

Banner Messages for the 02-11-2019 and 02-15-2019 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.

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Total Messages (18)

1 (02/15/19 through 03/08/19) ***Attention All Medicaid Providers*******

Effective for dates of service on or after January 1, 2019, reimbursement rate changes and updates for some Annual Healthcare Common Procedure Coding System procedure codes that were presented at a public rate hearing on January 14, will be implemented.

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 (02/08/19 through 03/01/19) ***Attention All Medicaid Providers*******

Effective for dates of service on or after March 1, 2019, prior authorization criteria for patisiran (procedure code C9036) 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.

3 (02/01/19 through 02/22/2019) ***Attention All Medicaid Providers*******

There is a correction to the current Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, subsection 2.2.4 "Augmentative

Communication Device (ACD) System." The subsection will be updated to remove Access device and Mounting device from the list of items included in the reimbursement.

The removal of these items from 2.2.4 is because access and mounting devices are considered separately reimbursable, as specified in subsection 2.2.4.1, "Augmentative Communication Device (ACD) System Accessories."

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.

4 (02/01/19 through 02/22/19) *** Attention All Medicaid Providers*******

The monthly Texas National Drug Codes to Healthcare Common Procedure Coding System Crosswalk is now available for clinician-administered drug processing.

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

5 (02/01/19 through 02/22/19) *** Attention All Medicaid Providers*******

Beginning February 1, 2019, TMHP will update the Texas Medicaid Provider Procedures Manual, Clinics and Other Outpatient Facility Services Handbook, Section 4.1.2, "Services, Benefits, Limitations, and Prior Authorization." Within the note statement for procedure codes 96160 and 96161, the benefit limitation will be corrected to read "once per calendar year, any provider."

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

6 (01/25/19 through 02/15/19) *** Attention Medicaid Providers*******

Effective January 31, 2019, changes to the Texas Medicaid preferred drug list will be implemented.

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

7 (1/25/19 through 2/15/19) *** Attention All Medicaid Providers*******

Effective for dates of service on or after February 1, 2019, diagnosis code G7000 may be reimbursed when submitted with Eculizumab procedure code J1300.

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 (02/15/19 through 03/08/19) *** Attention All Medicaid and CSHCN Services Program Providers*******

Additional 2019 Healthcare Common Procedure Coding System (HCPCS) updates have been identified for dates of service on or after January 1, 2019.

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.

9 (02/01/19 through 02/22/19) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is a reminder that the only types of ambulance transports that can be prior authorized over the phone are hospital-to-hospital and hospital-to-outpatient medical facility. TMHP may still request that the hospital fax supporting documentation with phone authorizations.

Ambulance providers must submit prior authorization requests for other types of transports in writing. Ambulance providers can submit prior authorization requests by mail to the TMHP Prior Authorization department, by fax, or online through the TMHP electronic portal.

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.

10 (01/25/19 through 02/15/19) ***Attention All Medicaid and CSHCN Services Program Providers*******

There is an update to the article titled, "Extended System Maintenance Scheduled for January 25, 2019, through January 27, 2019, and January 31, 2019, through February 1, 2019," that was published on the TMHP website October 26, 2018.

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.

11 (01/25/19 through 02/15/19) ***Attention All Medicaid and CSHCN Services Program Providers*******

TMHP will perform extended system maintenance from 7:00 p.m., on Friday, February 22, 2019, to 11:59 p.m., on Sunday, February 24, 2019.

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.

12 (02/01/19 through 02/22/2019) ***Attention All Providers*******

Home telemonitoring services claims submitted by home health agencies or outpatient hospitals using procedure codes 99090, 99090-GQ, 99453, or 99454 will be pended for a manual review of payment.

Providers are encouraged to continue to submit claims within the claims filing deadlines. Providers must continue following medical necessity criteria and prior authorization requirements for reimbursement of services as outlined in the Texas Medicaid Provider Procedures Manual, Telecommunications Services Handbook, Section 4, "Claims Filing and Reimbursement."

Manual reprocessing and review of claims will occur for claims submitted for dates of service on or after January 1, 2019, including claims which may have denied.

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.

13 (02/08/19 through 03/01/19) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after March 1, 2019, prior authorization criteria for inotuzumab ozogamicin (Besponsa) procedure code J9229 will change for the Children with Special Health Care Needs (CSHCN) Services Program.

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

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

14 (02/01/19 through 02/22/19) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after February 1, 2019, procedure code 73630 will be payable for Podiatrist and Podiatry Group to the Children with Special Health Care Needs (CSHCN) Services Program clients.

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

15 (02/01/19 through 02/22/19) ***Attention All CSHCN Services Program Providers*******

There is an update to the article titled, "New Prior Authorization Criteria for Benralizumab for the CSHCN Services Program January 1, 2019," which was published on the TMHP website November 30, 2018.

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

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

16 (02/01/19 through 02/22/19) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after February 1, 2019, injection procedure codes J0131 and J0205 will no longer be benefits of the Children with Special Health Care Needs (CSHCN) Services Program.

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

17 (01/25/19 through 02/15/19) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after March 1, 2019, reimbursement rates for some Children with Special Health Care Needs Services Program procedure codes will change.

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

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

18 (02/01/19 through 02/22/19) ***Attention All Texas Health Steps Medical Providers*******

Beginning February 1, 2019, TMHP will update the Texas Medicaid Provider Procedures Manual, Children's Services Handbook, Section 5.3.1, "Eligibility for THSteps Services and Checkup Due Dates." The update will remove language associated with Medicaid managed care timely medical checkup reports.

The language TMHP will remove contains requirements applicable only to Managed Care Organizations (MCOs). It is not applicable Texas Medicaid providers. These reporting requirements will remain applicable to MCOs and are specified in the MCO's contract with Texas Health and Human Services.

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.