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## Banner Messages for the 02-09-15 and 02-13-15 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).

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## Total Messages (27)

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### 1 (02/13/15 through 03/06/15) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\*

Effective April 1, 2015, obstetric (OB) services providers will no longer be able to initiate new prior authorization requests or ultrasound extension requests over the phone.

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

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

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### 2 (2/13/15 through 3/6/15) \*\*\*\*\*Attention Medicaid Providers\*\*\*\*\*

There is a follow up to an article titled "Initial Reimbursement Rates and Reimbursement Rates Change for Some Procedure Codes to Be Effective January 1, 2015, for Texas Medicaid", which was published on the TMHP website on December 2, 2014. Some procedure codes received an incorrect percentage reduction.

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

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

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**3 (01/30/15 through 02/20/15) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

TMHP has identified an issue with claims submitted by Federally Qualified Health Centers (FQHC) providers with procedure code D1208 for dental services with dates of service from January 1, 2013, through October 23, 2014. Procedure code D1208 should have processed as a single encounter for FQHC providers. The second encounter should have been denied as a duplicate for any provider, same or different procedure on the same date of service.

Claims submitted with dates of service from January 1, 2013, through October 23, 2014, and procedure code D1208, may have been reimbursed in error. Providers who were overpaid may have overpayments deducted from future payments (i.e., recouped). Adjustments will be reflected on Remittance and Status (R&S) Reports.

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

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**4 (01/30/15 through 02/20/15) \*\*\*\*\*Attention All Providers\*\*\*\*\***

A provider must notify TMHP if the provider files, or is the subject of, a bankruptcy petition. The provider must provide TMHP and the Health and Human Services Commission (HHSC) with notice of the bankruptcy, and must copy TMHP and HHSC with the provider's plea in the bankruptcy case. Failure to notify TMHP and HHSC of a bankruptcy petition is a material breach of the Provider Agreement.

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

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**5 (01/23/15 through 02/13/15) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

Effective for dates of service on or after January 1, 2015, reimbursement rate changes were implemented for some gynecological and reproductive health services procedure codes for Texas Medicaid.

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

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

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**6 (01/23/15 through 02/13/15) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

Effective for dates of service on or after January 1, 2015, procedure code J9035 is no longer diagnosis-restricted.

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

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**7 (02/13/15 through 03/06/15) \*\*\*\*\*Attention Medicaid Providers\*\*\*\*\***

TMHP has identified an issue which impacts some inpatient claims submitted with family planning procedure codes. This issue affects clients with emergency only coverage. Claims with dates of service (DOS) on or after March 1, 2013, may have been paid in error.

Affected claims will be reprocessed and providers may have overpayments deducted from future payments (i.e., recouped), which will be reflected on Remittance and Status (R&S) Reports.

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

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**8 (02/06/15 through 02/27/15) \*\*\*\*\*Attention All Providers\*\*\*\*\***

Effective January 30, 2015, Provider Enrollment on the Portal (PEP) will be enhanced for Existing Enrollments and Re-Enrollments to prepopulate additional basic demographic information related to the applicant and their principals or owners. The application will prepopulate with information currently on file for the applicant. Prepopulated fields will contain the current program, provider type/specialty, and demographic information on file for the Texas Provider Identifier (TPI) selected. Providers must verify that the information is correct and revise information as appropriate.

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

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**9 (01/23/15 through 02/13/15) \*\*\*\*\*Attention All Medicaid and CSHCN Services Program Providers\*\*\*\*\***

TMHP has identified an issue that impacts Texas Medicaid and Children with Special Health Care Needs (CSHCN) Services Program claims with present-on-admission diagnosis codes E9173 and E9174. These claims may previously have been processed incorrectly. Affected Medicaid claims with dates of service within 24 months of the adjustment date will be reprocessed, and providers may receive additional payment. Additional payments will be reflected on future Remittance and Status (R&S) Reports.

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

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**10 (02/06/15 through 02/27/15) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

Providers that render Expanded Primary Health Care Program (EPHC) services are encouraged to identify themselves as EPHC providers when calling the TMHP Contact Center in order to expedite resolution of the call.

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

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

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**11 (02/13/15 through 03/06/15) \*\*\*\*\*Attention All Medicaid Providers\*\*\*\*\***

Reminder: providers who have revisions to previously approved prior authorizations must request the revisions by completing a new prior authorization request form. The new prior authorization request form must document the changes needed for the applicable service, and it must be submitted with medical necessity documentation that supports the requested change. TMHP is not able to process revision requests without the proper documentation.

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

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

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**12 (02/13/15 through 03/06/15) \*\*\*\*\*Attention All Medicaid Providers and CSHCN Services Program Providers \*\*\*\*\***

Beginning February 9, 2015, initial prior authorization calls will now be handled by the TMHP Contact Center instead of the TMHP Prior Authorization Department.

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

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**13 (02/13/15 through 03/06/15) \*\*\*\*\*Attention All Medicaid and CSHCN Services Program Providers\*\*\*\*\***

Effective February 17, 2015, providers will have 14 business days to respond to an incomplete prior authorization request. Incomplete prior authorization requests are requests received by TMHP with missing, incomplete, or illegible information.

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

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**14 (02/13/15 through 03/06/15)\*\*\*\*\*Attention All Medicaid and CSHCN Services Program Providers\*\*\*\*\***

Effective February 17, 2015, providers must include specific information when sending prior authorization requests via fax.

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

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**15 (02/13/05 through 03/06/15) \*\*\*\*\*Attention All Medicaid and CSHCN Services Program Providers\*\*\*\*\***

Effective January 29, 2015, the Centers for Medicare & Medicaid Services (CMS) has extended the moratorium on the enrollment of both new home health agency providers and new ground ambulance providers in designated counties, in order to prevent fraud, waste, and abuse.

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

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**16 (01/30/15 through 02/20/15) \*\*\*\*\*Attention All Outpatient Providers\*\*\*\*\***

Effective December 13, 2014, providers that bill UB-04 CMS-1450 outpatient electronic claims (UB-04 /837I ANSI X12 5010 format) will be required to include values in the fields for Patient Discharge Status

Codes, Priority (Type) of Admission or Visit codes, and Point of Origin for Admission or Visit codes to align with the National Uniform Billing Committee (NUBC) guidelines.

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

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**17 (01/30/15 through 02/20/15) \*\*\*\*\*Attention All Medicaid and CSHCN Services Program Providers\*\*\*\*\***

On January 29, 2015, the first quarter 2015 National Correct Coding Initiative (NCCI) updates will be implemented for claims processed by TMHP 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](http://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.

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**18 (02/6/15 through 02/27/15) \*\*\*\*\*Attention All Providers\*\*\*\*\***

TMHP will perform scheduled system maintenance on Sunday March 8, 2015, from 4 p.m. until 11:59 p.m. All applications and functions will be unavailable during the maintenance window.

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**19 (01/23/15 through 02/13/15) \*\*\*\*\*Attention All Providers\*\*\*\*\***

TMHP will perform scheduled system maintenance on Sunday, February 8, 2015, from 4 p.m. until 11:59 p.m. CST. All applications and functions will be unavailable during the system maintenance window.

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**20 (12/19/14 through 01/05/15) \*\*\*\*\*Attention All Providers\*\*\*\*\***

Thursday, January 1, 2015, is New Year's 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, January 2, 2015.

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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**21 (01/23/15 through 02/13/15) \*\*\*\*\*Attention EPHC Providers\*\*\*\*\***

Effective January 13, 2015, for dates of service on or after September 1, 2014, hysteroscopy procedure code 58565 will be a benefit of the Expanded Primary Health Care (EPHC) Program. There will be a maximum fee of \$2,500.00.

Effective for dates of service on or after January 15, 2015, implantable contraceptive device procedure code A4264 will no longer be a benefit of the EPHC Program.

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

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

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**22 (02/06/15 through 02/27/15) \*\*\*\*\*Attention CSHCN Service Program Providers\*\*\*\*\***

Effective for dates of service on or after February 1, 2015, the reimbursement rates for some procedure codes will change for the Children with Special Health Care Needs (CSHCN) Services Program.

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

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

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**23 (02/06/15 through 02/27/15) \*\*\*\*\*Attention CSHCN Services Program Providers\*\*\*\*\***

As a reminder, the Children with Special Health Care Needs (CSHCN) Services Program reimbursement for acute care inpatient hospital services is limited to \$200,000 per client, per benefit year for clients who are 21 years of age and over. Claims are accumulated systematically and payments that exceed \$200,000 are cut back, denied, or recouped.

For additional information, providers can refer to the CSHCN Services Program Provider Manual, sections 5.8.6, "Inpatient Hospital Reimbursement," and section 24.3.3, "Prospective Payment Methodology."

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

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**24 (01/30/15 through 02/20/15) \*\*\*\*\*Attention All CSHCN Service Program Providers\*\*\*\*\***

The reimbursement rates effective date for telemonitoring services procedure codes 99090 and 99444 changed from October 1, 2013 to April 1, 2014, for the Children with Special Health Care Needs (CSHCN) Services Program. The correct reimbursement rates are now available.

Details regarding reimbursement rate changes can be found on the TMHP website at [www.tmhp.com](http://www.tmhp.com). [[link](#)]

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

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**25 (01/30/15 through 02/20/15) \*\*\*\*\*Attention All Outpatient Providers\*\*\*\*\***

TMHP has identified an issue with claims submitted by Federally Qualified Health Centers (FQHC) providers with procedure code D1208 for dental services with dates of service from January 1, 2013, through October 23, 2014. Procedure code D1208 should have processed as a single encounter for FQHC providers. The second encounter should have been denied as a duplicate for any provider, same or different procedure on the same date of service.

Claims submitted with dates of service from January 1, 2013, through October 23, 2014, and procedure code D1208, may have been reimbursed in error. Providers who were overpaid may have overpayments deducted from future payments (i.e., recouped). Adjustments will be reflected on Remittance and Status (R&S) Reports.

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

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**26 (01/23/15 through 02/13/15) \*\*\*\*\*Attention All CSHCN Services Program Providers\*\*\*\*\***

Effective for dates of service on or after January 1, 2015, the diagnosis limitations for procedure code J9035 have changed.

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

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

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**27 (01/30/15 through 02/20/15) \*\*\*\*\*Attention All Outpatient Providers\*\*\*\*\***

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