers*******

Effective February 1, 2010, procedure code S9445 will no longer be a benefit of Texas Medicaid for medical services. Providers should refer to the Current Procedural Terminology (CPT) Code book for a more specific procedure code.

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

490 (12/18/09 through 01/08/10) ***Attention All Medicaid Providers*******

Effective for dates of services on or after February 1, 2010, benefit criteria for genetic services will change for Texas Medicaid.

Details are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

491 (12/18/09 through 01/08/10) ***Attention All Family Planning Titles V and XX Providers*******

Effective for dates of service on or after December 7, 2009, benefit criteria for family planning services for Titles V and XX have changed for Texas Medicaid.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

492 (12/18/09 through 01/08/10) ***Attention All THSteps Dental Providers and CSHCN Services Program Dental Providers*******

This is a follow-up to a banner message that first appeared in the October 30, 2009, Remittance and Status (R&S) Report about reprocessing of claims for procedure code D0150 or D0180. During initial reprocessing, some claims did not have the appropriate cutbacks applied for limitation audits, resulting in radiographic services that were paid in error. Affected claims will be processed again to determine the correct payment amount, and payments will be adjusted accordingly. No action on the part of the provider is required.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Contact Center at 1-800-568-2413.■

493 (12/25/09 through 01/15/10) ***Attention All FQHC and RHC Medicaid Providers*******

Effective for dates of service on or after January 25, 2010, procedure code J7307 will be a benefit for Federally Qualified Health Center (FQHC) and rural health clinic (RHC) providers for Texas Medicaid.

FQHC providers must submit claims for procedure code J7307 with their FQHC provider identifier and will be reimbursed at the encounter rate.

RHC providers must submit claims for procedure code J7307 with the provider identifier of a physician or nurse practitioner (NP) instead of the RHC provider identifier and must use the appropriate national place of service (72) for an RHC setting. Claims for procedure code J7307 that are submitted by RHC providers with the provider identifier of a physician or NP will be reimbursed at the encounter rate.

Providers must append the appropriate family planning diagnosis code to claims that are submitted with procedure code J7307.

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

494 (12/25/09 through 01/15/10) ***Attention All Medicaid Providers*******

This is an update to a banner message that first appeared on the November 13, 2009, Remittance and Status (R&S) Report and an article that was published on the TMHP website at www.tmhp.com on November 6, 2009, titled "Behavioral Health Form Changes."

The article stated that the revised Extended Outpatient Psychotherapy/Counseling Request Form and the new Psychological/Neuropsychological Testing Request Form may be submitted through the TMHP website. The forms may also be mailed or faxed to the following address:

Texas Medicaid & Healthcare Partnership
Special Medical Prior Authorization
12357-B Riata Trace Parkway, Suite 150
Austin, TX. 78727
Fax: 1-512-514-4213

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

495 (12/25/09 through 01/15/10) ***Attention All Medicaid Providers*******

TMHP has noted that some providers are submitting claims for Medicare dual-eligible clients incorrectly, which is causing a high number of claim denials and delaying reimbursement. To help providers file Medicare claims correctly, TMHP has added a web page to the TMHP website at www.tmhp.com. This web page includes links to the forms needed to submit claims for Medicare (Parts A and B) and Medicare Advantage Plan (MAP) (Medicare Part C) claims. The web page also includes instructions for completing the forms and a link to the list of the MAP providers that are contracted with HHSC. Providers can view this new web page by clicking "Access MRAN/MAP Claim Filing Information under the "I would like to" section on the homepage.

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

496 (12/25/09 through 01/15/10) ***Attention All Medicaid Providers*******

Effective for dates of service on or after October 1, 2009, the Federal Medical Assistance Percentage (FMAP) has increased from 69.8 percent to 70.94 percent as part of the federal stimulus package passed by Congress. This change is effective for the first quarter of federal fiscal year 2010 as published by the Centers for Medicare & Medicaid Services (CMS). Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is required.

FMAP is the federal government's contribution to states for Medicaid expenditures and is used for Medicaid fee-for-service and managed care. The FMAP change affects only providers that certify expenses and are paid only the federal share of their claims.

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

497 (12/25/09 through 01/15/10) ***Attention All Medicaid and PCCM Providers*******

This is a correction to an article that was published on the TMHP website at www.tmhp.com on December 3, 2009, titled "Reimbursement Rates for Specific Procedure Codes Will Change for Texas Medicaid and PCCM Programs." The article included procedure codes that have not completed rate hearings and one procedure code that is not a benefit. Additionally, Relative Value Units (RVUs) were missing from the medical services, surgery, and assistant surgery procedure codes.

Details are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

498 (12/25/09 through 01/15/10) ***Attention All Medicaid Providers*******

Beginning January 4, 2010, TMHP will process claims with dates of service on or after January 1, 2008, for coinsurance and deductibles for dual-eligible clients who are enrolled in a Medicare Advantage Plan (MAP) that is not contracted with HHSC.

Details are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228.

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

499 (12/25/09 through 01/15/10) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of services on or after February 1, 2010, procedure codes J1566, J0207, and J1040 must be submitted with an 11-digit National Drug Code (NDC). If these procedure codes are submitted on a claim without the NDC number, the claim will be denied, even if it was prior authorized.

An updated list of the procedure codes that require the NDC number on claims is available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228, and the May 2010 *CSHCN Services Program Provider Bulletin*, No 74.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

500 (12/25/09 through 01/15/10) ***Attention All Medicaid Providers*******

Effective for dates of service on or after February 1, 2010, benefit criteria for Botulinum Toxin Type A (Botox) will change for Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program.

Details of the changes are available on the TMHP website at www.tmhp.com and will be published in the March/April 2010 *Texas Medicaid Bulletin*, No. 228 and in the May 2010 *CSHCN Services Program Provider Bulletin*, No.75.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■