
Banner Messages for the 11/23/09 ER&S and 11/27/09 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 (41)

1 (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.■

2 (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.■

3 (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.■

4 (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.■

5 (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.■

6 (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.■

7 (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.■

8 (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.■

9 (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.■

10 (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.■

11 (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.■

12 (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.■

13 (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.■

14 (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.■

15 (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.■

16 (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.■

17 (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.■

18 (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.■

19 (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.■

20 (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.■

21 (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.■

22 (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.■

23 (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.■

24 (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.■

25 (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.■

26 (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.■

27 (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.■

28 (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.■

29 (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.■

30 (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.■

31 (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.■

32 (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.■

33 (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.■

34 (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.■

35 (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.■

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 (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.■

38 (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.■

39 (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.■

40 (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.■

41 (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.■