

Claims Reprocessing for Diagnosis Code E8497

Information posted April 15, 2013

TMHP identified an issue that impacts Texas Medicaid and Children with Special Health Care Needs (CSHCN) Services Program claims submitted with dates of service on or after January 1, 2004, with present on admission diagnosis code E8497.

These claims may have been paid in error. Affected claims with dates of services within 24 months of the reprocessing date will be reprocessed and any payments made in error may be deducted from future payments (i.e., recouped). Deductions will be reflected on Remittance and Status (R&S) Reports.

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.