

Claims Reprocessing for Ambulance Services for Clients Receiving Inpatient Hospital Services

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Note: *This article applies only to claims submitted to TMHP for processing. Refer to the Medicaid managed care organizations (MCO) for information about benefits, limitations, prior authorization, reimbursement, and MCO specific claim processing procedures.*

TMHP has identified an issue which impacts ambulance services claims paid for clients receiving inpatient hospital services. Claims with dates of service on or after September 1, 2013, may have been paid during the inpatient stay.

Affected claims with dates of service within 24 months of the reprocessing date will be reprocessed. Providers who were overpaid may have overpayments deducted from future payments (i.e., recouped). Adjustments will be reflected on future Remittance and Status (R&S) Reports.

Providers may refer to the *Texas Medicaid Provider Procedures Manual, Inpatient and Outpatient Hospital Services Handbook*, subsection 3.2 “Services, Benefits, Limitations, and Prior Authorization-Acute Care,” for more information.

Children with Special Health Care Needs (CSHCN) Services Program Providers may refer to the CSHCN Services Program Provider Manual, section 24.3.1 “Benefits, Limitations, and Authorization Requirements,” 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.