
Banner Messages for the 02/14/11 ER&S and 02/18/11 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.

Copyright Acknowledgements

Use of the AMA's copyrighted CPT® is allowed in this publication with the following disclosure:

“Current Procedural Terminology (CPT) is copyright 2010 American Medical Association. All rights reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable Federal Acquisition Regulation System/Defense Federal Acquisition Regulation Supplement (FARS/DFARS) apply.”

The American Dental Association requires the following copyright notice in all publications containing Current Dental Terminology (CDT) codes:

“*Current Dental Terminology* (including procedure codes, nomenclature, descriptors, and other data contained therein) is copyright © 2009 American Dental Association. All Rights Reserved. Applicable FARS/DFARS apply.”

Microsoft Corporation requires the following notice in publications containing trademarked product names:

“Microsoft® and Windows® are either registered trademarks or trademarks of Microsoft Corporation in the United States and/or other countries.”

Total Messages (44)

1 (02/18/11 through 03/11/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after April 1, 2011, benefit criteria for physician evaluation and management services will change for Texas Medicaid.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the May/June 2011 Texas Medicaid Bulletin, No. 235.

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

2 (02/18/11 through 03/11/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after April 1, 2011, benefit criteria for incontinence supplies will change for Texas Medicaid home health services.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the May/June 2011 Texas Medicaid Bulletin, No. 235.

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

3 (02/18/11 through 03/11/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after April 1, 2011, biofeedback services will be a benefit of Texas Medicaid.

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.

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

4 (02/18/11 through 03/11/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after April 1, 2011, benefit criteria for iron injections will change for Texas Medicaid.

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.

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

5 (02/18/11 through 03/11/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after April 1, 2011, benefit criteria for Vitamin B12 injections will change for Texas Medicaid.

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the May/June 2011 Texas Medicaid Bulletin, No. 235.

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

6 (02/18/11 through 03/11/11) ***Attention All Medicaid Providers*******

TMHP has created instructions for the CCP Prior Authorization Request Form.

The instructions are available on the TMHP website at www.tmhp.com and will be published in the May/June 2011 Texas Medicaid Bulletin, No. 235.

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

7 (02/18/11 through 03/11/11) ***Attention All Medicaid Providers*******

Effective for dates of services on or after April 1, 2011, benefit criteria for certified respiratory care practitioner (CRCP) services will change for Texas Medicaid.

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.

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

8 (02/18/11 through 03/11/11) ***Attention All Medicaid Providers*******

Effective for dates of services on or after April 1, 2011, benefit criteria for esophageal pH probe monitoring will change for Texas Medicaid.

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.

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

9 (02/18/11 through 03/11/11) ***Attention All Medicaid Providers*******

Effective January 1, 2011, the Centers for Medicare & Medicaid Services (CMS) requires sleep facilities that perform services for Medicaid clients to be accredited with the American Academy of Sleep Medicine (AASM) or the Joint Commission of Accreditation of Healthcare Organizations (JCAHO). Sleep facilities must maintain documentation with proof that the facility is accredited and follows AASM practice and clinical guidelines and that the physicians are board-certified or board-eligible per AASM guidelines for a sleep facility. Documentation is subject to retrospective review.

Providers may refer to the AASM website for AASM facility certification requirements or to the Joint Commission website at for Joint Commission facility accreditation information. Links to these two websites are available on the TMHP website at www.tmhp.com.

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

10 (02/18/11 through 03/11/11) ***Attention All Medicaid Providers*******

Beginning April 1, 2011, some currently-enrolled durable medical equipment (DME) providers may be required to re-attest their National Provider Identifier (NPI) using a different taxonomy code. This requirement is in preparation for the mobility aid and qualified rehabilitation professional (QRP) benefit changes that will be applied based on S.B. 1804, 81st Legislature, Regular Session, 2009, and Texas Administrative Code (TAC) §354.1040.

Details are available on the TMHP website at www.tmhp.com, in the article titled "DME Provider Taxonomy Code Changes," and will be published in the May/June 2011 Texas Medicaid Bulletin, No. 235.

11 For more information, call the TMHP Contact Center at 1-800-925-9126.(02/18/11 through 03/11/11) ***Attention All Medicaid Providers*******

Effective February 11, 2011, for dates of service on or after July 1, 2010, the technical component of radiology procedure codes 93880, 93922, 93925, 93926, and 93971 and laboratory procedure code 93922 is a benefit when rendered by physician providers in the office setting.

Affected claims that were submitted between July 1, 2010, and February 10, 2011, will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is required. Reprocessing of claims may result in an increase in payments associated with specific procedures codes.

12 For more information, call the TMHP Contact Center at 1-800-925-9126.(02/18/2011 through 03/11/2011) ***Attention All Medicaid Providers*******

Effective February 15, 2011, for dates of service on or after February 1, 2011, diagnosis restrictions for vaccine procedure codes 90649 and 90650 have been removed. Providers must use the most appropriate diagnosis code that represents the client's condition.

Services performed for Texas Health Steps continue to be limited to diagnosis code V202.

13 For more information, call the TMHP Contact Center at 1-800-925-9126.(02/11/11 through 03/04/11) ***Attention All Medicaid Providers*******

Reminder: Providers may request prior authorization for ambulance services through the TMHP website at www.tmhp.com. Providers that submit paper prior authorization requests must use the "Nonemergency Ambulance Prior Authorization Request" form that was effective on November 1, 2009, and is available in

the 2010 Texas Medicaid Provider Procedures Manual, Ambulance Services Handbook and on the TMHP website at www.tmhp.com.

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

14 (02/11/11 through 03/04/11) ***Attention All Medicaid Providers*******

This is a follow-up to the article titled "Texas Medicaid Benefit Criteria for Wound Care Supplies and Systems to Change," which was published in the March/April 2010 *Texas Medicaid Bulletin*, No. 234 and on the TMHP website at www.tmhp.com on November 12, 2010. The article stated that the Statement for Initial Wound Therapy System In-Home Use and Statement for Recertification of Wound Therapy System In-Home Use prior authorization forms were revised and would be available on January 1, 2011.

Beginning April 1, 2011, providers must use the revised forms when submitting a request for a wound care system. After March 31, 2011, TMHP will no longer accept information submitted on the old forms when processing a request for a wound care system.

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

15 (02/11/11 through 03/04/11) ***Attention All Medicaid Providers*******

This is a correction to an article that was published in the November/December 2010 *Texas Medicaid Bulletin*, No. 232, titled "September 2010 Texas Medicaid Procedure Code Review Updates."

The article incorrectly indicated that the total and technical components for procedure code 77003 may no longer be reimbursed to providers in the office setting.

The correct information is the total and technical components for procedure code 77003 may still be reimbursed to providers in the office setting. Providers may refer to the applicable Texas Medicaid fee schedules, which are available on the TMHP website, for additional information.

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

16 (02/11/11 through 03/04/11) ***Attention All Medicaid Providers*******

TMHP has identified an issue that affects claims that were submitted with surgery procedure code 58340 or 60300 for dates of service on or after July 1, 2010. 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 (02/11/11 through 03/04/11) ***Attention All Medicaid Providers*******

This is an update to an article titled "Substance Use Disorder Services (Abuse and Dependence) Are a Benefit of Texas Medicaid," that was published in the November/December 2010 *Texas Medicaid Bulletin*, No.232.

Effective for dates of service on or after February 1, 2011, providers should submit claims for procedure code H0020 differently depending on whether the methadone dose was administered at a clinic or sent home with the client. Additional changes to the way providers must submit claims for procedure code H0020 will be effective for dates of service on or after March 1, 2011.

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.

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

18 (02/11/11 through 03/04/11) ***Attention All Medicaid Providers*******

Effective February 1, 2011, for dates of service on or after September 1, 2010, procedure codes H0020 and H2010 is a benefit when performed by chemical dependency treatment facility (CDTF) providers. Previously, procedure codes H0020 and H2010 were a benefit only when performed by physician providers.

Claims for procedure codes H0020 and H2010 that were submitted by CDTF providers with dates of service from September 1, 2010, through January 27, 2011, and were denied because the services were not covered by this provider type will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Additionally, TMHP has identified an issue that impacts some Medicare and Medicaid eligible claims with dates of service from September 1, 2010 through January 27, 2011, that were submitted by physician providers with procedure codes H0020 or H2010. These claims were denied in error with instructions to bill Medicare first. These services are not a benefit of Medicare. 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.

19 (02/04/11 through 02/25/11) ***Attention All Medicaid Providers*******

TMHP is working closely with HHSC to educate migrant farm workers and their children about services covered by Medicaid and the importance of receiving timely Texas Health Steps (THSteps) medical and dental checkups. The children of migrant farm workers are identified as needing additional assistance because of unconventional living conditions, migratory work patterns, unhealthy working conditions, poverty, poor nutrition, lack of education, and illiteracy—all factors that contribute to poor health. TMHP is continuing its efforts to increase the number of children who receive their THSteps medical and dental checkups on time.

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

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

20 (01/28/11 through 02/18/11) ***Attention All Medicaid Providers*******

This is correction to the 2010 Texas Medicaid Provider Procedures Manual, *Hospital Services Handbook*, subsection 2.3.3.7.7, "Incomplete Day Surgeries." Information in this section incorrectly directs providers to submit claims with modifier 73 for a discontinued outpatient procedure after anesthesia administration and modifier 74 for a discontinued outpatient procedure prior to anesthesia administration.

The correct information is that modifier 73 must be submitted for a discontinued outpatient procedure prior to anesthesia administration, and modifier 74 must be submitted for a discontinued outpatient procedure after anesthesia administration.

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

21 (1/24/11 through 2/18/11) ***Attention All Medicaid Providers*******

TMHP has identified an issue that impacts claims that were submitted by radiation treatment center providers with dates of service on or after July 1, 2009, and procedure code 79005. Claims may have been denied in error for services rendered in the office or outpatient hospital settings. Only claims that included either the total component or the professional component and were submitted on or after September 1, 2010, are affected. Affected claims will be reprocessed and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Additionally, effective for dates of service on or after July 1, 2009, the professional component and total component for procedure code 79005 is a benefit when rendered by physician providers in the outpatient hospital setting.

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.

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

22 (01/28/11 through 02/18/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2009, procedure code 93503 is a benefit when performed in the inpatient hospital setting by the following providers: County Indigent Health Care Program providers, certified registered nurse anesthetists (CRNA), CRNA-only groups, physicians (MDs and DOs), and physician groups.

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 (01/28/11 through 02/18/11) ***Attention All Medicaid Providers*******

Effective for dates of services on or after February 1, 2011, reimbursement rates for some Case Management Mental Health and Rehabilitation Services procedure codes will change.

Details of the reimbursement rates for the new benefits are posted on the TMHP website at www.tmhp.com.

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

24 (01/28/11 through 02/18/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after February 1, 2011, reimbursement rates for some Case Management for Children and Pregnant Women Case Management (CPW) services procedure codes will change.

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

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

25 (01/28/11 through 02/18/11) ***Attention All Medicaid Providers*******

This article clarifies who may perform physical, occupational, and speech therapy services through Texas Medicaid.

Reimbursement will be considered only for services performed by a licensed physical therapist, licensed occupational therapist, licensed speech therapist, or one of the following under the supervision of a licensed therapist: licensed therapy assistant, or licensed speech-language pathology intern.

Services performed by a physical therapy aide, physical therapy orderly, physical therapy student, physical therapy technician, occupational therapy aide, occupational therapy orderly, occupational therapy student, occupational therapy technician, speech-language pathology aide, speech-language pathology orderly, speech-language pathology student, or speech-language pathology technician are not a benefit of Texas Medicaid and are not reimbursed.

Therapy services performed by an unlicensed provider are subject to recoupment. Individuals with knowledge about suspected Medicaid waste, abuse or fraud must report the information to the HHSC Office of Inspector General (OIG).

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

26 (02/18/11 through 03/11/11) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of service on or after April 1, 2011, immunization administration procedure codes 90460 and 90461 will be made benefits of Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program. Procedure codes 90465, 90466, 90467, and 90468 will be discontinued and will no longer be benefits for dates of service on or after April 1, 2011. Additionally, procedure codes 90471, 90472, 90473, and 90474 will no longer require a modifier.

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.

27 (02/18/11 through 03/11/11) ***Attention All Medicaid and CSHCN Services Program Providers*******

Important: Immunization Administration

This is an update to an article titled "Immunization Administration Procedure Codes Following 2011 HCPCS Update," which was published on the TMHP website on January 5, 2011.

Effective for dates of services from January 1, 2011, through March 31, 2011, providers may continue to bill procedure codes 90465, 90466, 90467, 90468, 90471, 90472, 90473, and 90474 for the administration of immunizations until the new immunization administration procedure codes 90460 and 90461 become benefits on April 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.

28 (02/11/11 through 03/04/11) ***Attention All Medicaid and CSHCN Services Program Providers*******

On April 1, 2011, TMHP will implement first quarter 2011 Healthcare Common Procedure Coding System (HCPCS) additions, changes, and deletions that will be effective for dates of service on or after April 1, 2011. Deleted procedure codes will no longer be benefits of Texas Medicaid, Medicaid Managed Care, or the Children with Special Health Care Needs (CSHCN) Services Program.

Details of these changes will be available on the TMHP website at www.tmhp.com on the Code Updates-HCPCS web page beginning April 1, 2011, and will also be published in the July/August 2011 *Texas Medicaid Bulletin*, No. 236, and the August 2011 CSHCN Services Program Provider Bulletin, No. 79.

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.

29 (02/18/11 through 03/11/11) ***Attention All Medicaid and Managed Care Providers*******

Effective for dates of service and dates of admission on or after April 1, 2011, providers will be required to notify TMHP when a wrong surgery or other invasive procedure is performed on a Texas Medicaid client. Notification is mandated by SB 203, Section 3, Regular Session, 81st Texas Legislature, which covers preventable adverse events (PAE) and reimbursement for services associated with PAE.

Professional, inpatient hospital, and outpatient hospital claims that are submitted for the wrong surgery or invasive procedure will be denied. Any related procedures rendered to the same client, on the same dates of service (for professional and outpatient hospital claims), or the same date of surgery (for inpatient hospital claims) as the wrong surgery will be denied or recouped if the claims have already been reimbursed.

The law requires providers that are submitting claims for services rendered to Texas Medicaid clients to indicate on the claim whether the incorrect operation or invasive procedure was performed on the correct patient; the operation or invasive procedure was performed on the incorrect patient; or the incorrect operation or invasive procedure was performed on the incorrect body part.

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

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

30 (01/28/11 through 02/18/11) ***Attention All Medicaid and Managed Care Hospital Providers*******

Inpatient claims with dates of service from November 1, 2008, through October 31, 2010, are being reviewed to determine whether they were paid outside of the spell-of-illness limitation (30 days of inpatient hospital care). Inpatient hospital claims with these dates of service will be retroactively denied or cut back if they are found to have been paid in excess of the spell-of-illness limitation. These denials and cutbacks will appear as claim adjustments on Remittance and Status (R&S) Reports.

For information about the spell-of-illness limitation and exceptions to it, providers can refer to the 2010 Texas Medicaid Provider Procedures Manual, Vol. 1, General Information, subsection 8.1.2, "Texas Medicaid Benefits by Program" or the 2010 Texas Medicaid Provider Procedures Manual, Hospital Services Handbook, subsection 2.3.2, "Inpatient Benefits and Limitations."

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

31 (02/18/11 through 03/11/11) ***Attention All Providers*******

Effective February 25, 2011, the TexMedConnect Claims Status Inquiry (CSI) User's Guide will be updated to include information about a new feature for the National Correct Coding Initiative (NCCI) and sourced edits. The updated guide will be available on February 25, 2011, on the TMHP website at www.tmhp.com on the Reference Materials web page for each program.

For more information, providers may refer to the articles titled "CPT and HCPCS Claims Auditing Guidelines Update" and "National Correct Coding Initiative (NCCI) Compliance Guidelines," that were published on the TMHP website on January 7, 2011.

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 (02/18/11 through 03/11/11) ***Attention All Providers*******

This is a clarification to an article titled "Additional 1 Percent Reimbursement Reduction for February 2011," which was published on the TMHP website on December 27, 2010. The article should have included a reference to Primary Care Case Management (PCCM).

Effective for dates of service on or after February 1, 2011, Medicaid fee-for-service, Medicaid managed care, PCCM, family planning Titles V and XX services, and the Children with Special Health Care Needs (CSHCN) Services Program will institute an additional 1 percent reduction in final payment amounts for professional and outpatient facility services. The additional 1 percent reduction will be added to the 1 percent reduction that was effective for dates of service on or after September 1, 2010. The resulting 2 percent total reduction will be applied to the current Medicaid rate for affected services that are rendered on or after February 1, 2011.

Details about services that are affected, or not affected, by the additional 1 percent reimbursement rate reduction 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.

33 (02/11/11 through 03/04/11) ***Attention All Providers*******

On January 29, 2011, TMHP deployed new software to encrypt e-mail that contains protected health information (PHI) for clients or providers. The "E-Mail Encryption Basics/Help Guide" is now available on the TMHP website at www.tmhp.com on the Reference Materials web page for each program.

For more information, providers may refer to the article titled "TMHP to Employ New Encryption Software for E-mail That Contains Protected Health Information (PHI)," which was published on the TMHP website on January 14, 2011.

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.

34 (02/11/11 through 03/04/11) ***Attention All Providers*******

Monday, February 21, 2011, is President's 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, February 25, 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.

35 (02/04/11 through 02/25/11) ***Attention All Providers*******

Reminder: HHSC and TMHP will soon initiate the implementation of Electronic Data Interchange (EDI) Version 5010 in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA) rules for all EDI transactions. HIPAA rules mandate that the implementation of EDI Version 5010 will begin January 1, 2012. This change will not directly affect users of TexMedConnect or other services provided through the TMHP website.

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

36 (01/28/11 through 02/18/11) ***Attention All Providers*******

Effective February 14, 2011, providers that call TMHP provider and prior authorization telephone numbers will be given the opportunity to respond to a short customer satisfaction survey after the call is completed. When providers call one of the affected telephone numbers, providers will hear a recorded message about the survey that directs them to ask the agent to transfer them to the survey upon completion of the call. Providers will answer the five-question survey by using the buttons on the telephone.

Survey results will be reported to the appropriate state agency on a quarterly basis.

37 (02/11/11 through 03/04/11) ***Attention All PCCM Providers*******

Social security numbers of Primary Care Case Management (PCCM) clients will be removed from PCCM provider's panel reports. This change is permanent and will first be reflected on the March 2011 panel report.

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

38 (02/18/11 through 03/11/11) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after April 1, 2011, biofeedback services will be a benefit of the Children with Special Health Care Needs (CSHCN) Services Program.

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

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

(02/18/11 through 03/11/11) ***Attention CSHCN Services Program Providers*******

Effective for dates of service on or after April 1, 2011, some provider type and place-of-service (POS) limitations will change for Children with Special Health Care Needs (CSHCN) Services Program expendable medical supplies procedure codes and new benefits will be added. 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.

39 (02/18/11 through 03/11/11) ***Attention All CSHCN Services Program Providers*******

Effective January 1, 2011, the Centers for Medicare & Medicaid Services (CMS) requires sleep facilities that perform services for Children with Special Health Care Needs (CSHCN) Services Program clients to be accredited with the American Academy of Sleep Medicine (AASM) or the Joint Commission of Accreditation of Healthcare Organizations (JCAHO).

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.

40 (02/18/11 through 03/11/11) ***Attention All CSHCN Services Program Providers*******

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

Details of the reimbursement rates change are available on the CSHCN Services Program news page on the TMHP website at www.tmhp.com.

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

41 (02/18/11 through 03/11/11) ***Attention All CSHCN Services Program Providers*******

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

Details of the reimbursement rates change are available on the CSHCN Services Program news page on the TMHP website at www.tmhp.com.

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

42 (02/11/11 through 03/04/11) ***Attention All CSHCN Services Program Providers*******

This is a correction to an article titled "Benefit Changes for Some Expendable Medical Supplies," which was published in the February 2011 *CSHCN Services Program Provider Bulletin*, No. 77. The article incorrectly stated that benefit changes would be effective for dates of service on or after October 1, 2010. The correct effective date for these benefit changes was November 1, 2010. Notice of the corrected effective date was posted on the TMHP website at www.tmhp.com on October 1, 2010.

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

43 (02/11/11 through 03/04/11) ***Attention All CSHCN Services Program Providers*******

Effective for dates of services on or after March 1, 2011, the reimbursement rates for some vision 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.

44 (02/11/11 through 03/04/11) ***Attention All CSHCN Services Program Providers*******

Effective for dates of services on or after March 1, 2011, the reimbursement rates for some family planning 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.

