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## **Banner Messages for the 03/07/11 ER&S and 03/11/11 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](http://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 (51)**

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### **1 (03/11/11 through 04/01/11) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

This is an update to the 2010 Texas Medicaid Provider Procedures Manual. The information about how to provide proof of timely filing for claims that are submitted electronically has been expanded.

Details are available on the TMHP website at [www.tmhp.com](http://www.tmhp.com).

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

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### **2 (03/11/11 through 04/01/11) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

Beginning March 25, 2011, prior authorization requests for Substance Use Disorder (Abuse and Dependence) services may be submitted online through the secure area of the TMHP website at [www.tmhp.com](http://www.tmhp.com). Providers can access online prior authorization requests from the "I would like to..." link located on the right-hand side of the Providers page, and select "Submit a prior authorization request."

Details are available on the TMHP website at [www.tmhp.com](http://www.tmhp.com).

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

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**3 (03/11/11 through 04/01/11) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

This is a clarification to an article titled "Benefit Criteria to Change for Incontinence Supplies Home Health Services," which was published on the TMHP website on February 11, 2011.

The article stated that effective for dates of service on or after April 1, 2011, the limitation for disposable underpads will decrease from 150 per month to 120 per month, and that the limitation for certain incontinence supplies will decrease from 300 per month to 240 per month. For dates of service on or after April 1, 2011, prior authorization must be requested with documentation of medical necessity for quantities that are greater than the revised limitations for underpads and incontinence supplies.

To clarify which form to use when requesting prior authorization, providers may use their existing Title XIX Form if the physician's signature is current (less than 90 days old). If the physician's signature is more than 90 days old, providers are required to submit a new Title XIX Form with a current physician signature when requesting prior authorization.

Details are available on the TMHP website at [www.tmhp.com](http://www.tmhp.com).

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

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**4 (03/11/11 through 04/01/11) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

This is a correction to an article titled "Benefit Criteria for Cranial Molding Orthosis to Change for CCP," that was published on December 17, 2010, on the TMHP website at [www.tmhp.com](http://www.tmhp.com) and in the March/April 2011 *Texas Medicaid Bulletin*, No. 234. The article did not include the effective date for the benefit changes.

The effective date for the benefit changes is February 1, 2011.

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

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**5 (03/11/11 through 04/01/11) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

TMHP has identified an issue that has caused claims to be denied inappropriately for psychiatric services that were provided to Medicaid clients who have limited program services. Although Texas Medicaid clients who are identified for limited service must receive most services from their assigned primary care provider, psychiatric services are exempt from this requirement.

Providers may submit a new claim if they submitted a claim for psychiatric services procedures with dates of service from September 1, 2009, to March 1, 2011, for a Medicaid-limited client for whom they were not the primary care provider and the claim was rejected. The new claim must be submitted no later than May 1, 2011, to be considered for reimbursement.

Details are available on the TMHP website at [www.tmhp.com](http://www.tmhp.com).

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

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**6 (03/04/11 through 03/25 /11) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

Effective for dates of service on or after April 1, 2011, reimbursement rates for several services will change for Texas Medicaid.

Details are available on the TMHP website at [www.tmhp.com](http://www.tmhp.com).

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

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**7 (03/04/11 through 03/25/11) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

Effective for dates of services on or after April 1, 2011, implantable infusion pump benefit criteria will change for Texas Medicaid.

Details are available on the TMHP website at [www.tmhp.com](http://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.

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**8 (03/04/11 through 03/25/11) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

Effective for dates of service on or after April 1, 2011, respiratory services procedure code 99504 will be a benefit when performed by a certified respiratory care practitioner in the home setting.

Procedure code 99504 will be reimbursed at a rate of \$43.20.

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

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**9 (03/04/11 through 03/25/11) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

Effective for dates of service on or after April 1, 2011, biofeedback services procedure codes 90901 and 90911 are a benefit of Texas Medicaid.

Details are available on the TMHP website at [www.tmhp.com](http://www.tmhp.com) and will be published in the May/June 2011 *Texas Medicaid Bulletin*, No. 236.

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

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**10 (03/04/11 through 03/25/11) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

Effective for dates of service on or after April 1, 2011, incontinence supplies procedure codes A4331, A4332, A4333, A4334, A4366, A4416, A4417, A4419, A4423, A4424, A4425, A4426, A4427, A4429, A4430, A4431, A4432, A4433, and A4434 are a benefit of Texas Medicaid.

Details are available on the TMHP website at [www.tmhp.com](http://www.tmhp.com) and will be published in the May/June 2011 *Texas Medicaid Bulletin*, No. 236.

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

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**11 (03/04/11 through 03/25/11) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

Effective March 31, 2011, for dates of service on or after January 1, 2011, Texas Medicaid will implement initial reimbursement rates for several 2011 Healthcare Common Procedure Coding System (HCPCS) procedure codes. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

Details are available on the TMHP website at [www.tmhp.com](http://www.tmhp.com).

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

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**12 (03/04/11 through 03/25/11) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

Effective for dates of services on or after April 1, 2011, reimbursement rates for esophageal PH probe monitoring procedure codes 91034 and 91035 will change. Also effective for dates of services on or after

April 1, 2011, providers will be able to submit claims for these procedure codes using only the technical or professional component.

Details of the reimbursement rates for existing and new benefits are posted on the TMHP website at [www.tmhp.com](http://www.tmhp.com).

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

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**13 (03/04/11 through 03/25/11) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

This is an update to an article titled "Update to 'Substance Use Disorder Services (Abuse and Dependence) Are a Benefit of Texas Medicaid,'" which was published on the TMHP website on January 28, 2011.

The article stated that a rate hearing would be held in February to determine a new rate for take-home methadone doses (procedure code H0020-U1). The rate hearing was held on February 15, 2011. Effective for dates of service on or after March 1, 2011, the reimbursement rate for procedure code H0020-U1 will be \$2.00 per unit for take-home methadone doses and the reimbursement rate for H0020-UA will continue to be \$11.00 per unit for methadone doses administered in a Chemical Dependency Treatment Facility.

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

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**14 (03/04/11 through 03/25/11) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

Effective for dates of service on or after April 1, 2011, group clinical visits for the management of pregnancy will be reimbursed with procedure code 99078 when billed with a TH modifier by physicians (DO or MD) in the office setting.

Procedure code 99078 must be billed with procedure codes 99211, 99212, 99213, 99214, or 99215 and the TH modifier.

Procedure code 99078 will be reimbursed at a rate of \$30.00.

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

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**15 (03/04/11 through 03/25/11) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

Beginning April 1, 2011, enrollment requirements will change for providers that render services for the Texas Medicaid custom durable medical equipment (DME) wheeled mobility systems benefit. Current DME providers that want to provide these services must re-enroll in Texas Medicaid as DME group providers with at least one qualified rehabilitation professional (QRP) performing provider.

The enrollment and benefit changes apply only to Texas Medicaid. Custom DME providers for the Children with Special Health Care Needs (CSHCN) Services Program will not be required to re-enroll as group providers.

Details about enrollment for QRP and DME providers are available on the TMHP website at [www.tmhp.com](http://www.tmhp.com).

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

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**16 (02/25/11 through 03/18/11) \*\*\*\*\*Attention Medicaid Providers\*\*\*\*\***

This is a correction to the 2010 Texas Medicaid Provider Procedures Manual, Vision and Hearing Services Handbook, subsection 2.2.3.1, "Diagnostic Hearing Services." This section states that procedure codes 92551, 92552, 92553, 92555, and 92556 are not reimbursed on the same day by any provider as procedure code 92557 and that if three or more of these procedure codes are billed for the same date of service, they are denied with instructions to bill with the more appropriate, comprehensive audiometry procedure code (92557).

Additional procedure code relationships that will be denied if they are submitted with the same date of service should have been included in the section. Details are available on the TMHP website at [www.tmhp.com](http://www.tmhp.com).

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

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**17 (02/25/11 through 03/18/11) \*\*\*\*\*Attention Medicaid Providers\*\*\*\*\***

Reminder: For clients who have dual eligibility, Texas Medicaid makes coinsurance and deductible payments on valid, assigned Part A (hospital) and Part B (medical) Medicare claims.

Details are available on the TMHP website at [www.tmhp.com](http://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.

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**18 (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](http://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.

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**19 (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](http://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.

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**20 (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](http://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.

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**21 (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](http://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.

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**22 (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](http://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.

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**23 (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](http://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.

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**24 (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](http://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.

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**25 (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](http://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.

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**26 (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](http://www.tmhp.com).

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

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**27 (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](http://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.

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

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**28 (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.

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

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**29 (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.

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

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**30 (03/04/11 through 03/25/11) \*\*\*\*\*Attention All Medicaid and CSHCN Services Program Providers\*\*\*\*\***

This is an update to an article titled "National Correct Coding Initiative (NCCI) Compliance Guidelines Update," which was published on January 7, 2011, on the TMHP website at [www.tmhp.com](http://www.tmhp.com). Claims or procedure codes that have been denied based on NCCI guidelines may be appealed with an appropriate modifier or documentation of medical necessity. If the submitted procedure code is denied because NCCI guidelines indicate the code is included in another procedure, the claim may be appealed with a modifier if applicable. If a modifier does not apply but medical necessity can be proven, the provider must submit documentation of medical necessity that indicates both services were necessary on the same date of service.

For guideline exceptions that may be appealed, providers may refer to the Centers for Medicare & Medicaid Services (CMS) website at [www.cms.gov](http://www.cms.gov). Providers must follow the current standard appeals process when appealing claims to TMHP.

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.

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**31 (03/04/11 through 03/25/11) \*\*\*\*\* Attention All Medicaid and CSHCN Services Program Providers\*\*\*\*\***

Effective February 25, 2011, for dates of service on or after October 1, 2010, TMHP has adopted the Centers for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) guidelines. The NCCI guidelines consist of Healthcare Common Procedure Coding System or Current Procedural Terminology procedure code pairs that must not be reported together and Medically Unlikely Edits (MUEs) that determine whether procedure codes are submitted in quantities that are unlikely to be correct.

Details are available on the TMHP website at [www.tmhp.com](http://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.

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**32 (03/04/11 through 03/25/11) \*\*\*\*\* Attention All Medicaid and CSHCN Services Program Providers\*\*\*\*\***

This is a correction and an update to articles titled "National Correct Coding Initiative (NCCI) Compliance Guidelines Update" and "CPT and HCPCS Claims Auditing Guidelines Update" that were published on January 7, 2011, on the TMHP website. The information concerning global surgery claims and explanation of benefit code descriptions has been corrected. Information has been added concerning NCCI and Medically Unlikely Edit (MUE) relationships that have previously been published for Texas Medicaid and Children with Special Health Care Needs (CSHCN) Services Program benefits. Details are available on the TMHP website at [www.tmhp.com](http://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.

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**33 (03/04/11 through 03/25/11) \*\*\*\*\* Attention All Medicaid and CSHCN Services Program Providers\*\*\*\*\***

This is a follow-up to the article titled "DME Provider Taxonomy Code Changes," which was published on February 11, 2011, on the TMHP website at [www.tmhp.com](http://www.tmhp.com). Durable medical equipment (DME) providers that will render custom wheeled mobility systems and services to Texas Medicaid clients must re-attest the National Provider Identifier (NPI) numbers that are associated with their Texas Medicaid provider identifiers.

NPI numbers that are associated with Children with Special Health Care Needs (CSHCN) Services Program provider identifiers do not need to be re-attested and taxonomy code 332BC3200X will not be replaced for CSHCN Services Program providers.

Providers can refer to the original article for more information.

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.



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**34 (03/04/11 through 03/25/11) \*\*\*\*\*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 become benefits of Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program and rates will be applied. Rates will change for procedure codes 90471, 90472, 90473, and 90474. Procedure codes 90465, 90466, 90467, and 90468 will no longer be benefits of Texas Medicaid or the CSHCN Services Program.

Details are available on the TMHP website at [www.tmhp.com](http://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.

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**35 (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](http://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.

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**36 (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](http://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.

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**37 (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](http://www.tmhp.com).

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

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**38 (03/04/11 through 03/25/11) \*\*\*\*\*Attention All Family Planning Providers\*\*\*\*\***

Reminder: Effective July 1, 2010, the English and Spanish versions of the Sterilization Consent Form were updated. Since September 1, 2010, TMHP has accepted only the Sterilization Consent Form with a revision date of July 1, 2010 on the lower, right-hand corner of the form.

Prior authorization requests that are submitted with an outdated Sterilization Consent Form will be denied and must be resubmitted with the current version of the form, which is available on the TMHP website at [www.tmhp.com](http://www.tmhp.com).

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

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**39 (03/11/11 through 04/01/11) \*\*\*\*\*Attention All Providers\*\*\*\*\***

This is a correction to an article titled, "Updated List of Drugs Requiring NDC for Reimbursement," which was published on February 22, 2011, on the TMHP website at [www.tmhp.com](http://www.tmhp.com).

The effective date of January 1, 2011, stated in the article is incorrect.

The correct information is: Effective for dates of service on or after March 21, 2011, claims for the following injection procedure codes must be submitted with an 11-digit National Drug Code (NDC): J0885, J0886, J0894, J2469, J2820, J9025, and J9263.

The updated article will be published in the May/June 2011 *Texas Medicaid Bulletin*, No. 236 and in 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.

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**40 (03/04/11 through 03/25/11) \*\*\*\*\*Attention All Providers\*\*\*\*\***

The last date to administer a sixth dose of palivizumab (Synagis) prophylaxis has been extended to March 31, 2011, for providers in regions 3, 4, 5, 6, 7, 8, and 11. Providers in regions 1, 2, 9, and 10 have through March 31, 2011, to administer the prior-authorized fifth dose. Synagis requires prior authorization for all doses.

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

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**41 (03/04/11 through 03/25/11) \*\*\*\*\*Attention All Providers\*\*\*\*\***

Effective for dates of service on or after January 1, 2011, claims for the following injection procedure codes must be submitted with an 11-digit National Drug Code (NDC): J0885, J0886, J0894, J2469, J2820, J9025, and J9263. The NDC to use is on the package or container from which the medication was administered.

Claims that are submitted to Texas Medicaid or the Children with Special Health Care Needs (CSHCN) Services Program without the correct NDC information will be denied, even if the procedures are prior authorized.

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.

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**42 (02/25/11 through 03/18/11) \*\*\*\*\*Attention All Providers\*\*\*\*\***

Effective March 24, 2011, providers with certain provider types must update key demographic information every six months in the Provider Information Management System (PIMS) to ensure that their information is correct in the Online Provider Lookup (OPL).

Details of these changes can be found on the TMHP website at [www.tmhp.com](http://www.tmhp.com) and will be published in the May/June *Texas Medicaid Bulletin*, No. 234.

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

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**43 (02/25/11 through 03/18/11) \*\*\*\*\*Attention All Providers\*\*\*\*\***

TMHP will perform scheduled maintenance to the Claims Engine and Long Term Care (LTC) systems on Sunday, April 10, 2011, from 4:00 p.m. until midnight. During this time, 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](http://www.tmhp.com).

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**44 (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](http://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.

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**45 (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](http://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.

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**46 (03/11/11 through 04/01/11) \*\*\*\*\*Attention All CSHCN Services Program Providers\*\*\*\*\***

This is a correction to an article titled "Benefit Criteria for Cranial Molding Orthosis to Change for the CSHCN Services Program," that was published on December 17, 2010, on the TMHP website at [www.tmhp.com](http://www.tmhp.com). The article did not include the effective date for the benefit changes.

The effective date for the benefit changes is February 1, 2011.

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

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**47 (02/25/11 through 03/18/11) \*\*\*\*\*Attention All CSHCN Services Program Providers\*\*\*\*\***

Effective for dates of service on or after April 1, 2011, benefit criteria for expendable medical supplies will change for the Children with Special Health Care Needs (CSHCN) Services Program.

Details are available on the TMHP website at [www.tmhp.com](http://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.

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**48 (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](http://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.

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**(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](http://www.tmhp.com).

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

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**49 (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](http://www.tmhp.com).

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

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**50 (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](http://www.tmhp.com).

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

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**51 (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](http://www.tmhp.com).

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