
Banner Messages for the 11/09/09 ER&S and 11/13/09 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 (44)

1 (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.■

2 (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.■

3 (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.■

4 (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.■

5 (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.■

6 (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.■

7 (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.■

8 (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.■

9 (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.■

10 (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.■

11 (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.■

12 (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.■

13 (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.■

14 (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.■

15 (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.■

16 (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.■

17 (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.■

18 (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.■

19 (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.■

20 (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.■

21 (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.■

22 (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.■

23 (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.■

24 (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.■

25 (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.■

26 (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.■

27 (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.■

28 (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.■

29 (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.■

30 (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.■

31 (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.■

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 (11/13/09 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.■

37 (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.■

38 (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.■

39 (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.■

40 (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.■

41 (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.■

42 (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.■

43 (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.■

44 (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.■