
Banner Messages for the 11/02/09 ER&S and 11/06/09 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 (45)

1 (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.■

2 (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.■

3 (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.■

4 (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.■

5 (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.■

6 (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.■

7 (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.■

8 (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.■

9 (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.■

10 (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.■

11 (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.■

12 (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.■

13 (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.■

14 (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.■

15 (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.■

16 (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.■

17 (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.■

18 (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.■

19 (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.■

20 (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.■

21 (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.■

22 (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.■

23 (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.■

24 (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.■

25 (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.■

26 (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.■

27 (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.■

28 (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.■

29 (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.■

30 (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.■

31 (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.■

32 (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.■

33 (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.■

34 (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.■

35 (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.■

36 (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.■

37 (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.■

38 (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.■

39 (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.■

40 (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.■

41 (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.■

42 (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.■

43 (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.■

44 (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.■

45 (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.■