
Banner Messages for the 01/17/11 ER&S and 01/21/11 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 (23)

1 (01/21/11 through 02/11/11) *****Attention Medicaid Providers*****

Effective December 29, 2010, for dates of service on or after April 1, 2009, the assistant surgery component of procedure code 35903 and the surgical component of procedure code 44320 are benefits when performed by physician providers and rendered in the outpatient hospital setting. Affected claims with dates of service from April 1, 2009, through December 28, 2010, 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.

2 (01/21/11 through 02/11/11) *****Attention Medicaid Providers*****

TMHP has identified an issue that affects claims that were submitted with procedure code 82106 for dates of service on or after July 1, 2010. These claims may have been denied incorrectly with an explanation of benefit (EOB) that indicated that the age of the client was not appropriate for the procedure code. Effective for dates of service on or after July 1, 2010, procedure code 82106 is a benefit for clients who are 10 through 55 years of age. Affected claims that were submitted with dates of service from July 1, 2010, through December 30, 2010,

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.

3 (01/21/11 through 02/11/11) ***Attention Medicaid Providers*******

Effective December 31, 2010, for dates of service on or after May 1, 2010, the technical component for procedure code 77421 is a benefit when rendered by physician or radiation treatment center providers in the office setting. Services rendered in the outpatient hospital setting will no longer be a benefit. Affected claims that were submitted with dates of service from May 1, 2010, through December 30, 2010, 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.

4 (01/21/11 through 02/11/11) ***Attention PCCM Providers*******

TMHP has identified an issue that affects claims that were submitted with the surgical component of procedure code 31255 for services that were rendered to Primary Care Case Management (PCCM) clients by physician providers in the outpatient hospital setting. These claims may have been denied inappropriately. Affected claims that were submitted with dates of service from September 1, 2010, through December 21, 2010, 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.

5 (01/21/11 through 2/11/11) ***Attention All Hospital Providers*******

This is an update to an article titled "Potentially Preventable Readmissions (PPR) Information to be Available," which was published on the TMHP website at www.tmhp.com on November 12, 2010. The article stated that this information would be available on the TMHP website beginning January 3, 2011. This information will now be available beginning January 17, 2011.

Seminars have been scheduled to train hospital staff on the new PPR reports. Dates and locations of these seminars are available on the TMHP website at www.tmhp.com.

6 (01/14/11 through 02/04/11) ***Attention All PCCM and LTSS Providers*******

HHSC will be hosting meetings to prepare providers for the expansion of the STAR and STAR+PLUS Medicaid managed care programs into areas which are currently served by the Primary Care Case Management (PCCM) program. Beginning September 1, 2011, these two Medicaid managed care programs will replace the PCCM services in 28 of the counties contiguous to existing STAR and STAR+PLUS service areas. These provider meetings will allow HHSC and the health maintenance organizations (HMOs) to present information to ensure a successful implementation of the STAR and STAR+PLUS program expansion. Providers will be able to ask questions about operational activities that will be affected by the transition, which will enable them to make informed decisions when executing contracts with the HMOs.

The expansion of the STAR+PLUS programs also affects Long-Term Services and Supports (LTSS) providers that are currently contracted with the Department of Aging and Disability Services (DADS) to provide services through the Community-Based Alternatives (CBA) Waiver, Primary Home Care, and Day Activity and Health Services programs. Affected LTSS providers have been notified by letter.

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

7 (01/21/11 through 02/11/11) ***Attention All Medicaid Providers*******

Effective for dates of services on or after March 1, 2011, procedure code 29450 will be a benefit when performed by nurse practitioner (NP), clinical nurse specialist (CNS), or physician assistant (PA) providers in the inpatient hospital setting. Procedure code 29750 will be a benefit when performed by NP, CNS, or PA providers in the inpatient hospital or outpatient hospital setting.

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

8 (01/07/11 through 01/28/11) ***Attention All Medicaid Providers*******

Effective March 1, 2011, Medicaid providers who render off-campus acute care services to Medicaid-eligible State Supported Living Center (SSLC) residents will be required to submit claims directly to Medicaid. This change is applicable only to residents of the SSLCs operated by the Department of Aging and Disability Services (DADS). There are 13 SSLCs in Texas that provide campus-based direct services and support to people who have intellectual and developmental disabilities.

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

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

9 (12/31/10 through 01/21/11) ***Attention All Medicaid Providers*******

This is a correction to the 2010 Texas Medicaid Provider Procedures Manual, Vol. 1, General Information, subsection 8.1.10, "Primary Care Provider Requirements and Information." This section incorrectly included Early Childhood Intervention (ECI) targeted case management as a self-referred service for federally qualified health centers (FQHCs). FQHCs are not ECI providers.

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

10 (01/14/11 through 02/04/11) ***Attention All Medicaid and CSHCN Services Program Providers*******

Important: Immunization Administration

New immunization administration procedure codes 90460 and 90461 will not be a benefit of Texas Medicaid or the CSHCN Services Program until the rate hearing process is complete and the rates are implemented. As a result, effective for dates of service on or after January 1, 2011, procedure codes 90465, 90466, 90467, and 90468 remain a benefit for the administration of immunizations. Providers will be notified when procedure codes 90465, 90466, 90467, and 90468 will no longer be benefits of Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program.

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

11 (01/07/11 through 01/28/11) ***Attention Medicaid and Managed Care Providers*******

A woman may be eligible for initial enrollment in the Medicaid for Breast and Cervical Cancer (MBCC) Program if she has an active disease as indicated by a biopsy that confirmed a precancerous or cancerous breast or cervical diagnosis that meets the specifications in the Medicaid for Breast and Cervical Cancer Guidelines for Determination of Qualifying Diagnosis. The guidelines are available on the DSHS website at www.dshs.state.tx.us/chscontracts/pdf/MBCCQualifyingDx072009.pdf.

Women who only require monitoring for hormonal treatment or triple negative receptor breast cancer (TNRBC) do not qualify for initial MBCC enrollment.

Once a woman is enrolled in the MBCC program, eligibility may continue if she meets at least one of the following criteria: she is being treated for an active disease as defined above; she has completed active treatment while in MBCC and now is receiving hormonal treatment; or she has completed active treatment while in MBCC and now is receiving active disease surveillance for TNRBC.

A woman no longer in MBCC may reapply if diagnosed with a new breast or cervical cancer or a metastatic or recurrent breast or cervical cancer.

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

12 (01/07/11 through 01/28/11) ***Attention Managed Care Providers*******

In the Tarrant Service Area, Bravo Health has been placed on temporary enrollment suspension due to concerns about the ability to accurately process acute and long term services and supports claims. This means that until the enrollment suspension is lifted members in the Tarrant Service Area will have only one health plan available. Bravo has developed an acceptable corrective action plan to comply with HHSC requirements relative to claims processing and HHSC expects that the Bravo enrollment suspension will be lifted no later than May 1, 2011. When the enrollment suspension is lifted all Tarrant Service Area members will be informed about the availability of a second health plan.

If you have any questions or would like any additional information, or if you need assistance with any constituent casework related to the roll-out of the STAR+PLUS program, please feel free to contact starplus_dfw_exp2011@hhsc.state.tx.us and the fax is (512) 491-1976.

13 (01/21/11 through 01/28/11) ***Attention All Providers*******

Monday, January 17, 2011, is Dr. Martin Luther King, Jr. Day, which is a bank holiday. As a result, electronic funds transfer (EFT) payments will be delayed by one business day. Providers receiving EFT payments can expect funds by Friday, January 21, 2011.

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

14 (01/21/11 through 02/11/11) ***Attention All Providers*******

TMHP will perform scheduled maintenance to the Claims Engine and Long Term Care (LTC) systems on Sunday, February 13, 2011, from 4:00 p.m. until midnight. During the system maintenance window, some applications will be unavailable for both Acute Care and LTC systems. Batch claims and batch claims status inquiries (CSIs) may be submitted during the maintenance period.

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

15 (01/21/11 through 02/11/11) ***Attention All Providers*******

TMHP will perform a scheduled maintenance to the Claims Engine and Long Term Care (LTC) systems on Sunday, March 13, 2011, from 4:00 p.m. until midnight. During the system maintenance window, some applications will be unavailable for both Acute Care and LTC systems. Batch claims and batch claims status inquiries (CSIs) may be submitted during the maintenance period.

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

16 (01/21/11 through 02/11/11) ***Attention All Providers*******

Effective January 29, 2011, TMHP will employ new software to encrypt e-mail that contains client and provider protected health information (PHI). Providers will be able to receive, view, reply to, and forward e-mail that is encrypted and sent by TMHP. Encrypted e-mail will contain instructions for retrieving passwords

and decrypting the e-mail to access the protected information. Providers may contact the sender of the e-mail with questions or issues that may arise.

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.

17 (01/14/11 through 02/04/11) ***Attention All Providers*******

This is a follow-up to the article titled "Mandatory State Use of NCCI and Compliance with NCCI Guidelines" that was published on the TMHP website at www.tmhp.com on August 13, 2010. The article stated that the Patient Protection and Affordable Care Act (PPACA) mandates that all claims submitted with dates of service on or after October 1, 2010, must be filed in accordance with the National Correct Coding Initiative (NCCI) guidelines.

Beginning February 25, 2011, providers may see claim denials in accordance with the Centers for Medicare & Medicaid Services (CMS) NCCI guidelines. Claims that are submitted with dates of service from October 1, 2010, through February 24, 2011, will not be reprocessed in accordance with the NCCI guidelines. Any claims with dates of service on or after October 1, 2010, that are appealed or reprocessed for reasons other than NCCI auditing on or after February 25, 2011, will be subject to NCCI auditing guidelines.

Details are available on the TMHP website at www.tmhp.com and will be published in the May/June 2011 *Texas Medicaid Bulletin*, No. 235, and the May 2011 *CSHCN Services Program Provider Bulletin*, No. 78.

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

18 (01/14/11 through 02/04/11) ***Attention All Providers*******

Effective for dates of service on or after February 25, 2011, providers will begin to see claim denials in accordance with Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) guidelines as defined in the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) coding manuals.

Details are available on the TMHP website at www.tmhp.com and will be published in the May/June 2011 *Texas Medicaid Bulletin*, No. 235, and the May 2011 *CSHCN Services Program Provider Bulletin*, No. 78.

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.

19 (01/07/10 through 01/24/11) ***Attention All Providers*******

Effective for dates of service on or after February 1, 2011, Medicaid fee-for-service, Medicaid managed care, Primary Care Case Management (PCCM), family planning (Titles V, X, and XX services), and the Children with Special Health Care Needs (CSHCN) Services Program will institute an additional one percent reduction in the final payment amounts for professional and outpatient facility services. The additional one percent reduction will be added to the one percent reduction that was effective for dates of service on or after September 1, 2010, which will result in a two percent total reduction that will be applied to the current Medicaid rate for affected services that are rendered on or after February 1, 2011.

Details 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 Services Program Contact Center at 1-800-568-2413.

Providers can refer to the article titled "Mandatory State Use of NCCI and Compliance with NCCI Guidelines," which was published on the TMHP website on August 13, 2010, for more information about the CMS NCCI mandate.

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.

20 (01/21/11 through 02/11/11) ***Attention All CSHCN Services Program Providers*******

Effective for dates of services on or after March 1, 2011, reimbursement rates for some eye and ocular adnexa surgery services procedure codes will change for the Children with Special Health Care Needs (CSHCN) Services Program.

Details are available on the TMHP website at www.tmhp.com. For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.

21 (01/21/11 through 02/11/11) ***Attention All CSHCN Services Program Providers*******

Effective for dates of services on or after March 1, 2011, reimbursement rates for procedure codes for some orthotic procedures and devices will change for the Children with Special Health Care Needs (CSHCN) Services Program.

Details are available on the TMHP website at www.tmhp.com. For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413

22 (01/07/11 through 01/28/11) ***Attention All CSHCN Services Program Dental Providers*******

Clarification: Prior authorization is required for most oral and maxillofacial surgery, including, but not limited to, invasive procedures for clients who have a cleft lip, cleft palate, or craniofacial anomaly. Prior authorization is required for procedure codes D7261, D7411, D7413, D7414, and D7472.

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

23 (01/21/11 through 02/11/11) ***Attention All Medicaid Providers*******

Effective January 31, 2011, prior authorization services for the Texas Medicaid/CHIP Vendor Drug Program (VDP) will transfer from ACS/Heritage to Health Information Designs, Inc. (HID). Prior authorization restricts the use of specific medications by requiring an advance approval for the drug before dispensing to qualify for reimbursement. Providers will be able to submit prior authorization requests by phone and electronically via the VDP website. Faxed prior authorization requests are accepted only for palivizumab (Synagis) at this time. Details are available on the TMHP website at www.tmhp.com.

For more information, call the VDP Prior Authorization Call Center at 1-877-PA-TEXAS (1-877-728-3927).