
Banner Messages for the 04/11/11 ER&S and 04/15/11 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 (41)

1 (04/15/11 through 05/06/11) ***Attention All Medicaid Providers*******

This is an update to the 2010 Texas Medicaid Provider Procedures Manual, Behavioral Health, Rehabilitation, and Case Management Services Handbook, section 7.14, "Non-covered Services." This section states that intensive outpatient program services are not a benefit of Texas Medicaid. Substance use disorder services are an exception and are a benefit of Texas Medicaid.

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

2 (04/15/11 through 05/06/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after April 1, 2011, the age restriction for procedure code J3486 will be removed and injection of ziprasidone mesylate will become a benefit for clients of all ages.

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

3 (04/08/11 through 04/29/11) ***Attention All Medicaid Providers*******

TMHP has identified an issue that affects claims that were submitted by federally qualified health center (FQHC) and rural health clinic (RHC) providers with procedure code J7300 or J7302. These claims may have denied in error if they were submitted with procedure code 58300 on the same claim.

Effective May 1, 2011, for dates of service on or after April 1, 2010, FQHC and RHC providers may be reimbursed for procedure code J7300 or J7302 when it is submitted with procedure code 58300 on the same claim. Affected claims will be reprocessed, and claims that were denied in error may be reimbursed. No action on the part of the provider is necessary.

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

4 (04/08/11 through 04/29/11) ***Attention All Medicaid Providers*******

This is a clarification to an article titled "Hearing Services Claims for Clients with Medicaid Managed Care Plans Must Be Billed to TMHP," which was published on November 12, 2010, on the TMHP website at www.tmhp.com. The article concerned claims that were submitted with hearing aid services procedure codes 92562, 92564, 92592, or 92593 and dates of service from September 1, 2009, through October 29, 2010, which may have been denied incorrectly with an explanation of benefits (EOB) that directed providers to bill the client's Medicaid managed care plan.

The clarification is that the incorrect denials affected only claims that were submitted by audiologist providers for Medicaid managed care clients who were 20 years of age and younger.

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

5 (04/08/11 through 04/29/11) ***Attention Medicaid Providers*******

Effective March 1, 2011, high-cost or high-risk fee-for-service and Primary Care Case Management clients may be eligible to receive targeted care management services through the Texas Medicaid Wellness Program.

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

For more information, call the Wellness Program at 1-877-530-7756.

6 (04/01/11 through 04/22/11) ***Attention All Medicaid Providers*******

This is a correction to the 2010 *Texas Medicaid Provider Procedures Manual*, Vol. 1, General Information Subsection 6.3.5, "Modifiers" in Section 6, "Claims Filing."

The table of modifiers in the manual includes modifier 66 to indicate cosurgery for highly complex surgical procedures. Modifier 66 is not recognized by Texas Medicaid. Providers must use modifier 62 to indicate cosurgery for surgical procedures that require the skills of two surgeons.

Providers can refer to the 2010 *Texas Medicaid Provider Procedures Manual*, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, Subsection 6.3.63.5, "Cosurgery" for more information.

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

7 (04/01/11 through 4/22/11) ***Attention All Medicaid Providers*******

Reminder: Since September 1, 2005, Section 32.048(h), Human Resources Code, has prohibited the payment of Women's Health Program (WHP) funds to providers that perform elective abortions.

Providers that provide services to WHP clients must notify the TMHP Provider Enrollment department annually in writing whether they have performed elective abortions within the past calendar year.

Details of this process can be found on the TMHP website at www.tmhp.com and will be published in the July/August 2011 Texas Medicaid Bulletin, No. 236.

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

8 (04/01/11 through 04/22/11) ***Attention All Medicaid Providers*******

This is an update to an article titled "Online Prior Authorization to Be Available for Substance Use Disorder (Abuse and Dependence) Services Beginning March 25, 2011," that was published on this website on March 3, 2011.

The prior authorization request for residential detoxification will not be available for online submission through the TMHP website on March 25, 2011, as previously announced. TMHP will notify providers when they can submit online prior authorization requests for residential detoxification.

Until then, providers should complete the Residential Detoxification Authorization Request Form and submit prior authorization requests by fax to 1-512-514-4211.

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

9 (04/01/11 through 04/22/11) ***Attention All Medicaid Providers*******

This is a correction to an article titled "Elective Deliveries Prior to 39 Weeks," which was published on the TMHP website at www.tmhp.com on March 18, 2011, and as a banner message on March 25, 2011. The article stated that effective for dates of service on or after May 2, 2011, Texas Medicaid would restrict non-medically-indicated Cesarean sections, labor inductions, and deliveries following labor induction to specific criteria.

The implementation of this benefit change has been delayed. Providers should monitor future notifications for the new implementation date.

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

10 (04/01/11 through 04/22/11) ***Attention All Medicaid Providers*******

This is an update 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, and in the May/June 2011 *Texas Medicaid Bulletin*, No. 235.

The article outlined the benefit changes for Texas Medicaid home health services. Benefit changes for the Texas Medicaid Comprehensive Care Program (CCP) will also be applied.

Details are available on the TMHP website at www.tmhp.com and will be published in the July/August 2011 *Texas Medicaid Bulletin*, No. 236.

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

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

Effective for dates of service on or after April 1, 2011, injection procedure code J2315 will no longer be age-restricted for Texas Medicaid clients. For dates of service on or before March 31, 2011, procedure code J2315 is restricted to clients who are 20 years of age and younger.

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

12 (03/25/11 through 04/15/11) ***Attention All Medicaid Providers*******

Effective March 22, 2011, for dates of service on or after April 1, 2009, surgical procedure code 46900 may be reimbursed to certified nurse midwife (CNM) providers for services that are rendered in the office, inpatient hospital, or outpatient hospital setting.

Affected claims that were submitted with dates of service from April 1, 2009, to March 22, 2011, 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.

13 (04/15/11 through 05/06/11) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of service on or after June 1, 2011, age restrictions for some surgical procedure codes will change for Texas Medicaid and 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 July/August 2011 Texas Medicaid Bulletin, No. 236 and the May 2011 CSHCN Services Program Provider Bulletin, No. 76.

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.

14 (04/15/11 through 05/06/11) ***Attention All Medicaid and CSHCN Services Program Providers*******

TMHP has updated the taxonomy codes that are associated with various provider types and specialties that are part of the National Provider Identifier (NPI) attestation process on the TMHP website.

Providers are encouraged to verify that they have attested all appropriate taxonomy codes.

Details are available on the TMHP website at www.tmhp.com and will be published in the July/August 2011 Texas Medicaid Bulletin, No. 236 and the August 2011 CSHCN Services Program 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.

15 (04/08/11 through 04/29/11) ***Attention All Medicaid and CSHCN Services Program Providers*******

The first quarter 2011 Healthcare Common Procedure Coding System (HCPCS) additions and deletions, which were implemented on April 1, 2011, are now available.

The details of these changes are available on the TMHP Code Updates- HCPCS web page on the TMHP website at www.tmhp.com 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.

16 (03/25/11 through 04/15/11) ***Attention All Medicaid and CSHCN Services Program Providers*******

Effective January 1, 2011, for dates of service on or after August 1, 2010, complete blood count procedure codes 85007, 85008, 85009, 85014, 85018, 85041, and 85048 are no longer limited to one service per day when submitted by the same provider. Affected Texas Medicaid claims that were submitted with dates of service from August 1, 2010, through December 30, 2010, will be reprocessed, and payments may be increased accordingly. Affected CSHCN Services Program claims that were submitted with dates of service from September 1, 2010, through December 31, 2010, will be reprocessed, and payments may be increased accordingly. No further 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.

17 (03/25/11 through 04/15/11) ***Attention All Medicaid and CSHCN Services Program Providers*******

Beginning June 2011, the Texas Health and Human Services Commission (HHSC) will implement the Medicaid ID and Health Information Card system, which will allow providers to verify client eligibility and access client health history information quickly and efficiently. Details of the changes to be implemented are available on the TMHP website at www.tmhp.com.

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

18 (03/25/11 through 04/15/11) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is an update to articles titled "Immunization Administration Procedure Code Changes Effective April 1, 2011," published February 11, 2011, and "Reimbursement Rates Applied to Immunization Administration Procedure Codes Effective April 1, 2011," published February 25, 2011, on the TMHP website at www.tmhp.com.

Effective February 25, 2011, immunization administration procedure codes 90460, 90461, 90465, 90466, 90467, 90468, 90471, 90472, 90473, and 90474 are subject to National Correct Coding Initiative (NCCI) and Medically Unlikely Edit (MUE) guidelines. The examples provided in the articles have been updated to account for these newly implemented rules. The updated examples and a link to the Centers for Medicare & Medicaid Services (CMS) Medicaid NCCI Coding web page are available on the TMHP website.

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 (03/25/11 through 04/15/11) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is a correction to the January 2011 *Healthcare Common Procedure Coding System (HCPCS) Special Bulletin*, No. 3. The authorization information indicated in the Procedure Code Additions table for procedure codes 74176, 74177, and 74178 is incorrect. Procedure codes 74176, 74177, and 74178 require prior authorization.

The correct benefit, limitation, and authorization information about procedure codes 74176, 74177, and 74178 can be found in the bulletin on page 19 in the Texas Medicaid Benefit Changes section and on page 29 in the CSHCN Services Program Benefit Changes section. The correct information, including claims reprocessing information, is 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.

20 (04/01/11 through 04/22/2011) ***Attention All Family Planning Providers*******

Effective for dates of service on or after October 1, 2010, the reimbursement rate for Family Planning Titles V, X, and XX procedure code 55250 has increased. The new reimbursement rate is \$262.94.

Claims with dates of service on or after October 1, 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.

21 (04/15/11 through 05/06/11) ***Attention All PCCM Providers*******

TMHP has identified an issue that affects claims that were submitted with the surgical component for procedure code 31256, 68420, or 93642 and the professional component for procedure code 76831 when services were rendered to Primary Care Case Management (PCCM) clients by physicians in the outpatient hospital setting. These claims may have been incorrectly denied. Affected claims that were submitted with dates of service from September 1, 2010, through April 5, 2011, will be reprocessed. When these claims are reprocessed, providers may receive additional payment, which will be reflected on Remittance and Status Reports. No action on the part of the provider is necessary.

For more information, call the TMHP contact center at 1-800-925-9126.

22 (04/15/11 through 05/06/11) ***Attention All Providers*******

This is an update to an article titled "Enhancements to Online Fee Lookup (OFL) on the Portal," which was published December 17, 2010, on the TMHP website at www.tmhp.com. The planned implementation to allow OFL users to retrieve a 24-month fee history for procedure codes has been delayed. Providers can still use the OFL to retrieve fee information for the current date or for a specific prior date of service within a rolling two-year period.

Providers will be notified when the implementation of the 24-month fee history has been rescheduled.

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.

23 (04/15/11 through 05/06/11) ***Attention All Providers*******

TMHP will perform scheduled maintenance to the Claims Engine and Long Term Care (LTC) systems beginning at midnight, Saturday, June 4, 2011. Maintenance will last 27 hours and end at 3 a.m. on Monday, June 6, 2011. During the maintenance, some applications will be unavailable for both Acute Care and LTC systems.

Batch claims and batch claims status inquiries may be submitted during the maintenance period.

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

24 (04/01/11 through 04/22/11) ***Attention All Providers*******

TMHP has identified an issue that impacts Texas Medicaid and Children with Special Health Care Needs (CSHCN) Services Program claims that were submitted between February 25, 2011, and March 27, 2011.

For Texas Medicaid and Family Planning Titles V and XX claims, implantable device procedure codes A4264, A4266, A4267, A4268, and A4269 may have been denied incorrectly if they were submitted with the procedure codes for the corresponding surgery and related procedures to implant or remove the devices. Details, including the procedure code pairs that are affected, are available on the TMHP website at www.tmhp.com.

For Texas Medicaid and CSHCN Services Program claims, procedure code 99213 may have been denied incorrectly if it was submitted with renal dialysis procedure code 90960, and procedure code 99219 may have been denied incorrectly if it was submitted with renal dialysis procedure code 90961.

Affected claims will be reprocessed, and incorrectly denied claims will be reimbursed. No further 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.

25 (04/01/11 through 04/22/11) *** Attention All Providers*******

This is an update to the article titled "Electronic Data Interchange Version 5010 Implementation Reminder," which was published on January 28, 2011, on the TMHP website.

The EDI version 5010 companion guides for acute care and long term care services are now available.

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

26 (04/01/11 through 04/22/11) *** Attention All Providers*******

The issue with the Claim Status Inquiry (CSI) function of TexMedConnect has been resolved. Users who select "Click here to see additional information about your claim" should receive the additional information related to the identified Explanation of Benefits (EOB) message and will no longer receive the error that indicates "Unable to connect. Please try again at a later time."

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

TMHP will perform scheduled maintenance to the Claims Engine and Long Term Care (LTC) systems on Sunday, May 15, 2011, from 4 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.

28 (03/25/11 through 04/15/11) *** Attention All Providers*******

On April 29, 2011, the first quarter 2011 National Correct Coding Initiative (NCCI) updates will be implemented for dates of service on or after April 1, 2011, for Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program. On April 1, 2011, providers may refer to the Centers for Medicare & Medicaid Services (CMS) website at www.cms.gov for the updated Medicaid NCCI rules, relationships, and general information. Claims with dates of service between April 1, 2011, and April 29, 2011, that are affected by the NCCI first quarter changes will be reprocessed, and payments may be decreased for NCCI code pairs or medically unlikely edits (MUEs) that are added. Payments may be increased for NCCI code pairs or MUEs that are deleted.

Providers are encouraged to monitor CMS for updates to the NCCI rules and guidelines. A link to the CMS NCCI website is also available through the TMHP website at www.tmhp.com on the Code Updates - NCCI Compliance web page.

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

This is a reminder that all diagnosis codes that are submitted on a claim must be appropriate for the age of the client as identified in the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) description of the diagnosis code. Claims that are denied because one or more of the diagnosis codes submitted on the claim are not appropriate for the age of the client may be appealed with the correct diagnosis code or documentation of medical necessity to justify the use of the diagnosis code.

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

TMHP has identified an issue that impacts claims that were submitted between February 25, 2011, and March 4, 2011, with therapy procedure codes 97016, 97032, 97110, 97112, 97150, 97530, 97532, 97533, and 97755. Affected claims may have been denied according to National Correct Coding Initiative (NCCI) guidelines as being part of another procedure. Effective March 5, 2011, these NCCI relationships will not be enforced.

Affected claims will be reprocessed and previously-denied claims may be paid. No further action on the part of the provider is necessary. The code pairs that will be reprocessed 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.

31 (03/25/11 through 04/15/11) ***Attention All Providers*******

TMHP has identified a printing issue with the TexMedConnect Claims Status Inquiry (CSI) screen. Users that attempted to print from the CSI screen results from February 25, 2011, through March 1, 2011, may have received an error that indicated "Unable to connect. Please try again at a later time." The issue was resolved on March 1, 2011, and the screen results now print as intended.

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

TMHP has identified an issue with claims that were processed between February 25, 2011, and March 1, 2011. Procedure codes that received a rate reduction may have contained incorrect explanation of benefit (EOB) messages that indicated that a 1-percent reduction and a 2-percent reduction were applied to the reimbursement for the same procedure code. Only the EOB messages are incorrect. The correct reduction was applied to the applicable line items. Affected claims will be reprocessed, and the correct EOB messages will be applied to the claim. The reprocessed claim with the corrected EOB messages will appear on a future Remittance & Status (R&S) Report. The claims payment will not be affected by the reprocessing.

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 (03/25/11 through 04/15/11) ***Attention All Womens' Health Plan Providers*******

Effective for dates of service on or after July 1, 2010, the professional interpretation component for laboratory procedure code 88141 was removed as a benefit of Texas Medicaid. The Women's Health Program (WHP) reimbursed providers for only the professional interpretation component of procedure code 88141. As a result, procedure code 88141 is no longer a benefit of the WHP.

For more information providers may refer to the articles titled "Billing Criteria to Change for Women's Health Program Laboratory Services," published November 14, 2008, and "July 2010 Texas Medicaid Procedure Code Updates," published May 7, 2010, on the TMHP website at www.tmhp.com.

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

34 (04/15/11 through 05/06/11) ***Attention All CSHCN Services Program Providers*******

Effective March 27, 2011, for dates of service on or after February 25, 2011, therapy procedure codes 92507 and 92526 are no longer subject to the Centers for Medicare & Medicaid Services (CMS) Medically Unlikely Edit limitation of one service per day for Children with Special Health Care Needs Services clients.

Affected claims with dates of service from February 25, 2011, through March 26, 2011, will be reprocessed, and claims that were incorrectly denied will be reimbursed. No action on the part of the provider is necessary.

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

35 (04/15/11 through 05/06/11) ***Attention All CSHCN Services Program Providers*******

Effective for dates of services on or after June 1, 2011, the reimbursement rates for procedure codes 97802 and 97803 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.

36 (04/15/11 through 05/06/11) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after June 1, 2011, the reimbursement rates for procedure codes 99503 and 99504 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.

37 (04/08/11 through 04/29/11) ***Attention All CSHCN Services Program Providers*******

Reimbursement rates have been established for previously announced expendable medical supplies procedure codes that will become benefits for the Children with Special Health Care Needs (CSHCN) Services Program effective for dates of service on or after April 1, 2011.

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.

38 (04/08/11 through 04/29/11) ***Attention All CSHCN Services Program Providers*******

This is a correction to an article titled "April 2011 Benefit Changes for CSHCN Services Program Expendable Medical Supplies," which was published on February 11, 2011, on the TMHP website at www.tmhp.com. The article incorrectly included expendable medical supplies procedure code A4218 as a benefit of the Children with Special Health Care Needs (CSHCN) Services Program. Procedure code A4218 will not be a benefit of the CSHCN Services Program effective for dates of service on or after April 1, 2011. For more information, call the TMHP-CSHCN Services Program Contact Center at 1 800-568-2413.

39 (04/01/11 through 04/22/11) ***Attention All CSHCN Services Program Providers*******

This is a correction to an article titled "February 2011 Benefit Changes to CSHCN Services Program Expendable Medical Supplies," which was published on December 17, 2010, on the TMHP website at www.tmhp.com. The benefit changes indicated in this article did not implement on February 1, 2011, and the article contained several errors.

The correct information was published on the TMHP website on February 11, 2011, in an article titled "April 2011 Benefit Changes for CSHCN Services Program Expendable Medical Supplies." Providers should ignore the original article.

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

40 (03/25/11 through 04/15/11) ***Attention All CSHCN Services Program Providers*******

This is an update to the 2010 Children with Special Health Care Needs (CSHCN) Services Program Provider Manual section 7, "Appeals and Administrative Review," on page 7-1, and section 4.6.1, "Administrative Review for Authorization and Prior Authorization Denials," on page 4-10.

Effective immediately, the CSHCN Services Program may provide written notice of an administrative review decision and the supporting reasons for the decision to the applicant, client, family, or provider within 30 days of the receipt of the administrative review request. Previously, the CSHCN Services Program was required to provide written notice of the administrative review decision and supporting reasons within 10 days of the receipt of the request for administrative review.

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.

41 (03/25/11 through 04/15/11) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after May 1, 2011, nonsurgical vision services procedures benefit criteria 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.

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

42 (03/25/11 through 04/15/11) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after May 1, 2011, some provider type and place-of-service (POS) limitations will change for the Children with Special Health Care Needs (CSHCN) Services Program anesthesia services benefit. 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.

