
Banner Messages for the 05-30-11 and 06-03-11 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 (54)

1 (06/03/11 through 06/24/11) *****Attention All Medicaid Providers*****

This is an update to the 2011 *Texas Medicaid Provider Procedures Manual, Vol. 1, General Information*, subsection 8.2.2, "[STAR Program] Client Eligibility." The chart in this section did not include Dallas and Tarrant service areas (SAs) as a part of the Group 1 SAs in the legend.

Details are available on the TMHP website at www.tmhp.com. ([link](#))

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

2 (06/03/11 through 06/24/11) *****Attention All Medicaid Providers*****

This is an update to the 2011 *Texas Medicaid Provider Procedures Manual, Vol. 1, General Information*, subsection 8.3.1.3, "[STAR+PLUS Program] Service Areas (SAs)." The chart in this section did not include Amerigroup Community Care as one of the health maintenance organizations (HMOs) for the Tarrant SA. The HMOs for the Tarrant service areas are Amerigroup Community Care and Bravo.

Details are available on the TMHP website at www.tmhp.com. ([link](#))

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

3 (06/03/11 through 06/24/11) ***Attention All Medicaid Providers*******

This is an update to an article titled "17P-Alpha Hydroxyprogesterone Caproate Benefits to Change for Texas Medicaid," which was published on May 13, 2011, on the TMHP website at www.tmhp.com. Effective for dates of service on or after June 1, 2011, claims for 17P-alpha hydroxyprogesterone caproate must be submitted with procedure code J3490 and a modifier to identify whether the claim is for the compounded or trademarked drug (*Makena*). New prior authorization criteria and reimbursement information have been added.

The complete, updated article is available on the TMHP website.[\(link\)](#)

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

4 (06/03/11 through 06/24/11) ***Attention All Medicaid Providers*******

This is an update to an article titled "Pending June 2011 Benefit Criteria Changes for Substance Use Disorder Services (Abuse and Dependence)," which was published on the TMHP website at www.tmhp.com on April 15, 2011. The benefit changes that are indicated in the article have been approved; the effective date remains June 1, 2011.

Additional updates about online prior authorization requests, medication-assisted therapy, and residential detoxification services are available on the TMHP website. [\(link\)](#)The article will be published in the September/October 2011 *Texas Medicaid Bulletin*, No. 237.

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

5 (06/03/11 through 06/24/11) ***Attention All Medicaid Providers*******

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

Details are available on the TMHP website at www.tmhp.com.[\(link\)](#)

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

6 (06/03/11 through 06/24/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2011, the reimbursement rates for incontinence supplies procedure code A4335 will change for Texas Medicaid.

Details are available on the TMHP website at www.tmhp.com. [\(link\)](#)

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

7 (06/03/11 through 06/24/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after June 1, 2011, the reimbursement rates for some substance use disorder medical services procedure codes will change for Texas Medicaid.

Details are available on the TMHP website at www.tmhp.com. [\(link\)](#)

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

8 (06/03/11 through 06/24/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2011, the reimbursement rates for some mobility aids services procedure codes will change for Texas Medicaid.

Details are available on the TMHP website at www.tmhp.com. ([link](#))

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

9 (06/03/11 through 06/24/11) ***Attention All Medicaid Providers*******

TMHP has identified an issue that impacts Medicaid fee-for-service and managed care claims that were submitted for extremity study services. Claims that were submitted for extremity study services that were rendered in the office setting by a physician for dates of service from July 1, 2010, through May 26, 2011, may have been incorrectly denied.

When the claims are reprocessed, providers may receive additional payment, which will be reflected on Remittance and Status Reports.

Details are available on the TMHP website at www.tmhp.com. ([link](#))

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

10 (05/27/11 through 06/17/11) ***Attention All Medicaid Providers*******

Effective May 26, 2011, for claims with dates of service on or after May 1, 2010, critical care procedure codes 99291, 99292, 99471, 99472, 99475, and 99476 may be reimbursed for visits within six weeks of an anesthesia service for a related diagnosis if the critical care and anesthesia services are performed by different providers.

Claims may have been incorrectly denied payment by Texas Medicaid. When these claims are reprocessed, providers may receive additional payment, which will be reflected on Remittance and Status Reports.

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

11 (05/27/11 through 06/17/11) ***Attention All Medicaid Providers*******

Effective June 1, 2011, procedure codes 95990 will be a benefit when performed by an advance practice registered nurse (APRN) in the outpatient hospital setting. Procedure code 95991 will be a benefit when performed by an APRN in the office or outpatient hospital setting.

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

12 (05/27/11 through 06/17/11) ***Attention All Medicaid Providers*******

This is a follow-up to an article titled "Outpatient Facility Benefit Changes for Cardiac Catheter Services," which was published on the TMHP website on April 22, 2011. Effective April 1, 2011, for dates of service on or after January 1, 2011, changes were made to some cardiology services procedure codes that are rendered by outpatient facility providers.

TMHP has identified an issue with these procedure codes that impacts claims that were submitted between April 1, 2011, and April 21, 2011, with dates of service on or after January 1, 2011. Affected claims may have been incorrectly denied payment by Texas Medicaid. When these claims are reprocessed, providers may receive additional payment, which will be reflected on Remittance and Status Reports.

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

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

13 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2011, the benefit criteria for intravenous (IV) therapy and supplies will change for Texas Medicaid. Batteries for IV therapy equipment (procedure codes K0601, K0602, K0603, K0604, and K0605) are limited to 1 per 180 days without prior authorization. Additional quantities may be considered with documentation of medical necessity and prior authorization.

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

14 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2011, tubeless external insulin infusion pump (procedure code E0784) and supplies will be a benefit of the Comprehensive Care Program.

Details 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.

15 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2011, the benefit criteria for diabetic equipment and supplies home health services will change for Texas Medicaid.

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.

16 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

This is a correction to the 2011 *Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook*, subsection 2.2.19.9.3, "Prior Authorization."

The manual incorrectly stated that "headgear, tubing, and filters used with patient-owned positive airway pressure devices do not require prior authorization."

The correct information is that these supplies do require prior authorization.

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

17 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

This is an update to the 2011 *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 8.2.31, "Hyperbaric Oxygen Therapy (HBOT)". The following diagnosis codes are missing from the table on page MD-87: 73000, 73001, 73002, 73003, 73004, 73005, 73006, 73007, 73008, 73009, and 73020.

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

18 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2011, changes will be applied to the Texas Medicaid otology and audiology services benefit. Details are available on the TMHP website at www.tmhp.com.

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

19 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

Providers of services for the Texas Medicaid custom wheeled mobility systems benefit may now begin the group enrollment process. Currently enrolled durable medical equipment providers that want to continue to supply custom wheeled mobility systems to Texas Medicaid and Primary Care Case Management clients must re-enroll in Texas Medicaid as specialized/custom wheeled mobility system group providers and have at least one qualified rehabilitation professional (QRP) as a performing provider. Certified QRP providers must enroll in Texas Medicaid as performing providers under specialized/custom wheeled mobility system groups.

Details, including the enrollment process and required forms, are available on the TMHP website at www.tmhp.com.

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

20 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

This is a clarification of the 2011 *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 8.2.53, "Penile and Testicular Prostheses." The prior authorization requirement for procedure codes 54406 and 54415 applies only to Primary Care Case Management (PCCM) clients. Removal of a penile prosthesis without replacement does not require prior authorization for a Medicaid fee-for-service client.

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

21 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2011, some surgical services will become a benefit of Texas Medicaid.

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.

22 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

Effective April 21, 2011, benefit criteria changed for some surgery procedure codes for services rendered to Medicaid clients.

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.

23 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

This is a correction to an article titled "Medicare Part C Identification Numbers to Be Available Through EDI and TexMedConnect," which was published on the TMHP website on April 29, 2011. The article incorrectly stated that effective June 25, 2011, providers who use TexMedConnect will be able to see Medicare Part C Plan Information numbers for their clients on the Eligibility Verification screen.

The correct information is: Effective May 28, 2011, providers who use TexMedConnect will be able to view Medicare Part C Plan IDs for their clients on the Eligibility Verification screen under the current Contract ID column. The Plan ID will be displayed to the right of the Contract Number.

Effective June 25, 2011, the Medicare Part C Contract Number and Plan ID will be displayed under separate columns.

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

24 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

Effective July 1, 2011, surgery procedure codes 11981, 11982, and 11983 will be a benefit for services rendered in the outpatient hospital setting.

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

25 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

This is a correction to an article titled "April Procedure Code Review Updates Now Available," which was published on this website on February 19, 2010, and in the May/June 2010 *Texas Medicaid Bulletin*, No. 229.

The age range for panniculectomy was incorrect. The correct information is: A panniculectomy for clients of any age may be reimbursed with prior authorization for one of the conditions listed in the original article.

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

26 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

This is a correction to an article titled "Benefit Criteria to Change for Injection Administration June 1, 2011," which was published on the TMHP website at www.tmhp.com on April 15, 2011. The article incorrectly states that procedure code 96375 will be reimbursed in the office setting to radiation treatment center providers.

The correct information is: Services rendered in the outpatient setting will be reimbursed to radiation treatment center providers.

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

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

27 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2011, provider type and places of service for diagnostic endoscopies procedure codes will change for Texas Medicaid.

Details are available on the TMHP website at www.tmhp.com and will be published in the September/October 2011 *Texas Medicaid Bulletin*, No. 237.

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

28 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2011, the benefit criteria for immunosuppressive drugs will change for Texas Medicaid.

Details are available on the TMHP website at www.tmhp.com and will be published in the September/October 2011 *Texas Medicaid Bulletin*, No. 237.

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

29 (05/20/11 through 06/10/11) ***Attention All Medicaid Providers*******

This is a correction to the 2011 *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 5.1.1, "Geneticists."

The basic contract requirements in this section incorrectly state that the provider's medical director must be a clinical geneticist (Doctor of Medicine [MD] or Doctor of Osteopathy [DO]) who is licensed by the Texas Medical Board and board-eligible or certified by the American Board of Medical Geneticists (ABMG).

The correct information is: The provider must be a clinical geneticist (MD or DO) who is board-certified by the ABMG or an active candidate of ABMG.

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

30 (05/13/11 through 06/03/11) ***Attention All Medicaid Providers*******

Reminder: Effective for dates of service on or after March 1, 2011, Medicaid providers must submit claims to Medicaid for off-campus acute care services that are rendered to Medicaid-eligible residents of state supported living centers (SSLCs) that are operated by the Department of Aging and Disability Services (DADS).

For dates of service on or before February 28, 2011, providers must submit claims to the SSLC. Claims that were submitted in error to Texas Medicaid for services on or before February 28, 2011, may have been paid incorrectly because there was not a systematic method in place to prevent payment. After the systematic change is implemented on June 25, 2011, affected claims with dates of service on or before February 28, 2011, will be reprocessed, and any payments that were made in error may be deducted from future payments (i.e., recouped). Deductions will be reflected on future Remittance and Status Reports.

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

31 (05/13/11 through 06/03/11) ***Attention All Medicaid Providers*******

This is a clarification to the article titled "Evaluation and Management Procedure Codes May Be Reimbursed to Providers in a Birthing Center Setting," which was published on the TMHP website at www.tmhp.com on April 22, 2011. Effective for dates of service on or after April 1, 2010, evaluation and management (E/M) procedure codes 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, and 99214 may be reimbursed for services that are rendered in the birthing center setting. Effective for dates of service on or after September 1, 2010, E/M procedure code 99215 may be reimbursed for services that are rendered in the birthing center setting.

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

32 (05/13/11 through 06/03/11) ***Attention All Medicaid Providers*******

In June 2011, the Texas Health and Human Services Commission (HHSC) will begin issuing a new Medicaid ID card to Texas Medicaid clients. The new ID, Your Texas Benefits Medicaid card, is a plastic, magnetic-striped card that will replace the current paper Medicaid ID (Form 3087).

To learn more about the Your Texas Benefits Medicaid card, visit 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 (05/13/11 through 06/03/11) ***Attention All Medicaid Providers*******

Effective April 27, 2011, for dates of service on or after October 13, 2007, National Drug Code (NDC) 59676-0320-04 for epoetin alpha (Procrit) is valid for Texas Medicaid claims that are submitted for injection procedure code J0885.

Texas Medicaid claims with dates of service from June 1, 2009, through April 26, 2011, with procedure code J0885 and NDC 59676-0320-04 may have been incorrectly denied. When these claims are reprocessed, Texas Medicaid providers may receive additional payment, which will be reflected on Remittance and Status (R&S) Reports.

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

34 (05/13/11 through 06/03/11) ***Attention All Medicaid Providers*******

TMHP has identified an issue that impacts claims submitted by Mental Health Mental Retardation Centers (MHMRC). Claims submitted for Medicaid fee-for-service and managed care services that were rendered in the skilled nursing facility (SNF), intermediate care facility (ICF), or extended care facility (ECF) settings with dates of service from July 1, 2009, to April 28, 2011, may have been denied in error.

When the claims are reprocessed, providers may receive additional payment, which will be reflected on Remittance and Status (R&S) Reports.

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

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

35 (05/13/2011 through 06/03/2011) ***Attention All Medicaid Providers*******

Effective June 15, 2011, the Personal Care Assessment Form Communication Tool that providers receive from the Department of State Health Services (DSHS) case managers for each personal care services (PCS) client will be updated to include the following information: provider's Texas Provider Identifier (TPI); National Provider Identifier (NPI); appropriate modifiers for the client; and the start date of service agreed upon by the provider, case manager, and the client.

DSHS will fax the communication tool to the provider before sending a prior authorization request to TMHP. When providers receive the communication tool, they must verify that the information listed on the tool is accurate, and, if any information is incorrect, they must notify the case manager who is listed on the communication tool within three business days of receipt.

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

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

36 (06/03/11 through 06/24/11) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is a reminder that the Children with Special Health Care Needs (CSHCN) Services Program is the payer of last resort when clients have other insurance, including Texas Medicaid and private carriers. The CSHCN Services Program does not supplement a client's Texas Medicaid benefits; however, services that are not a benefit of Texas Medicaid, such as hospice and medical foods, may be covered by the CSHCN Services Program.

New claims that are submitted for clients who are eligible for both Texas Medicaid and CSHCN Services Program benefits during the same eligibility period will be processed through the appropriate program and may result in a separate claim for each program with unique claim numbers. Claims that have already been paid by the CSHCN Services Program for clients who receive retroactive Texas Medicaid eligibility will be reprocessed to pay under the appropriate program.

Details are available on the TMHP website at www.tmhp.com. ([link](#))

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.

37 (06/03/11 through 06/24/11) ***Attention All Medicaid and CSHCN Services Program Providers*******

TMHP has identified an issue that impacts claims that were submitted by Medicaid fee-for-service, managed care, and Children with Special Health Care Needs (CSHCN) Services Program providers.

Claims that were submitted to TMHP for dates of service from October 1, 2010, through May 15, 2011, may have been incorrectly denied with an explanation of benefits code 05107, which indicated the diagnosis for the service rendered is invalid for the client's age.

Denied claims will be automatically reprocessed. Providers may receive additional payment, which will be reflected on Remittance and Status Reports. ([link](#))

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.

38 (05/27/11 through 06/17/11) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is a clarification of an article titled "Immunization Administration Procedure Code Changes," which was published in the May/June 2011, *Texas Medicaid Bulletin*, No. 235. The article indicated that effective for dates of service on or after April 1, 2011, immunization administration without counseling (procedure codes 90471, 90472, 90473, and 90474) are a benefit for immunizations that are administered to clients who are 19 years of age and older, and clients of any age who do not require counseling. The clarification is that procedure codes 90471, 90472, 90473, and 90474 are a benefit for clients of any age, and the procedure codes do not include counseling.

Procedure codes 90460 and 90461 may be submitted for clients who are 20 years of age and younger when counseling is provided. The necessary counseling that is conducted by a physician or other qualified health-care professional must be documented in the client's medical record. If counseling is provided for clients who are 21 years of age and older, procedure codes 90471, 90472, 90473, and 90474 may be submitted.

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.

39 (05/20/11 through 06/10/11) *** Attention All Medicaid and CSHCN Services Program Providers*******

Effective for dates of service on or after June 1, 2011, postoperative pain management surgical procedure codes 62310, 62311, 62318, and 62319 (injections) may be reimbursed for the same date of service as another anesthesia procedure performed by the same provider.

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

40 (05/20/11 through 06/10/11) *** Attention All Medicaid and CSHCN Services Program Providers*******

The second quarter 2011 Healthcare Common Procedure Coding System (HCPCS) additions, changes, and deletions that will be effective for dates of service on or after July 1, 2011, will be available by July 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 Code Updates - HCPCS web page on the TMHP website at www.tmhp.com, and will also be published in the September/October 2011 *Texas Medicaid Bulletin*, No. 237.

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 (06/03/11 through 06/24/11) *** Attention All Family Planning Providers*******

Effective for dates of service on or after June 1, 2011, the reimbursement rates for family planning services Titles V and XX procedure codes 11975, 11976, 11977, and J1055 will change. Details are available on the TMHP website at www.tmhp.com. ([link](#))

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

42 (06/03/11 through 06/24/11) *** Attention All Dental Providers*******

Effective May 26, 2011, for dates of service on or after March 1, 2010, procedure code D1351 (dental sealants) is a benefit once every three years when performed by the same provider. Dental sealants performed more than once every three years by a different provider are also a benefit if the different provider is not associated with the provider or provider group that initially placed the sealant on the tooth.

Claims may have been incorrectly denied payment by Texas Medicaid or the Children with Special Health Care Needs (CSHCN) Services Program. When these claims are reprocessed, providers may receive additional payment, which will be reflected on Remittance and Status Reports. ([link](#))

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.

43 (05/13/11 through 06/03/11) *** Attention All PCCM Providers*******

A flyer that contains instructions about how to change primary care providers is available for Primary Care Case Management (PCCM) providers to post in their office or distribute to clients.

The flyer is available on the Forms web page in the PCCM Provider section of the TMHP website at www.tmhp.com.

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

44 (05/27/11 through 06/17/11) ***Attention All Providers*******

TMHP will perform scheduled maintenance to the Claims Engine and Long Term Care (LTC) systems on Sunday, July 10, 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 may be submitted during the maintenance period.

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

45 (05/20/11 through 06/10/11) ***Attention All Providers*******

TMHP will perform scheduled maintenance to the Claims Engine and Long Term Care (LTC) systems from 8 p.m. Friday, June 24, 2011, until 11:59 p.m. Sunday, June 26, 2011. During the system maintenance window, some applications related to the claims processing system will be unavailable for both Acute Care and LTC systems. Batch claims and batch claims status inquiries will not be accepted during the maintenance period.

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

46 (05/27/11 through 06/03/11) ***Attention All Providers*******

Monday, May 30, 2011, is Memorial Day, which is a bank holiday. As a result, electronic funds transfer (EFT) payments will be delayed by one business day. Providers that receive EFT payments can expect funds by Friday, June 3, 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.

47 (05/13/11 through 06/03/11) ***Attention All Providers*******

This is a reminder that the Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes that are included in the Texas Medicaid Provider Procedures Manual and the Texas Medicaid Bulletin are subject to National Correct Coding Initiative (NCCI) relationships, which supersede any exceptions to NCCI code relationships that may be noted in the manuals and bulletins. Providers should refer to the Centers for Medicare & Medicaid Services (CMS) NCCI web page at www.cms.gov for correct coding guidelines and specific applicable code combinations. In instances when Texas Medicaid medical policy is more restrictive than NCCI medically unlikely edits (MUE) guidance, Texas Medicaid medical policy prevails. Providers will be notified in future articles of any exceptions to NCCI.

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

48 (05/13/11 through 06/03/11) ***Attention All THSteps Providers*******

Effective for dates of service on or after June 1, 2011, the cervical screening will no longer be a requirement of a Texas Health Steps medical checkup.

The American College of Obstetricians and Gynecologists recommends that cervical screenings should begin at 21 years of age.

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

49 (06/03/11 through 06/24/11) ***Attention All CSHCN Services Program Providers*******

This is a correction to an article titled "Medical Services Procedure Code C9367 to Be a Benefit for CSHCN Services Program," which was posted on the TMHP website on April 15, 2011. The article incorrectly stated that the reimbursement rate for procedure code C9367 will be \$19.14.

The correct information is that the reimbursement rate for procedure code C9367 will be manually priced. ([link](#))

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

50 (05/27/11 through 06/17/11) ***Attention All CSHCN Services Program Providers*******

Effective June 1, 2011, procedure code 95990 will be a benefit when performed by an advance practice registered nurse in the outpatient hospital setting.

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

51 (05/27/11 through 06/17/11) ***Attention All CSHCN Providers*******

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

Details of these changes are available on the TMHP website at www.tmhp.com and will be published in the August 2011 *CSHCN Services Program Provider Bulletin*, No. 79.

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

52 (05/20/11 through 06/10/11) ***Attention All CSHCN Services Program Providers*******

This is an update to the 2010 CSHCN Services Program Provider Manual, section 30.2.22, "Hyperbaric Oxygen Therapy (HBOT)". The following diagnosis codes are missing from the table on page 30-63: 70701, 70702, 70703, 70704, 70705, 70706, 70707, 70709, 70711, 73013, 73014, 73015, 73016, 73017, and 73018. In addition, diagnosis code 73719 is incorrect; the correct diagnosis code is 73019.

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

53 (05/13/11 through 06/03/11) ***Attention All CSHCN Services Program Providers*******

Effective July 1, 2011, the Children with Special Health Care Needs (CSHCN) Services Program Provider Manual will be updated monthly instead of annually. The updated sections will be published at the beginning of each month on the TMHP website on the Reference Material web page of the CSHCN Services Program provider section. 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.

54 (05/13/11 through 06/03/11) ***Attention All CSHCN Services Program Providers*******

Effective April 27, 2011, National Drug Code (NDC) 59676-0320-04 for epoetin alpha (Procrit) is valid for Children with Special Health Care Needs (CSHCN) Services Program claims that are submitted for injection procedure code J0885.

If it is determined claims are to be reprocessed, providers will be notified at a future date.

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