SUCCESS with CSHCN

A Children With Special Health Care Needs Services Program Workshop
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What is the CSHCN Services Program?

The Children with Special Health Care Needs (CSHCN) Services Program is the oldest governmentally-administered continuous medical assistance program in Texas. Since 1933, Texas has worked to improve the lives of children with special health care needs. Through state and federal funds, the Children with Special Health Care Needs (CSHCN) Services Program provides health benefits to qualified children with special health care needs and their families, and individuals of all ages with cystic fibrosis.

The CSHCN Services Program’s health care benefits include payments for medical care, family support services, and related services. Some CSHCN Services Program clients also receive Medicaid or Children’s Health Insurance Program (CHIP) benefits. The CSHCN Services Program may be able to provide some services that Medicaid or CHIP does not cover. The CSHCN Services Program is the “payer of last resort” and will only consider paying for a service after a client has used all other available coverage. Medicaid, CHIP, and commercial health insurance benefits, if any, must be used before using the CSHCN Services Program health benefits.

**Note:** Additional information regarding dual eligibility can be found on page 10 of the participant’s guide and in Chapter 3, Section 3.6 in the 2009 CSHCN Services Provider Manual.

The program also contracts with agencies throughout the state to provide an array of clinical and support services to children with special health care needs and their families. In addition to the services listed above, the CSHCN Services Program assists children and their families by supporting case management at Department of State Health Services regional offices throughout Texas.

**CSHCN Services Program’s Mission**

To support family-centered, community-based strategies for improving the quality of life for children with special health care needs and their families.
CSHCN Services Program Team

The CSHCN Services Program helps children with special health care needs in Texas improve their health, well-being, and quality of life. The Program pays for medical treatment and equipment for eligible children with special needs from birth to 21 years of age and for people of any age with cystic fibrosis. Benefits of the CSHCN Services Program include medically necessary health care benefits, support services, and case management services. The CSHCN Services Program team members are:

- **Clients:** The CSHCN Services Program serves individuals less than 21 years of age with special health care needs, and people of any age with cystic fibrosis.

- **Families:** The CSHCN Services Program is “family-based” meaning that the Program recognizes and supports our client’s family beliefs and cultural or ethnic traditions. It promotes family choice and teamwork between clients, their families, and their providers.

- **The Department of State Health Services (DSHS):** Administers and regulates public health, mental health, substance abuse programs, and the CSHCN Services Program. DSHS also administers, in collaboration with HHSC, the Texas Health Steps Medical and Dental programs, as well as Case Management for Children and Pregnant Women (CPW). Personal care services (PCS) assessments are also conducted by DSHS.

- **Texas Medicaid & Healthcare Partnership (TMHP):** A partnership of multiple contractors that provide services including technology infrastructure, application maintenance, program management, data center operations, third-party recovery activities, and performance engineering expertise.

- **Providers:** You are the crucial players in a quality healthcare program. The focus is on providing the best medical care possible while maximizing reimbursement potential.

- **Medical home:** A respectful partnership between a client, the client’s family as appropriate, and the client’s primary health care setting. A medical home is family centered health care that is accessible, continuous, comprehensive, coordinated, compassionate, and culturally competent. A medical home includes a licensed medical professional who accepts responsibility for the provision and/or coordination of primary, preventive, and/or specialty care for a client, and coordination of care with other community services providers. Each CSHCN Services Program client should receive care in the context of a medical home.

- **Eligibility Staff:** The CSHCN Service Program eligibility staff helps clients and their families to fill out their application and provide the necessary paperwork needed to complete the application. They then use the information provided on the application to determine if a client qualifies for services from the Program. Eligibility workers are also responsible for assigning each client to a case manager.

- **Case Managers:** The CSHCN Services Program provides social workers and nurses who work as case managers for all program clients. Case managers understand client’s special needs and work closely with the client and their family to access and coordinate all needed services and programs.
Who Does the CSHCN Services Program Serve?

A child with special health care needs is defined as a person who:

a. Is younger than 21 years of age and who has a chronic physical or developmental condition:
   – That (the chronic condition) is expected to last for at least 12 months; and
   – That results or, if not treated, may result in limits to one or more major life activities; and
   – That requires health and related services of a type or amount beyond those required by children generally; and
   – That must have a physical (body, bodily tissue or organ) manifestation; and
   – That may exist with accompanying developmental, mental, behavioral, or emotional conditions; but
   – That is not solely a delay in intellectual development or solely a mental, behavioral, and/or emotional condi-

OR

b. Has cystic fibrosis, regardless of the person's age
CSHCN Services Program
Client Eligibility

Eligibility Criteria

A person may be eligible for health-care benefits under the CSHCN Services Program provided the following conditions are met:

• The applicant lives in Texas and is a bona fide resident who, if a minor child, is also the dependent of a bona fide Texas resident.
• The applicant must be less than 21 years of age or a person of any age with the diagnosis of cystic fibrosis.
• The applicant’s family must meet the CSHCN Services Program financial eligibility criteria.
• The applicant’s physician or dentist must attest to the Program’s Medical Certification Definition and provide a diagnosis that meets the definition on the CSHCN Services Program Physician Assessment Form (PAF) located in the CSHCN Services Program Application Booklet.

CSHCN Services Program Physician/Dentist Assessment Form (PAF) /Medical Eligibility Criteria

An important element of determining client eligibility is the CSHCN Services Program Physician/Dentist Assessment Form (PAF). The PAF provides the CSHCN Services Program with vital information about the client’s medical condition, qualifies the client as medically eligible for the Program, and is used when clients are considered for removal from the waiting list. It is important that all client eligibility information be as current as possible.

The PAF:

• Copies of the form are included with the application packet.
• Clients and/or family must ensure that a physician/dentist completes the form to meet the medical eligibility requirements.
• The form must be updated at least annually, but may be updated whenever a client’s medical condition changes.

Note: Additional information and instructions can be found in Appendix B on page B-106 – 109, and Section 3.2.2 in the 2009 CSHCN Services Program Provider Manual. Providers are not required to be enrolled in the CSHCN Services Program to submit a PAF, but the providers must identify themselves with their NPI and/or TPI.
Thank you for helping this family to apply for benefits from the Children with Special Health Care Needs (CSHCN) Services Program. The Physician/Dentist Assessment Form (PAF) is a key part of the application process. The PAF is a two-page form with a block that identifies the applicant, followed by six other short sections that you need to complete about the applicant. Section 7 is for information about you. Please fill in the applicant's identifying information and then go on to section 1.

1) DIAGNOSIS AND EVALUATION SERVICES (screening exam):
If further examinations or tests are not needed, please check the “No” box. Do not leave this section blank. It will slow the application approval process.

If you need to do further examinations or tests to determine if the applicant meets the CSHCN Services Program’s “medical certification definition” (see section 2), you must check the “Yes” box and complete all of section 1.

Please note that whenever the CSHCN Services Program has a waiting list, the Program cannot pay for diagnosis and evaluation services for new applicants. To find out if the Program currently has a waiting list, call 1-800-252-8023.

2) MEDICAL CERTIFICATION DEFINITION AND DIAGNOSES:
Please pay particular attention to this section. It contains the Program’s definition of a child with special health care needs. You must certify whether the applicant does or does not meet either definition A or B.

The primary diagnosis must be a chronic illness or disability with a physical manifestation that affects the applicant and also meets the Program’s definition. The form has spaces to add as many as three additional diagnoses.

Please ensure that the primary diagnosis is completed to the highest level of specificity (4 or 5 digits). Forms that are not filled out to their highest level will not be accepted by the CSHCN Services Program.

3) QUESTIONS FOR INITIAL APPLICATION TO THE CSHCN SERVICES PROGRAM:
Complete section 3 only if this is the first time the applicant has ever applied to the CSHCN Services Program.

4) DETERMINATION OF URGENT NEED FOR SERVICES:
This section is very important, especially when the CSHCN Services Program has a waiting list. Complete this section thoroughly. It has three parts.

Your answers to section 4 help the Program’s physicians determine which children need health care services most urgently. This information is a factor in determining the order in which to remove clients from the waiting list whenever available funds make it possible to do so.

If you answer “Yes” to 4A or 4B, you must provide an explanation. Use the space on the form or attach additional sheets if needed.

When answering 4A, please base your answer on what would happen if the applicant had no resources to pay for health care.

5) FUNCTIONAL NEEDS:
The Texas Legislature requires the CSHCN Services Program to collect this information. Please check all appropriate boxes.

6) SERVICES NEEDED:
Please talk with the family and then check the blocks for any and all services the applicant may require. This information will help the CSHCN Services Program plan for effective services now and in the future. It will not affect the applicant’s eligibility for services.

7) PHYSICIAN/DENTIST DATA:
Section 7 requires the signature of the physician or dentist AND must be filled out completely.

In order to process the application, the doctor (M.D., D.O., D.D.S., or D.M.D.) must sign and date the form. It cannot be signed by a nurse or physician’s assistant. The Program must also have your Provider ID number. Phone numbers are especially important.

Thank you again for all you do to help the clients and families of the CSHCN Services Program!
CSHCN Services Program Physician/Dentist Assessment Form Instructions
Instrucciones para el Formulario de Evaluación del Médico / Dentista
(For Application to CSHCN Services Program / Parte de la solicitud al Programa de Servicios CSHCN)

Gracias por ayudar a esta familia a solicitar prestaciones del Programa de Servicios para Niños con Necesidades de Salud Especiales (CSHCN). El Formulario de Evaluación del Médico / Dentista es una parte clave del proceso de solicitud. El formulario es de dos páginas, y tiene un bloque que identifica al solicitante, seguido por seis otras secciones cortas que usted necesita rellenar sobre cada solicitante. Sección 7 es para información sobre usted. Rellene la información que identifica al solicitante y entonces vaya a sección 1.

1) SERVICIOS DE DIAGNÓSIS Y EVALUACIÓN (examen sistemático de detección):
   Si no se necesitan más exámenes o pruebas, marque la casilla “No”. No deje en blanco esta sección. Demorará el procesamiento de la solicitud.
   Si necesita realizar más exámenes o pruebas para determinar si el solicitante cumple con la “definición de certificación médica” del Programa de Servicios CSHCN (vea Sección 2), usted tiene que marcar la casilla “Sí” y rellenar la sección 1 por completo.
   Tome nota que siempre cuando el Programa de Servicios CSHCN tenga una lista de espera, el Programa no puede pagar servicios diagnósticos y de evaluación para los nuevos solicitantes. Para saber si el Programa tiene una lista de espera actualmente, llame al 1-800-252-8023.

2) DEFINICIÓN DE CERTIFICACIÓN MÉDICA Y DIAGNÓSTICOS:
   Preste mucha atención a esta sección. Esta indica la definición de un niño con necesidades de salud especiales que utiliza el Programa. Usted tiene que afirmar que el solicitante cumple o no cumple con la definición A o B.
   El diagnóstico primario deberá ser una enfermedad crónica o discapacidad con manifestación física que afecte al solicitante y que también quepa en la definición del Programa. El formulario tiene espacio para indicar hasta tres diagnósticos adicionales.
   Asegúrese que el diagnóstico primario esté al nivel más alto de especificidad (4 ó 5 cifras). El Programa de Servicios CSHCN no aceptará formularios que no están rellenados al nivel más alto.

3) PREGUNTAS PARA LA SOLICITUD INICIAL AL PROGRAMA DE SERVICIOS CSHCN:
   Rellene sección 3 sólo y cuando esta es la primera vez que el solicitante presente una solicitud al Programa de Servicios CSHCN.

4) DETERMINACIÓN DE LA NECESIDAD URGENTE DE SERVICIOS:
   Esta sección es muy importante, en particular cuando el Programa de Servicios CSHCN tenga una lista de espera. Rellene esta sección meticulosamente. Tiene tres partes.
   Sus respuestas a la sección 4 ayudan a los médicos del Programa a determinar qué niños necesitan servicios de atención médica más urgentemente. Esta información es un factor que se usa para determinar el orden por el cual se sacan los clientes de la lista de espera cuando haya fondos disponibles para hacerlo.
   Si usted contesta “Sí” a 4A o a 4B, tiene que ofrecer una explicación. Utilice el espacio del formulario o adjunte hojas adicionales si es necesario.
   Al responder a la pregunta 4A, conteste basándose en lo que pasaría si el solicitante no tuviera ningunos recursos para pagar la atención médica.

5) NECESIDADES FUNCIONALES:
   La Legislatura de Texas exige que el Programa de Servicios CSHCN recopile esta información. Marque todas las casillas apropiadas.

6) SERVICIOS NECESARIOS:
   Platique con la familia y luego marque las casillas de todos los servicios que el solicitante podría necesitar. Esta información ayuda al Programa de Servicios CSHCN a planificar servicios eficaces ahora y en el futuro. No afectará la elegibilidad del solicitante para servicios.

7) DATOS DEL MÉDICO / DENTISTA:
   Sección 7 requiere la firma del médico o dentista Y deberá estar rellenada completamente.

¡Gracias de nuevo por todo lo que hace para ayudar a los clientes y familias del Programa de Servicios CSHCN!

Modificado 04/08
CSHCN Services Program Physician/Dentist Assessment Form

(For Application to CSHCN Services Program / Parte de la solicitud al Programa de Servicios de CSHCN)

Please complete and sign this form for the person applying for the Children with Special Health Care Needs (CSHCN) Services Program. The same form can be used for new and renewal applicants. If you need more copies or have questions, please refer to the instruction sheet or call 1-800-252-8023. Give the completed form to the parent or guardian, or send it to the applicant's local CSHCN Services Program office. Only providers enrolled in the CSHCN Services Program may be reimbursed for diagnosis and evaluation services.

NOTICE ABOUT YOUR RIGHT TO PRIVACY

EXCEPT IN SOME CASES, YOU HAVE THE RIGHT TO ASK AND KNOW THE INFORMATION THE STATE OF TEXAS HAS ABOUT YOU. YOU CAN ASK FOR IT AT ANY TIME. YOU CAN GET IT AND MAKE SURE IT IS RIGHT. YOU HAVE THE RIGHT TO ASK THE STATE AGENCY TO CORRECT ANYTHING THAT IS WRONG. (REFERENCE: GOVERNMENT CODE, SECTION 552.021, 552.023, 559.003 AND 559.004)

AVISO SOBRE SU DERECHO A LA PRIVACIDAD

SALVO EN ALGUNOS CASOS, USTED TIENE EL DERECHO A PEDIR Y CONOCER LA INFORMACIÓN QUE EL ESTADO DE TEXAS TIENE CON RESPECTO A USTED. USTED PUEDE PEDIRLA EN CUALQUIER MOMENTO. PUEDE OBTENERLA Y ASEGURAR QUE ES CORRECTA. TIE EN EL DERECHO A PEDIR QUE EL ORGANISMO ESTATAL CORRIJA TODO LO QUE SEA INCORRECTO. (REFERENCIA: CÓDIGO GUBERNAMENTAL, SECCIONES 552.021, 552.023, 559.003 Y 559.004)

The same form can be used for new and renewal applicants. If you need more copies or have questions, please refer to the instruction sheet or call 1-800-252-8023. Give the completed form to the parent or guardian, or send it to the applicant's local CSHCN Services Program office. Only providers enrolled in the CSHCN Services Program may be reimbursed for diagnosis and evaluation services.

1) DIAGNOSIS AND EVALUATION SERVICES (SCREENING EXAM):

Is this a request for coverage of services to determine whether the applicant has a chronic physical or developmental condition? If so, please indicate the appropriate V-code and proceed to Physician/Dentist Data (Section 7).

□ YES □ NO

If not, continue with rest of form.

(V-code)

2) MEDICAL CERTIFICATION DEFINITION AND DIAGNOSES:

The applicant must meet either definition A or B listed below:

A) A person younger than 21 years of age who has a chronic physical or developmental condition that:

• Will last or is expected to last for at least 12 months AND
• Results in, or if not treated, may result in limits to one or more major life activities AND
• Requires health and related services of a type or amount beyond those required by children generally AND
• Has a physical (body, bodily tissue, or organ) manifestation AND
• May exist with accompanying developmental, mental, behavioral, or emotional conditions BUT is not solely a delay in intellectual development or solely a mental, behavioral, or emotional condition.

B) A person of any age who has cystic fibrosis.

I CERTIFY THAT THE APPLICANT MEETS THE ABOVE DEFINITION.

□ YES □ NO

PRIMARY DIAGNOSIS: (condition must meet definition A or B above and, thus, must have a physical manifestation)

ICD-9-CM Code (required): Descriptor (required):

(ICD-9-CM codes must be at the highest level of specificity (4 or 5 digits). A 3-digit code is used only when there are no 4-or 5-digit codes within that category)

OTHER SECONDARY DIAGNOSES:

ICD-9-CM Code: Descriptor:

ICD-9-CM Code: Descriptor:

ICD-9-CM Code: Descriptor:

3) QUESTIONS FOR INITIAL APPLICATION TO THE CSHCN SERVICES PROGRAM:

(if this is a renewal application, proceed to step 4)

Is applicant’s condition a result of a traumatic injury or accident:

□ YES □ NO

Date of trauma or accident (mm/dd/yyyy):

Date of discharge if hospitalized (mm/dd/yyyy):

Date of admission to rehab facility (mm/dd/yyyy):

Is applicant younger than one year of age:

□ YES □ NO

Was the applicant born before 36 weeks gestation?

□ YES □ NO

If yes, date of discharge after birth (mm/dd/yyyy):

Has the applicant spent 14 consecutive days out of the hospital?

□ YES □ NO

Go to Page 2 / Vaya a la página 2

This form is incomplete without both pages completed

el formulario está incompleto si las dos páginas no están llenadas

Form T-3-4 Revised 04/08
CSHCN Services Program Physician/Dentist Assessment Form (page 2)
Formulario de Evaluación del Médico / Dentista (página 2)

Applicant’s Name: _______________________________________ Client #: ______________________ DOB: ________________
(Last, First, Middle)                                                            (if known)                                       (mm/dd/yyyy)

4) DETERMINATION OF URGENT NEED FOR SERVICES:
   A) Would an inability to get healthcare services cause a permanent increase in disability, intense pain or suffering, or death? Please base your answer on what would happen if the applicant had no resources to pay for health care.
   □ Yes. If yes, explanation required (use space provided or attach narrative):
   □ No. If no, continue with rest of form.

   B) Is the applicant actively planning to live in a nursing home, group home, or similar institution in the next six months?
   □ Yes. If yes, explanation required (use space provided or attach narrative):
   □ No. If no, continue with rest of form.

   C) Please indicate any additional information related to the complexity or severity of applicant’s condition or need for care that the CSHCN Services Program should know below or with attached narrative.

5) FUNCTIONAL NEEDS
   Check appropriate blocks indicating the applicant’s functional needs or limitations:
   □ Physical  □ Developmental  □ Behavioral  □ Emotional

6) SERVICES NEEDED
   Check the blocks for services the applicant may require.  
   (Data is for CSHCN Services Program planning purposes and does not affect eligibility.)
   □ bone marrow transplant   □ case management   □ help with drug co-payments   □ physician services
   □ dental services   □ dental services   □ hemophilia blood factor products   □ pulmozyme
   □ drugs   □ drugs   □ home health or nursing services   □ renal dialysis or transplant
   □ durable medical equipment   □ inpatient hospital   □ inhaled tobramycin   □ total parenteral nutrition
   □ expendable medical supplies   □ Insurance Premium Payment Assistance   □ transportation (including meals and lodging)
   □ family support services   □ mental health services   □ vision services
   □ growth hormone   □ outpatient services (including PT, OT, & SLP)   □ other: ______________________________

7) PHYSICIAN / DENTIST DATA

   Physician/Dentist’s Name (type or print)   Provider Identifier #   Tax ID #   Specialty

   Mailing Address (Street, City, State, and Zip Code)  ( )  ( )

   Contact Person’s Name (type or print)   Phone   Fax

   PHYSICIAN/DENTIST SIGNATURE
   (MUST BE signed by M.D., D.O., D.D.S., or D.M.D.)

   DATE

Form T-3-4
Revised 04/08
Financial Eligibility Criteria

Applicants who are 18 years of age or younger and are applying or reapplying for the CSHCN Services Program must also apply to Medicaid, to the Medically Needy Program (MNP), and to CHIP. A written Medicaid and CHIP determination must be sent with the application for the CSHCN Services Program. Applicants who are not citizens or legal residents of the United States, or who are currently enrolled in CHIP or Texas Medicaid, are exempt from this requirement.

• When all necessary documentation is received with the application except for the Medicaid and CHIP determination, CSHCN may approve the case for 60 days until the Medicaid and CHIP determinations are received.
• If all information is received before the 60 days end, the CSHCN Services Program may grant eligibility for CSHCN Services Program health-care benefits or place the client on the waiting list with an eligibility date retroactive 15 days from the day on which the application was receive.
• If the determination documents are not received within 60 days, services are suspended.
• Once all of the required information is received, eligibility is granted. Eligibility is suspended between the 60-day cut-off date and the date on which the requested information is received.

Exception: An extension of 30 days may be granted for exceptional circumstances when requested.

The applicant must be eligible for medical assistance at the time the service is provided. Having an application for CSHCN Services Program eligibility in process is not a guarantee that the applicant can become eligible. Services and supplies are not paid by the CSHCN Services Program if they are provided to a client before the effective date of his or her eligibility or after the effective date of his or her denial of eligibility.

Note: It is important that the client’s eligibility information be kept current at all times. CSHCN Services Program financial eligibility must be updated every 6 months. Medical eligibility must be updated annually; however, medical information may be updated any time there is a change in the client’s condition.

Any questions concerning a client’s eligibility for benefits of the CSHCN Services Program must be directed to the DSHS-CSHCN Services Program Central Office at 1-800-252-8023.

Medically Needy Program (MNP)

The MNP provides access to Medicaid benefits for children 18 years of age and younger whose family income exceeds the eligibility limits under Temporary Assistance to Needy Families (TANF) or one of the medical assistance only programs for children, but whose income and assets are not sufficient to meet their medical expenses.

The CSHCN Services Program may ask clients to apply to the MNP when $2,000 or more in medical bills were paid or are expected to be paid by the CSHCN Services Program. Clients are given 60 days to apply to the MNP and send the determination to the CSHCN Services Program. A client’s CSHCN Services Program eligibility is suspended if he or she does not comply with the request to apply to MNP. CSHCN Services Program client benefits are not limited during this 60-day period.

CSHCN Services Program and MNP Spend Down Processing

The CSHCN Services Program can assist in the submission of medical bills to apply for Medicaid coverage through a spend down process. TMHP-MNP accepts paid or unpaid medical bills from the CSHCN Services Program for application toward the spend down amount regardless of the date of service. This process enables the clearinghouse to expedite the culmination of the case and inform DSHS when the spend down is met. When the spend down is met and the client is certified as Medicaid-eligible, the CSHCN Services Program may consider whether any of the services used to meet the spend down amount (patient liability) may be considered for CSHCN Services Program health-care benefits coverage.
Dual Eligibility

CHIP and CSHCN Service Program Benefits

Children eligible for the CSHCN Services Program may also be eligible for CHIP at the same time. The CSHCN Services Program may pay meals, transportation, lodging, and other services not available from CHIP, or services beyond the CHIP maximum benefit. The CSHCN Services Program is the payer of last resort for medical services.

Medicaid and CSHCN Services Program Benefits

Children eligible for the CSHCN Services Program may also be eligible for Medicaid at the same time. The CSHCN Services Program does not consider reimbursement for services that are covered by Medicaid for Medicaid-eligible clients. However, the CSHCN Services Program does cover additional services that are not covered by Medicaid, such as family support services and medical foods. The CSHCN Services Program is the payer of last resort for medical services.

The CSHCN Services Program does not pay claims for clients eligible for Medicaid THSteps-CCP that are denied by Medicaid for any reason, including late filing, limited services, duplicate services, incorrect claim form submission, or when additional information was required.
Eligibility Verification

Eligibility for services can be verified through:

- TexMedConnect at www.tmhp.com
- CSHCN Services Program Automated Inquiry System (AIS) at 1-800-568-2413
- TMHP Electronic Data Interchange (EDI) Gateway
- TMHP-CSHCN Services Program Contact Center at 1-800-568-2413
- DSHS-CSHCN Services Program at 1-800-252-8023
- CSHCN Services Program Eligibility Form

TexMedConnect

Providers can verify eligibility through the TexMedConnect application at www.tmhp.com. Providers must create a login to access this application.

1. Select “Access TexMedConnect,” and log in.

I would like to...

- Access LTC Online Portal
- Access Provider Enrollment
  Current providers will use their TMHP.com account to login. New providers must choose the Activate My Account link to begin the enrollment process.
- Access TexMedConnect
  For NPI claims filing status, and appeals; client eligibility; R&S reports
2. Select **Eligibility** from the left navigation panel.

3. Enter the following required fields, which are indicated by red dots:
   - Provider NPI/API and related data
   - Eligibility dates

4. Providers must enter one of the following combinations of information to search:
   - CSHCN Services Program ID
   - Social Security Number (SSN) and last name
   - SSN and date of birth (DOB)
   - Last name, first name, and DOB

**Note:** If you perform more than one interactive eligibility check, the provider NPI/API on the Eligibility Search page defaults to the most recently used provider NPI/API.
Automated Inquiry System (AIS)

AIS provides the following information and services to enrolled providers through the use of a touch-tone telephone: claim status, patient eligibility, current weekly payment amount, and claim appeals.

Eligibility and claim status information is available on AIS 23 hours a day, 7 days a week with scheduled down time between 3 a.m. and 4 a.m., Central Standard Time. Providers may use AIS from 7 a.m. to 7 p.m., Central time, Monday through Friday to:

- Obtain the status and amount of CSHCN Services Program checks paid by TMHP.
- Use the faxback service.
- Obtain assistance with provider enrollment.
- Speak with a TMHP-CSHCN Services Program Contact Center representative.

AIS offers 15 transactions per call. If the transaction limit is met, providers must call AIS again for additional transactions.

Note: Providers need to write down the ticket numbers, date, and time they received client eligibility information in the event an issue surrounding eligibility should arise. Eligibility can be verified dating back to 3 years from the current date.

For full instructions on the use and benefits of AIS, refer to the Automated Inquiry System (AIS) User’s Guide available on www.tmhp.com or call the TMHP-CSHCN Contact Center at 1-800-568-2413 for faxed instructions.

Note: Providers must have a valid NPI or API to use the AIS.

TMHP Electronic Data Interchange (EDI)

Providers must setup their software or billing agent services to access the TMHP EDI Gateway. Providers who use billing agents or software vendors should contact those organizations for information on installation, settings, maintenance, and their processes and procedures for exchanging electronic data. For more information, call the TMHP EDI Helpdesk at 1-888-863-3638.

TMHP-CSHCN Services Program Contact Center

The TMHP-CSHCN Services Program Contact Center is available Monday through Friday, from 7 a.m. to 7 p.m., Central Time, and is the main point of contact for the CSHCN Services Program provider community. For more information, call the TMHP-CSHCN Contact Center at 1-800-568-2413.

DSHS-CSHCN Services Program Customer Service Phone

Eligibility may be verified by calling DSHS-CSHCN Services Program Customer Service at 1-800-252-8023.
CSHCN Services Program Eligibility Form

The CSHCN Services Program Eligibility Form gives clients, parents, and providers a quick way of verifying CSHCN Services Program eligibility. The form is designed to convey all of the information necessary to document identification information. Medicaid or other insurance information (including CHIP) listed on the form is valid at the time of application and must be verified independently.

The CSHCN Services Program Eligibility Form:

- Is valid for six months.
- Contains Medicaid and other insurance information valid at the time of application.
- Contains reapplication information and dates.
TEXAS DEPARTMENT OF STATE HEALTH SERVICES

P.O. Box 149347 • Austin, Texas 78714-9347
1-888-963-7111 • http://www.dshs.state.tx.us

DAVID L. LAKEY, M.D.,
COMMISSIONER

Children with Special Health Care Needs Services Program
Automated Inquiry System (AIS):
1-800-568-2413
Phone: 1-800-252-8023 or 512-458-7355

PARENT/GUARDIAN NAME
STREET ADDRESS
CITY, TX ZIPCODE

CSHCN Services Program Eligibility Form

This form may be used for services only between the “valid” dates listed in the box above.

This is your NEW CSHCN Services Program Eligibility Form. If you already have a form, throw away the old one. Take this form with you when you visit CSHCN Services Program providers. Do not loan this form to other people. Service providers can copy the form for their files. If you lose this form, call the CSHCN Services Program Eligibility Section. Whenever you call or write to the CSHCN Services Program, use the case number (Case #) shown on this form.

You must reapply for the CSHCN Services Program every 6 months. Send a new application and all proofs each time you reapply for CSHCN Services Program financial eligibility.

To stay on the CSHCN Services Program after this form runs out you must fill out a new CSHCN Services Program application and send the application to the CSHCN Services Program on or after xx/03/2xxx. However, your application must be received by the CSHCN Services Program not later than xx/03/2xxx. To get a new CSHCN Services Program application, call the CSHCN Services Program at 1-800-252-8023.

Provider Information

The client named on this form is eligible for CSHCN Services Program benefits for the period indicated. Service providers may duplicate this form for their files. Providers must be enrolled in the CSHCN Services Program. Prior authorization is required for some services. The CSHCN Services Program may revoke eligibility in the event of policy changes, changes in client medical or financial condition, or error. See the CSHCN Services Program Provider Manual for details. For more information, contact the CSHCN Services Program.

Under certain circumstances, the eligibility form MAY NOT be valid at the time you see this client. Please verify client’s eligibility for CSHCN Services Program Benefits by calling CSHCN-AIS at 1-800-568-2413 or the TMHP-CSHCN Contact Center at 1-800-568-2413.

CSHCN Services Program
Case # 9-123456-00

Name: CLIENT NAME
Birth: 06/05/00 Sex: M
Medicaid/Insurance
Medicaid Number: 123456789
Valid xx/01/2xxx thru xx/03/2xxx

Children with Special Health Care Needs Services Program
Automated Inquiry System (AIS):
1-800-568-2413
Phone: 1-800-252-8023 or 512-458-7355

PARENT/GUARDIAN NAME
STREET ADDRESS
CITY, TX ZIPCODE

CSHCN Services Program Eligibility Form

This form may be used for services only between the “valid” dates listed in the box above.

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Under certain circumstances, the eligibility form MAY NOT be valid at the time you see this client. Please verify client’s eligibility for CSHCN Services Program Benefits by calling CSHCN-AIS at 1-800-568-2413 or the TMHP-CSHCN Contact Center at 1-800-568-2413.

Este formulario se puede usar para conseguir servicios solamente durante las fechas válidas (valid) indicadas en la casilla de arriba.

Éste es su NUEVO formulario de elegibilidad para el Programa de Servicios de CSHCN. Si usted ya tiene un formulario, tire el formulario viejo. Lleve este formulario consigo para obtener servicios de los proveedores del Programa de Servicios de CSHCN. No preste este formulario a otras personas. Los proveedores pueden hacer una copia de este formulario para sus archivos. Si usted pierde este formulario, llame al personal de la Sección de Elegibilidad del Programa de Servicios de CSHCN. Siempre y cuando usted llame o escriba al Programa de Servicios de CSHCN, use el número de caso (Case #) que aparece en este formulario.

Usted tiene que presentar una nueva solicitud para el Programa de Servicios de CSHCN cada 6 meses. Mande una nueva solicitud y todos los comprobantes cada vez que usted presente una solicitud para elegibilidad financiera al Programa de Servicios de CSHCN.

Para continuar en el Programa de Servicios de CSHCN después de que termine su elegibilidad, tiene que rellenar una nueva solicitud del Programa de Servicios de CSHCN y mandar la solicitud al Programa de Servicios de CSHCN después del xx/22/2xxx. Sin embargo, el Programa de Servicios de CSHCN tiene que recibir su solicitud al más tardar el xx/03/2xxx. Para obtener una nueva solicitud para el Programa de Servicios de CSHCN, llame al Programa de Servicios de CSHCN al número 1-800-252-8023.

Provider Information

The client named on this form is eligible for CSHCN Services Program benefits for the period indicated. Service providers may duplicate this form for their files. Providers must be enrolled in the CSHCN Services Program. Prior authorization is required for some services. The CSHCN Services Program may revoke eligibility in the event of policy changes, changes in client medical or financial condition, or error. See the CSHCN Services Program Provider Manual for details. For more information, contact the CSHCN Services Program.

Under certain circumstances, the eligibility form MAY NOT be valid at the time you see this client. Please verify client’s eligibility for CSHCN Services Program Benefits by calling CSHCN-AIS at 1-800-568-2413 or the TMHP-CSHCN Contact Center at 1-800-568-2413.
CSHCN Services Program Benefits

Benefits of the CSHCN Services Program processed by TMHP include, but are not limited to, the following services:

- Ambulance
- Ambulatory or day surgery
- Augmentative communication devices (ACDs)
- Behavioral health
- Bone marrow or stem cell transplants
- Charges related to the transportation of deceased clients
- Clinician-directed care coordination
- Critical care
- Dental and orthodontia
- Drug co-pays (except CHIP drug co-pays)
- Durable medical equipment and expendable medical supplies
- Eye prostheses
- Gastrostomy devices
- Genetic services
- Hearing aids
- Hemophilia blood factor products (pharmacy providers)
- Home health (skilled nursing care only)
- Hospice services
- Hospital outpatient services
- Independent laboratory services
- Inpatient hospital rehabilitations services
- Inpatient hospital services
- Insurance Premium Payment Assistance (IPPA) Program reimbursements
- Medical foods
- Medical nutritional services and products, and total parenteral nutrition (TPN)/hyperalimentation services
- Orthotics and prosthetics
- Outpatient physical and occupational therapy
- Outpatient speech-language pathology
- Physical medicine and rehabilitation
- Physician services, including physician services performed by advanced practice nurses (APNs)
- Podiatry
- Prescription shoes
- Radiology and radiation therapy services
- Renal dialysis
- Renal transplants
- Respiratory care and equipment
- Sleep studies
- Telemedicine
- Vision care

Note: Refer to the 2009 CSHCN Services Program Provider Manual and CSHCN Services Program Bulletins and Banner Messages for specific information about benefits and program changes. All of these resources can be found on the TMHP website at www.tmhp.com.
Additional Benefits Covered by the CSHCN Services Program

Family Support Services (FSS)

Family support services include disability-related support, resources, or other assistance, and may be provided to the family of a client with special health care needs.

Family support services may include, but are not limited to the following:

1. Respite Care to allow caretakers a short break from caring for their child.
2. Specialized childcare costs above and beyond the cost for typical childcare and related to the child's disability or medical condition.
3. Vehicle modifications such as wheelchair lifts, and related modifications such as wheelchair tie-downs, a raised roof, and hand controls.
4. Home modifications such as ramps, roll-in showers, or wider doorways.
5. Special equipment that is not listed as a possible benefit in the child's health insurance plan, such as porch lifts or stair lifts, positioning equipment, or bath aids.
6. Counseling or training programs or services that assist the client/family, including parent or family stipends to attend education or training conferences.

Family support services providers are enrolled through DSHS. For more information, visit the DSHS CSHCN Services Program website at www.dshs.state.tx.us/cshcn.

Case Management

Case management services may be made available to program clients through DSHS regional offices or other resources to assist clients and their families in obtaining adequate and appropriate services to meet the client's health and related services needs. The Program will make available case management as needed/desired to all clients who are eligible for health care benefits (includes clients who are on the waiting list for health care benefits). In addition, the Program may make case management services available to clients who are not eligible for the Program's health care benefits.

Case management services include, but are not limited to:

Planning, accessing, and coordinating needed health care and related services for children with special health care needs and their families. Case management services are performed in partnership with the client, the client's family, providers, and others involved in the care of the client and are performed as needed to help improve the well-being of the client and the client's family.
Medical Transportation Program (MTP)

The CSHCN Services Program uses MTP contractors and reimbursement rates to provide services to CSHCN Services Program clients. The CSHCN Services Program may provide transportation, meals, and lodging to enable the client, accompanied by a parent or a responsible adult, to obtain medical care. MTP services include:

• Transportation to the nearest medically appropriate facility as determined by the medical director or designee.
• Transportation for an attendant.
• Advance funds for an eligible client and attendant, when lack of transportation funds prevents the client from traveling to receive health care services.
• Reimbursement or advance funds for an eligible client and attendant for meals and lodging when the health care service requires an overnight stay.
• Multiple mass transit tickets for clients requiring recurring visits to a provider.

Note: Additional information is available at http://tinyurl.com/cshcn-mtp.

Clients and providers may contact the Medical Transportation Program at 1-877-633-8747.

CSHCN Services Program Limitations and Exclusions

The following services and supplies are not CSHCN Services Program benefits:

- Abortions
- Acute acne treatment
- Allergy treatment services except antibiotic desensitization
- Ambulatory blood pressure monitoring
- Augmentation mammoplasty or breast reconstruction
- Autopsies
- Biofeedback therapy
- Cardiokymography
- Care and treatment related to any condition for which benefits are provided or available under Workers’ Compensation laws
- Cellular therapy
- Chemolase injection (chymodiactin and chymopapain)
- Chemonucleolysis intervertebral disc
- Chiropractic treatment
- Circumcisions
- Color vision and dark adaption exams
- Continuous tissue temperature monitoring
- Craniotomy for lobotomy
- Custodial care
- Dermabrasion/chemical peel
- Donor search for kidney transplants
- Donor search for stem cell transplants
- Dressings/supplies billed in physician’s office
- Ear piercing or repair
- Ear protector attenuation measurements
- Ergonovine provocation test
- Extracorporeal membrane oxygenation (ECMO)
- Extracorporeal photophoresis
- Fabric wrapping of abdominal aneurysms
- Fetal medical and surgical services
- Hair analysis, treatment, and electrolysis
- Hyperthermia and hypothermia
- Implantation of antiesophageal reflux device
- Implantation/removal/evaluation of automatic implantable cardioverter defibrillator pads and electrodes
- Intermittent positive pressure breathing (IPPB) (physician services)
- Intersex surgery (except to repair/treat congenital defects)
- Intestinal bypass surgery and gastric stapling for the treatment of morbid obesity
- Intra-aortic balloon counterpulsation (monitoring or supervision of pump technician)
- Lipectomies and rhytidectomies
- Manipulation of chest wall, including percussion
- More than 60 days of inpatient hospitalization per calendar year*
- More than 90 days of inpatient rehabilitation per calendar year
- Portable X-ray services
- Procedures and services that are considered experimental or investigational
- Recreational therapy
- Routine newborn services
- Services or supplies for which benefits are available under any other contract, policy, or insurance
- Services or supplies for which claims were not submitted within the filing deadline

Note: This list is not all inclusive. For a complete list refer to Section 3.1.5 in the 2009 CSHCN Services Program Provider Manual.
Eligible Provider Types

The following provider types are eligible to become CSHCN Services Program providers:

- Advanced practice nurses
- Ambulance providers
- Ambulatory surgical centers
- Audiologists
- Certified home and community support services agencies
- Certified respiratory care practitioners
- Dentists
- Dietitians
- Funeral homes*
- Hearing aid professionals
- Hospice care providers
- Hospitals
- Inpatient rehabilitation centers
- Licensed speech-language pathologists
- Meals and lodging facilities†
- Medical supply and/or equipment companies
- Mental/behavioral health professionals, including psychiatrists, licensed psychologists, licensed clinical social workers, licensed marriage and family therapists, and licensed professional counselors
- Occupational therapists and physical therapists
- Optometrists and opticians
- Orthotics and prosthetics
- Pharmacies
- Physicians
- Podiatrists
- Renal dialysis centers
- Transportation companies or providers†

* Funeral Homes are not required to enroll as CSHCN Services Program providers to bill for services.

† The Medical Transportation Program (MTP) reimburses lodging facilities and transportation companies/providers. To contact MTP, call 1-877-633-8747.
Provider Enrollment

Enrolling as a CSHCN Services Program Provider using the portal is easy.

- Go to the Texas Medicaid & Healthcare Partnership (TMHP) web page at www.tmhp.com to enroll online. TMHP administers the CSHCN Services Program and Medicaid for the State of Texas.

Since CSHCN Services Program providers have to be enrolled in Medicaid, some of the information from the Medicaid application will be auto-populated into an online application for the CSHCN Services Program, saving time and effort. Online applications are validated immediately, indicating to the enrolling provider that the online portion of the application is complete. Providers need only to print out a few forms, finish those, and then mail them into TMHP for processing.

- Contact TMHP-CSHCN Services Program Provider Enrollment at 1-800-568-2413 Monday through Friday, from 7 a.m. to 7 p.m., (CST).

- Providers may also print the enrollment documents from the TMHP website (www.tmhp.com). Completed enrollment documents may be faxed to 1-512-514-4214 or mailed to the following address:

  Texas Medicaid & Healthcare Partnership  
  Attn: Provider Enrollment  
  PO Box 200795  
  Austin, TX 78720–0795

Note: Pages that require a signature must be mailed.

Provider Types with Additional Enrollment Requirements

To enroll in the CSHCN Services Program, providers must be actively enrolled in the Texas Medicaid Program, have a valid CSHCN Services Program Provider Agreement, have completed the CSHCN Services Program enrollment process, and agree to comply with all applicable state laws and requirements.

Custom DME Providers

Custom DME providers supply custom durable medical equipment made or modified specifically to address an individual client’s needs rather than the standard DME that can be obtained from a store or mail order company. Providers who wish to enroll as customized DME vendors must submit the following documentation with the Provider Enrollment form:

1. Evidence of having current certification from the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) as an assistive technology supplier (ATS) and/or assistive technology practitioner (ATP).

   -OR-

2. Three separate letters of recommendation from practicing occupational therapists or physical therapists serving a pediatric population. These letters must include the name, address, and phone number of the recommending therapist, place of therapist’s employment, and number of years the therapist has worked with the specific custom DME applicant in providing custom DME. CSHCN Services Program requires that the letter of recommendation be made by a physical or occupational therapist not employed by the applicant nor receiving any form of compensation for the letter of recommendation.
Providers must send the completed documentation to:

Texas Medicaid & Health Partnership
Attn: Provider Enrollment
PO Box 200795
Austin, TX 78720–0795
1-800-291-3734

Cleft/Craniofacial (C/C) Team Providers

Providers enrolled in the CSHCN Services Program who perform cleft/craniofacial procedures must also be members of a designated C/C specialty team.

To be enrolled by the CSHCN Services Program, C/C teams must comply with the following requirements:

- C/C teams must include the following participants: a plastic surgeon and/or oral surgeon; an otolaryngologist; a primary care physician; an orthodontist and/or a pediatric dentist; a master's level licensed speech language pathologist; a client educator; a designated C/C team care coordinator who also may be one of the previously listed participants; and an administrator.
  - Adjunct participants may be added as determined by the C/C team to meet the needs of individual clients.
- The administrator is responsible for coordinating and maintaining C/C team records and assuring that the C/C team adheres to CSHCN Services Program rules and regulations.
- C/C teams must complete the required information and attestation on the Required Information for Designation as a Team Member or Affiliated Provider of a CSHCN Services Program Comprehensive Cleft/Craniofacial Team form. Contact information, including address, telephone number, and e-mail address, must be included for the team administrator. This form is available on the CSHCN Services Program Provider web page at www.tmhp.com.
- When changes occur to team membership, C/C teams must provide TMHP with updated information in a timely manner or at least every 2 years.

To facilitate statewide coverage, the CSHCN Services Program also may designate affiliated providers. Affiliated providers must be linked with a CSHCN Services Program-designated comprehensive team and must ensure coordination of client management as needed. At the time of application, affiliated providers must specify the comprehensive C/C team with which they are affiliated.

TMHP’s provider enrollment staff maintains the most current list of C/C team providers with their associated teams. Contact TMHP-CSHCN Services Program Provider Enrollment at 1-800-568-2413 for additional information.

Note: Refer to Section 2.1 of the 2009 CSHCN Services Program Provider Manual for additional information regarding provider enrollment

National Provider Identifier (NPI) Attestation

Before providers can submit any transactions to TMHP, providers must report their NPI to TMHP. The NPI can be reported using the TMHP website at www.tmhp.com. Newly enrolling providers are required to report their NPI when completing the provider enrollment application.

NPI Attestation

Providers that enrolled prior to May 24, 2008, must attest for each TPI at the suffix level. Providers must attest the NPI for both their Medicaid Texas Provider Identifier (TPI) and their CSHCN Services Program TPI. Providers may attest to their NPI online at the TMHP website at www.tmhp.com or by using the paper NPI Attestation form.
Online NPI Attestation:

To attest the NPI online: Insert the bulleted list that is in the June 2007 National Provider Identifier (NPI) Special Bulletin, No. 205, on page 4 (bottom right).


Paper Attestation

To attest to an NPI by using the paper NPI Attestation Form, providers must call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413 to obtain a copy of the form. A separate attestation form is required for each TPI.

Attestation for Groups

During the attestation process, the taxonomy code for group providers is automatically populated with the multispecialty or single specialty group taxonomy code associated with the TPI entered. Providers should continue the attestation process using the automatically populated taxonomy code. Group providers that complete the attestation for individual providers in their group must click the plus sign (+) to expand the list and reveal all of the performing providers in the group. The most appropriate taxonomy codes should be selected for performing providers according to their specific rendering-provider type.
Provider Responsibilities

CSHCN Services Program providers are responsible for knowing, understanding, and complying with the laws, administrative rules, and policies of the CSHCN Services Program and Texas Medicaid.

<table>
<thead>
<tr>
<th>Provider Responsibilities</th>
<th>Provider Manual Reference/ Notes</th>
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<tbody>
<tr>
<td><strong>Verify eligibility:</strong></td>
<td></td>
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<tr>
<td>• CSHCN Services Program Eligibility Form</td>
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<td>• CSHCN Services Program Automated Inquiry System (AIS) at 1-800-568-2413.</td>
<td>3.3</td>
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<td>• DSHS-CSHCN Services Program at 1-800-252-8023.</td>
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<td>• TMHP Electronic Data Interchange (EDI) Gateway.</td>
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<td>• TMHP website at <a href="http://www.tmhp.com">www.tmhp.com</a></td>
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<td>• TMHP-CSHCN Services Program Contact Center at 1-800-568-2413</td>
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<td>• TexMedConnect</td>
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<td><strong>Adhere to authorization/prior authorization requirements:</strong></td>
<td>4.1</td>
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<td>• Request authorization or prior authorization for procedures requiring authorization</td>
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<td><strong>Follow all guidelines:</strong></td>
<td>3.1, 3.1.5, 2.3.4</td>
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<td>• Benefits and limitations</td>
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<td>• Each CSHCN Services Program client should receive care in the context of a medical home.</td>
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<td>• Provider manuals, bulletins, and banner messages</td>
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<td>• Utilization control</td>
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<tr>
<td>- Do not bill for unnecessary care and services</td>
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<td>- Monitor quality of service</td>
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<td>- Ensure appropriate payment according to program standards</td>
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<td><strong>Adhere to medical record documentation requirements:</strong></td>
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<td>• Legible</td>
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<td>• Date</td>
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<td>• Performing provider signature</td>
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<td>• Client Name &amp; CSHCN Service Program Client ID number</td>
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<td>• Allergies and adverse reactions</td>
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<td>• Evaluation and management codes supported by clinical record documentation</td>
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<td>• Follow up visits identify time of return by week or month</td>
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<td>• History and physical</td>
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<td>• Services provided are medically necessary</td>
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<tr>
<td>• Diagnostic lab and X-ray results</td>
<td></td>
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<tr>
<td>• Unresolved problems</td>
<td></td>
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<tr>
<td>• Immunizations</td>
<td></td>
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<tr>
<td>• Personal data</td>
<td></td>
</tr>
<tr>
<td><strong>Retention of records:</strong></td>
<td>2.3.3</td>
</tr>
<tr>
<td>• Claims and R&amp;S reports</td>
<td></td>
</tr>
<tr>
<td>- 5 years from date of service</td>
<td></td>
</tr>
<tr>
<td>- Until the client’s 21st birthday</td>
<td></td>
</tr>
<tr>
<td>- Until all audit questions, appeal hearings, investigations, or court cases are resolved</td>
<td></td>
</tr>
<tr>
<td>• Records must be made available promptly upon request by:</td>
<td></td>
</tr>
<tr>
<td>- TMHP</td>
<td></td>
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<tr>
<td>- Office of Inspector General (OIG)</td>
<td></td>
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<tr>
<td>- HHSC</td>
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<tr>
<td>- DSHS</td>
<td></td>
</tr>
<tr>
<td>Provider Responsibilities</td>
<td>Provider Manual Reference/ Notes</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td><strong>Notify TMHP of any changes:</strong></td>
<td>2.3.1, 8-128, B-129</td>
</tr>
<tr>
<td>• Complete a provider information change (PIC) form</td>
<td></td>
</tr>
<tr>
<td>- Physical address</td>
<td></td>
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<tr>
<td>- Phone / fax</td>
<td></td>
</tr>
<tr>
<td>- Billing / mailing address</td>
<td></td>
</tr>
<tr>
<td>- Taxonomy codes</td>
<td></td>
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<tr>
<td>- Include ALL TPI’s affected by the change</td>
<td></td>
</tr>
<tr>
<td><strong>Comply with HIPAA Regulations:</strong></td>
<td>2.3.5</td>
</tr>
<tr>
<td>• Ensure client information is protected</td>
<td></td>
</tr>
<tr>
<td>- Diagnosis</td>
<td></td>
</tr>
<tr>
<td>- Evaluation</td>
<td></td>
</tr>
<tr>
<td>- Treatment</td>
<td></td>
</tr>
<tr>
<td><strong>Comply with provider certification/ assignment requirements:</strong></td>
<td>2.3.7</td>
</tr>
<tr>
<td>• Certify compliance with, or agreement to, various provisions of state laws and regulations</td>
<td></td>
</tr>
<tr>
<td>- Services rendered by billing provider</td>
<td></td>
</tr>
<tr>
<td>- All claim information is true, accurate, and complete</td>
<td></td>
</tr>
<tr>
<td>- All services, supplies, or items billed were medically necessary</td>
<td></td>
</tr>
<tr>
<td>- Medical records document all services billed</td>
<td></td>
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<tr>
<td>- All billed charges are usual and customary for the services provided</td>
<td></td>
</tr>
<tr>
<td>- Services were provided with out discrimination</td>
<td></td>
</tr>
<tr>
<td>- Inform clients of liability for services not covered by the CSHCN Services Program</td>
<td></td>
</tr>
<tr>
<td>- Accept CSHCN Services Program reimbursement as payment in full for services rendered.</td>
<td></td>
</tr>
<tr>
<td>- Endorsing or depositing a CSHCN Services Program check is accepting money from state or federal funds and any falsification or concealment may be grounds for prosecution under state and federal laws</td>
<td></td>
</tr>
<tr>
<td><strong>Report CSHCN Services Program waste, abuse, or fraud:</strong></td>
<td>2.3.6</td>
</tr>
<tr>
<td>• Responsible for reporting suspected instances</td>
<td></td>
</tr>
<tr>
<td><strong>Adhere to Clinical Laboratory Improvement Amendments (CLIA) requirements:</strong></td>
<td>2.3.10, 23.1.1</td>
</tr>
<tr>
<td>• Enroll with the Centers for Medicare &amp; Medicaid Services (CMS)</td>
<td></td>
</tr>
<tr>
<td>• Receive a CLIA registration and certification number by contacting DSHS or access CLIA information at <a href="http://www.cms.hhs.gov/clia">www.cms.hhs.gov/clia</a></td>
<td></td>
</tr>
<tr>
<td>• Submit CLIA application to DSHS</td>
<td></td>
</tr>
<tr>
<td>• Notify TMHP Provider Enrollment of the assigned CLIA number by fax or mail</td>
<td></td>
</tr>
<tr>
<td><strong>Comply with Texas Family Code:</strong></td>
<td>2.3.9</td>
</tr>
<tr>
<td>• The Texas Family Code, §231.006</td>
<td></td>
</tr>
<tr>
<td>- Child Support delinquency</td>
<td></td>
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<tr>
<td>• Texas Family Code, § 261</td>
<td></td>
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<tr>
<td>- Timely reporting of suspected child abuse</td>
<td></td>
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<tr>
<td>- Staff training</td>
<td></td>
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<tr>
<td>- Sexually active client less than 14 years old</td>
<td></td>
</tr>
<tr>
<td><strong>Billing Clients:</strong></td>
<td>2.3.8</td>
</tr>
<tr>
<td>• Clients, parents, or guardians must not be billed for:</td>
<td></td>
</tr>
<tr>
<td>- CSHCN Services Program covered services</td>
<td></td>
</tr>
<tr>
<td>- Denial or reduction of CSHCN Services Program covered services due to provider attributable errors</td>
<td></td>
</tr>
<tr>
<td>• Providers may bill clients, parents, or guardians for:</td>
<td></td>
</tr>
<tr>
<td>- Services not a benefit of the CSHCN Services Program</td>
<td></td>
</tr>
<tr>
<td>- Services incurred on noncovered days</td>
<td></td>
</tr>
</tbody>
</table>
Authorization vs. Prior Authorization

Authorization

- May be submitted before the service is provided, but must not be received by the Program more than 95 days following the date the service is provided.
- Must be submitted on a CSHCN Services Program approved form, and contain all information necessary for the Program to make a determination regarding benefits.

Prior Authorization

- Must be obtained before the service is provided, or on the next business day when the service is provided after business hours or on a weekend or holiday.
- Must be submitted on a CSHCN Services Program approved form and contain all information necessary for the Program to make a determination regarding benefits.

Important: No extensions beyond the initial deadline are given for providers to correct incomplete authorization or prior authorization requests.
Authorization

- Ambulatory surgeries *
- Blood pressure devices, in specific instances
- Botulinum Toxin *
- Clinician-Directed Care Coordination Services
- DME
- Hemophilia supplies and blood factor products
- Home Health (skilled nursing only) Up to 200 Hours Per Calendar Year
- Nebulizers - In Specific Instances
- Orthotics and prosthetics.
- Outpatient dental surgical procedures.
- Outpatient physical therapy and occupational therapy services
- Prescription shoes
- Speech-language pathology services (all services except initial evaluations)

Prior Authorization

- Anterior temporal lobectomies
- Augmentative Communication Devices
- Bone marrow/stem cell transplants *
- Certified respiratory care practitioner
- Cleft/craniofacial surgical procedures
- Cranial molding devices *
- Custom (manual or powered) wheelchair purchases and custom seating systems
- Dental Procedures (some), Including Inpatient Admissions for Dental Surgical Procedures
- Diapers, Liners, and Pull-ups (or any combinations of these supplies) - quantities that exceed 300 per month
- Home health (skilled nursing) services over 200 hours per calendar year
- Hospice Services
- Inpatient Admissions and Extensions
- Inpatient Rehabilitation Admissions
- Medical Foods, In Specific Instances
- More Than One Hour (Four Units) of Nutritional Assessments and Intervention per Rolling Year
- More Than Two Nutritional Counseling Visits per Rolling Year
- Orthodontia
- Pediatric Hospital Cribs and Tops
- Radiation Therapy Services *
- Reduction Mammoplasties
- Renal Dialysis
- Renal Transplants
- Rhizotomies
- Ultrasonic Nebulizers, In Specific Instances

* Restrictions apply; refer to Chapter 4 of the 2009 CSHCN Services Program Provider Manual for more information.
The night of the dance, Julie comes over to Timothy's house to pick him up. Timothy lives in a second story condo that his parents own. After giving Julie her corsage, they say goodbye to Timothy's parents and begin walking to the car. Timothy's pants are a little too long on him, and he accidentally trips and falls down the stairs. Julie runs down the stairs to see if Timothy is okay, and sees that he has several cuts and bruises. As soon as Timothy awakes from the shock of the incident he realizes that he cannot move his legs. An ambulance arrives and takes Timothy to the emergency room. Upon arriving to the hospital, Timothy urgently conveys his concerns to Doctor Frison. He is given pain medication and taken to radiology to obtain an MRI. The MRI reveals that Timothy has a pinched nerve on the lumbar region of his spine. Doctor Frison refers Timothy to a neurosurgeon that will perform an outpatient surgery on Monday to decompress his nerve. Timothy is released from the hospital in a manual wheelchair.

Following the surgery Timothy is admitted to a rehab facility where he will receive both physical and occupational therapy on his legs. While admitted, Timothy's respiratory issue becomes worse. His doctor performs a sputum culture and discovers that Timothy has a bacterial infection. Timothy is given antibiotics to treat the infection. Thirty days later Timothy returns to his home and continues physical, occupational and recreational therapy in an outpatient setting. In addition to therapy, Dr. Frison prescribes an oxygen concentrator and necessary respiratory supplies to help him recover from his respiratory issues over the next few weeks. Upon returning home, Timothy was grateful to find that his parents had made their home handicap accessible by building a ramp, moving furniture, and getting a bath chair. His doctor told him to stay off of his feet for 2 to 3 months.
Case Study # 1 Questions

1. If Timothy were eligible for both CHIP and CSHCN services, who would be billed for services first CSHCN or CHIP? Why?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

2. When Timothy turns 21, will he still be eligible for the CSHCN Services Program?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

3. Are ambulance services a benefit of the CSHCN Services Program? If so, do they require authorization or prior authorization?

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__________________________________________________________________________________________
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4. Will the ER require prior authorization for the MRI of Timothy’s spine?

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5. Does Timothy’s doctor need to obtain authorization or prior authorization for the outpatient surgery to decompress the pinched nerve?

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__________________________________________________________________________________________
__________________________________________________________________________________________

6. Will the manual wheelchair that Timothy is given upon discharge be rented or purchased? Will it require authorization or prior authorization?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
7. Does Timothy meet the criteria for inpatient rehabilitation for the CSHCN Services Program?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

8. Will the inpatient rehabilitation stay need to be authorized or prior authorized?

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9. Will the oxygen concentrator be rented or purchased?

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__________________________________________________________________________________________
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10. Do the expendable respiratory supplies require prior authorization?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

11. Does Timothy meet the criteria for outpatient rehabilitation for the CSHCN Services Program? If so, will the physical and occupational therapy need to be authorized or prior authorized?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

12. Is Timothy’s bath chair a benefit of the CSHCN Services Program? If so, will the chair be rented or purchased? Is authorization or prior authorization required?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

13. Are any of the services that Timothy receives not covered by the CSHCN Services Program?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
3 Client Benefits and Eligibility

3.2.1 Financial Eligibility Criteria

A person may be eligible for health-care benefits under the CSHCN Services Program provided the following conditions are met:

• The applicant lives in Texas and is a bona fide resident who, if a minor child, is also the dependent of a bona fide Texas resident. A bona fide resident physically lives in Texas, intends to remain in Texas permanently or indefinitely, maintains living quarters in Texas, does not claim to be a resident of another state or country, and has not come to Texas from another country for the purpose of obtaining medical care.

• The applicant must be 20 years of age or younger. Persons diagnosed with cystic fibrosis are exempt from this requirement.

• The applicant’s family must meet the CSHCN Services Program financial eligibility criteria.

• The applicant’s physician or dentist must attest to the Program’s Medical Certification Definition and provide a diagnosis that meets the definition on the CSHCN Services Program PAF located in the CSHCN Services Program Application Booklet.

3.5 Clients Eligible for CHIP and CSHCN Services Program Benefits

CHIP offers comprehensive health-care coverage to thousands of Texas children who are uninsured. CHIP provides services such as physician care, medications, medical equipment, therapies, hospitalization, and much more. Many children in the CSHCN Services Program are eligible for CHIP. Children may receive CHIP and CSHCN Services Program benefits at the same time. The CSHCN Services Program may pay meals, transportation, lodging, other services not available from CHIP, or services beyond the CHIP maximum benefit. The CSHCN Services Program is the payer of last resort for medical services.

4 Authorization & Prior Authorization

4.2.1 Services that Require Authorization

The following is a list of some of the services that require authorization. The list below is not all-inclusive.

• Durable medical equipment (DME).

Exception: Custom manual wheelchairs, all powered wheelchairs, custom seating systems, pediatric hospital cribs and tops, and other specified DME require prior authorization.

• Ambulatory surgeries performed at a freestanding facility or as outpatient hospital day surgeries
• Outpatient physical therapy and occupational therapy services.
• Home Health (skilled nursing only) Up to 200 Hours Per Calendar Year

4.3.1 Services Requiring Prior Authorization

• Custom (manual or powered) wheelchair purchases and custom seating systems.
• Inpatient rehabilitation admissions
• Home health (skilled nursing) services over 200 hours per calendar year.

Note: Providers should refer to Chapter 4 in the 2009 CSHCN Services Program Provider Manual for Authorization and Prior Authorization requirements. Information about specific authorization and prior authorization requirements for each service that is a benefit of the CSHCN Services Program is included in the chapter for each service. Refer to the specific provider sections in the manual. Providers may also call TMHP at 1-800-568-2413 for additional information.

9 Ambulance

9.2 Emergency Ground Ambulance Transportation

The CSHCN Services Program may reimburse emergency ground ambulance transportation for eligible clients. The procedure codes and the description of the services provided that are reported on the claim submitted must correspond with the circumstances at the time of service and are classified according to emergency criteria.

9.2.1 Benefits, Limitations, and Authorization Requirements

Emergency ambulance transport services may be reimbursed if the client’s condition meets the definition of an emergency. The CSHCN Services Program defines an emergency as the “sudden onset of a life-threatening situation in which a severe debilitating condition or death would result if immediate medical care is not provided.” When the condition of the client is life-threatening and requires use of special equipment, life support systems, and close monitoring by trained attendants while en route to the nearest appropriate facility, the ambulance transport is considered an emergency service.

Authorization is not required for emergency ground ambulance transportation.

16 Diagnostic Radiology Services

16.2.7 Magnetic Resonance Imaging (MRI)

MRI is a benefit of the CSHCN Services Program. The CSHCN Services Program considers functional MRI (fMRI) medically necessary when it is being used as a part of a preoperative evaluation for a planned craniotomy and is required for localization of eloquent areas of the brain, such as those responsible for speech, language, motor function, and senses, and which might potentially be put at risk during the proposed surgery.

16.2.7.1 MRI Authorization Requirements

Authorization is not required for up to four MRI procedures per year. Prior authorization will be considered for any additional MRI procedures with documentation of a severe or life-threatening medical condition that:

• Requires close monitoring with MRI to determine appropriate treatment.
• Could progress to death or severe disability without such monitoring or treatment
Inpatient Rehabilitation Services

The inpatient rehabilitation program must include medical management, two or more therapies (e.g., respiratory therapy, speech-language pathology [SLP] services, physical therapy [PT], occupational therapy [OT]), and rehabilitation nursing. The CSHCN Services Program may reimburse inpatient rehabilitation services when the client meets one of the following criteria:

- The client is older than 4 years of age, sufficiently alert to respond to interventions and to participate with the rehabilitation team in setting treatment goals, and is an active participant in therapeutic activities.
- The client is 4 years of age or younger, sufficiently alert to respond to interventions and to participate with the rehabilitation team, and the parent or caregiver can actively participate in setting treatment goals and learning therapeutic management.

In addition, at least one of the following criteria must be met to be eligible for reimbursement of inpatient rehabilitation services:

- The client developed a recent onset of illness or trauma (within the last 12 months) without previous comprehensive rehabilitation efforts.
- There is no documentation of previous inpatient comprehensive rehabilitation effort.
- The client experienced a loss of previous level of functional independence through complications or recurrent illness, and the recovery of functional independence is feasible.

The following are examples of conditions that may be considered for coverage of inpatient rehabilitation:

- Spinal cord injuries
- Traumatic amputation of upper or lower extremities
- Rheumatoid arthritis and other inflammatory polyarthropathies
- Burns
- Postpolio syndrome
- Neoplasms
- Head or brain injuries
- Late effects of infections (e.g., Guillain-Barré syndrome)
- Cerebrovascular diseases
- Congenital conditions (for example, spina bifida and cerebral palsy) may be considered when there is a recent change in medical and functional status, such as post spinal surgery

Inpatient Rehabilitation Prior Authorization Requirements

Prior authorization is required for inpatient rehabilitation services. An inpatient rehabilitation provider must be approved by the CSHCN Services Program as an inpatient rehabilitation facility or unit before a prior authorization may be approved.

Prior authorization may be approved in 14-day increments, not to exceed a maximum of 90 days of inpatient rehabilitation, and may be prior authorized per calendar year. Requests must be submitted in writing with documentation of medical necessity, including the diagnosis or condition of the client and progress toward goals (request for additional days) along with a copy of the treatment plan. The “CSHCN Services Program Prior Authorization Request for Inpatient Rehabilitation Admission” must
be submitted for the initial request and each extension. Providers must include all supporting documentation showing medical necessity for the extended inpatient stay.

A statement explaining the medical necessity of inpatient versus outpatient rehabilitation services must be included with the documentation submitted for prior authorization. The justification must state the client’s current condition and why inpatient rehabilitation, as opposed to outpatient therapy, is required for optimal care. The client’s need for daily, intense, focused, team-directed therapy must be substantiated by the circumstances of the case.

If the prior authorization request for additional days documents that the client has made progress toward treatment goals, an additional 14 days may be approved up to a maximum of 90 days per calendar year. Requests for additional days must be received for prior authorization before the last inpatient rehabilitation day previously prior authorized.

22.5 Ambulatory Surgical Centers

22.5.1 Benefits, Limitations, and Authorization Requirements

Authorization for ASCs and HASCs

Authorization is required for all services performed in an ASC or HASC. Some outpatient surgery procedures have specialty team requirements. Refer to individual sections of this manual for additional information.

28 Physical Medicine and Rehabilitation

28.2.2.1 Authorization Requirements

PT and OT evaluations and reevaluations do not require authorization. PT and OT services require authorization. Request PT using the GP modifier and OT using the GO modifier. Treatment plans require authorization; up to 6 months of treatment may be authorized. Authorization requests for an extension require documentation of medical necessity. If the client is of school age, the requesting provider must include a copy of the IEP or include a statement from the independent school district indicating that the child is not eligible for therapy services from the school district. Treatment plans are authorized using the OT and PT guidelines by age as stated below. PT and OT may be authorized when the child meets one of the following guidelines:

The child presents a new condition that may include, but is not limited to:

- Upper extremity trauma, median or radial nerve lesions, late effects of fractures, burns, spinal cord injury, traumatic brain injury, cerebral embolism, brain tumor, or Guillain-Barré Syndrome.
- The child is seen in a specialty clinic for periodic assessment or re-evaluations.
- The child needs short-term therapy related to surgery or casting.
- The child requires training on the use of equipment such as wheelchairs (powered or manual), orthotics or prosthetics, or other equipment such as ambulation aids like walkers or crutches.
- Short-term assistance is required to instruct the child/family in activities of daily living specific to the home or environment (bathing, toileting, or making equipment assessment for braces, wheelchairs, cushions, and so on).

PT/OT services may be authorized as follows:

- Post-surgical therapy directly related to the reason for surgery or for cast removal may be authorized up to five times a week for two months and post rhizotomy for up to three times a week for one year. After these specified time periods, extensions require documentation of medical necessity.
17 Durable Medical Equipment

17.3 Benefits, Limitations, and Authorization Requirements

The CSHCN Services Program must authorize all requests for both standard and custom DME. Requests must be submitted on the CSHCN Services Program Durable Medical Equipment Authorization Request Form.

Written requests for prior authorization are required for custom manual wheelchairs, all power wheelchairs and custom seating systems, pediatric hospital cribs and protective tops, and other DME as specified in the sections below. The custom DME prior authorization period is no less than 75 days from the date of approval. If the client’s eligibility is due to end before the 75 days, providers will still receive a 75-day authorization from the date of the approval.

17.3.17 Wheelchairs

The CSHCN Services Program may authorize a standard manual wheelchair. All other wheelchair requests for custom manual or power wheelchair, seating system, or modification of a wheelchair must be prior authorized. The CSHCN Services Program does not reimburse providers for wheelchairs for children who are residents of nursing facilities or intermediate care facilities for the mentally retarded (ICF-MR). Providing wheelchairs for these children is the responsibility of the facility licensed to care for them.

17.3.17.2 Manual Wheelchairs

Manual wheelchairs may be non-custom DME or custom DME. Non-custom DME is medical equipment that can be obtained from a store or mail-order company and does not require adaptation or modification for the client’s use. Custom DME is medical equipment made or modified specifically to address the individual client’s needs.

The CSHCN Services Program may reimburse providers for a manual wheelchair when the equipment is medically necessary for any non-ambulatory client enrolled in the CSHCN Services Program. The physician or therapist is responsible for maintaining documentation indicating nonfunctional ambulation, situations where ambulation is contraindicated, or when ambulation is not adequate for independently accessing the community. Conditions that may debilitate a client to the point that ambulation would be detrimental to the client’s health (e.g., cancer, cystic fibrosis, cardiac conditions, etc.) may also be considered.

Eligible clients may receive a manual wheelchair in addition to a powered wheelchair or travel chair. The manual chair is purchased as a backup; therefore, cost and accessories should be minimal. Aside from having a manual wheelchair backup for a powered wheelchair, the CSHCN Services Program does not authorize purchase of more than one form of mobility equipment per eligible client.

No more than one manual wheelchair may be authorized in a three-year period without documentation of medical necessity for a second or replacement wheelchair. If the wheelchair is stolen or damaged in an accident before it is scheduled to be replaced a police report must be submitted with the authorization request to justify replacing the equipment.

Rental must be considered for short-term needs when the total rental cost is expected to be less than the purchase price. If public funds were used for payment of a wheelchair within the last three years, specific justification is required to prior authorize a new chair.

If an immediate need for a wheelchair is indicated in the CSHCN Services Program Wheelchair Seating Evaluation Form, and the CSHCN Services Program has approved a wheelchair, DME providers are required to provide a loaner wheelchair free of charge until the approved equipment is delivered to the client.
17.3.9 Hygiene Equipment

Hygiene equipment may be non-custom DME, or it may be custom DME if it is in any way customized to the individual client’s needs. Hygiene equipment should be rented if the need is for short-term use and if renting is more cost-effective. Documentation of the client’s anticipated independence with the equipment is required for rental and purchase. Additionally, equipment may be authorized for clients who are non-ambulatory in order to assist the parents and enhance safety in the care of clients with spina bifida, cerebral palsy, and other paralytic conditions. The following hygiene equipment may be authorized:

- Tub rails (not wall mounted or permanently attached).
- Manual or hydraulic bathtub lifts
- Commodes or potty chairs
- Hygiene adaptations (e.g., raised toilet seats)
- Patient lifts
- Bath seats or chairs

17.3.9.1 Authorization Requirements

Non-custom hygiene equipment must be authorized. The following documentation should be included with the authorization request for any custom and non-custom hygiene equipment:

- Client’s condition, height, weight, age, and functional level
- Anticipated length of time the client will need the equipment
- Description of postural condition of the child including tone, head control, trunk control, upper extremity, and lower extremity
- Transfer status

Note: Custom hygiene equipment must be prior authorized.

32 Respiratory Equipment and Supplies

32.2 Benefits and Limitations

The CSHCN Services Program may reimburse the rental or purchase of medically necessary and appropriate respiratory equipment. The item must be prescribed by a licensed physician and be a benefit of the CSHCN Services Program.

Equipment may be rented or purchased depending on the cost-effectiveness of the action requested. In general, equipment is purchased if it is needed for more than six months. The CSHCN Services Program purchases only new, unused equipment. Reimbursement of rented equipment includes all supplies, accessories, adjustments, repairs, or replacement parts needed during the rental period.

Exception: Oxygen concentrators, IPV systems, and cough stimulating devices are rented, not purchased, because of high maintenance costs and the frequency of required repairs.

Repairs are considered if the item was purchased by the CSHCN Services Program or is an item on the CSHCN Services Program-approved list that was obtained from another source. The repair must be cost-effective when compared to the cost of replacement.

The CSHCN Services Program considers requests for coverage for the following types of respiratory equipment:
• Rental or purchase of:
  – Suction equipment.
  – Electric percussors for chest physiotherapy
  – HFCWCS
  – Medical grade or “heavy duty” air compressors
  – Continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BiPAP) machines (BiPAP machines will only be provided to clients who did not have success with CPAP)
  – Immersion heaters
  – Ventilators and supplies

• Rental of:
  – Stationary gaseous oxygen cylinders or liquid oxygen systems (stands, carts, regulators, oxygen conservers, and carrying cases are included in the rental reimbursement.)
  – Portable gaseous oxygen system
  – Oxygen concentrators (a back up cylinder of gaseous oxygen is included in the rental reimbursement)
  – Intermittent positive pressure breathing (IPPB) machines
  – Apnea monitors (all apnea monitors provided to CSHCN Services Program clients must be capable of recording and storing data about apneic episodes), refer to Authorization and Reimbursement sections for additional information regarding rental of apnea monitors
  – Pulse oximeters (refer to Authorization and Reimbursement sections for additional information about rental of pulse oximeters)
  – Cough stimulating devices (Cofflator)
  – IPV system

32.2.1 General Authorization Requirements

Requirements for authorization and prior authorization vary with the type of equipment requested. Refer to the types of equipment listed below for authorization and prior authorization requirements. Requests for authorization and prior authorization must be submitted in writing and must include documentation of medical necessity.

32.2.11 Other Equipment

All other respiratory equipment must be authorized. Documentation of medical necessity for the item must accompany the claim.

Note: Oxygen Concentrators are not listed in Sections 32.2.2 – 32.2.10 and therefore must be authorized.
18 Expendable Medical Supplies

18.2 Benefits, Limitations, and Authorization Requirements

The CSHCN Services Program provides benefits for expendable medical supplies for eligible clients. An expendable medical supply is defined as an item necessary to carry out a medical procedure or to maintain the client’s health at home.

Expendable is defined as being intended for single or short-term use before being discarded. Most supplies are not reusable and will be discarded after use. Some supplies, including but not limited to straight catheters, may be cleaned and reused. Supplies are a benefit only for those clients residing at home. Expendable medical supplies are limited to a quantity used by the typical client. Prior authorization is required with documentation of medical necessity supports additional quantities greater than maximum limitations listed in the tables below for a client with exceptional needs. Some expendable medical supplies related to feeding, incontinence supplies, and respiratory supplies are limited in the amounts allowed per month.

18.2.1 Examples of Covered Supplies

The following categories of medical supplies are a benefit of the CSHCN Services Program. This list is not all-inclusive:

- Incontinence supplies, including, but not limited to, diapers, briefs, pull-ups, liners, urinary catheters, gloves, lubricants, skin disinfectants, ostomy and catheterization supplies, pouches, wafers, cleaning solutions, catheters, and syringes
- Feeding supplies, including, but not limited to, feeding bags for pumps, tubing, nasogastric tubes, syringes, nonobturated gastrostomy tubes, and low profile nonobturated gastrostomy devices (also known as gastrostomy button)
- Nonobturated gastrostomy tubes and nonobturated low profile gastrostomy devices are limited to 2 per year. (Enteral feeding pumps are considered durable medical equipment [DME]).
- Wound care supplies, including, but not limited to, dressings, tape, bandages, masks, eye patches, and ace wraps. 15.4 Authorization Requirements
- Diabetic care, such as testing supplies and lancets (Glucose monitors are considered DME)
- Miscellaneous supplies used in the treatment of a medical condition

Refer to: Chapter 15, “Diabetic Equipment and Supplies,” on page 15-1 for more detailed information.

Chapter 17, “Durable Medical Equipment (DME),” on page 17-1 for more detailed information

Chapter 32, “Respiratory Equipment and Supplies,” on page 32-1 for more detailed information

Articles of daily living are not a benefit of the CSHCN Services Program.

32.2 The a list of respiratory equipment and supplies and their limitations can be found on pages 32-4 and 32-5 in the CSHCN Services Provider Manual.

Note: Prior Authorization is required for respiratory equipment quantities that exceed those listed in Section 32.2 in the 2009 CSHCN Services Provider Manual.
27 Out-patient Behavioral Health

27.2.1 Non-covered Services

The following psychiatric services are not benefits of the CSHCN Services Program:

(This list is not all inclusive)

- Adult activity or Individual activity (these services are payable only if guidelines of group therapy are met and termed group therapy)
- Biofeedback
- Dance therapy
- Educationally related services provided in a school setting
- Hypnosis
- Music therapy
- Partial hospitalization
- Psychiatric day care
- Psychiatric day hospital
- Psychiatric day treatment
- Recreational therapy
Summer was born a beautiful baby girl after a normal pregnancy. At 4 months old, her parents started to have concerns about her development. As an infant, she arched her back frequently, and her arms and legs became increasingly stiff. At 14 months of age, Summer was diagnosed with spastic quadriplegic cerebral palsy.

She was not able to walk, stand, or even sit up without assistance. Her parents were concerned about how to care for her needs, and applied for Medicaid as well as the CSHCN Services Program. Summer was not able to qualify for the Medicaid program, but was added to the waiting list for the CSHCN Services Program. After 3 months on the waiting list, Summer's parents were notified that she had been removed from the waiting list. A new program approval letter and CSHCN Services Program Eligibility Form with her eligibility dates and information regarding the range of services were sent to them.

Summer's physician, Dr. Shaw, was not a CSHCN Services Program provider or a Medicaid provider, but enrolled in both of the programs in order to continue treating Summer and to be able to file claims for the medical services. Dr. Shaw discussed Summer's condition with her parents, and together they developed a written plan of care for Summer, including an emergency care plan. Dr. Shaw referred Summer and her family to their local Early Childhood Intervention program, in accordance with federal and state requirements. After their discussion, Dr. Shaw referred Summer to a licensed therapist for an assessment and prescribed an at-home visit by a skilled nurse to provide education and anticipatory guidance for Summer's parents.

Don and Gina took Summer to the therapist the following week for her assessment. Summer's therapist recommended outpatient rehabilitative services as well as a custom adaptive stroller with positioning inserts, and a customized car seat. In addition to these items, Summer utilizes these items (adaptive stroller, customized car seat, and expendable medical supplies) until she is 6 years old. Dr. Shaw participated in a team conference with Don, Gina, and Summer's therapist to coordinate her care. He, Don and Gina also updated Summer's written plan of care.

At age 6 Summer's therapist recommends a custom power wheelchair due to growth. The whole family is very excited when Summer's wheelchair is delivered because it will allow her to be more independent.

A little after Summer's eighth birthday, Don and Gina begin to notice a big change in their daughter. She is very quiet, and has been crying frequently after she comes home from school. They decide to schedule an appointment with an enrolled CSHCN Services Program Licensed Professional Counselor (LPC). Summer's LPC, Mr. Johnson, determines that Summer is suffering from depression and recommends counseling services once a month. After about a year of counseling, Summer is no longer depressed and is excited about her future.
Case Study # 2 Questions

1. Is the skilled nursing service provided a benefit of the CSHCN Services Program? Is a physician prescription necessary?

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__________________________________________________________________________________________
__________________________________________________________________________________________

2. Do skilled nursing services require authorization or prior authorization?

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__________________________________________________________________________________________
__________________________________________________________________________________________

3. Will an authorization or a prior authorization be required to obtain the custom adaptive stroller or the customized car seat?

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__________________________________________________________________________________________
__________________________________________________________________________________________

4. If so, what must be included when submitting an authorization or prior authorization for the custom adaptive stroller?

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__________________________________________________________________________________________
__________________________________________________________________________________________

5. Should the custom adaptive stroller be rented or purchased? Why?

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__________________________________________________________________________________________
__________________________________________________________________________________________

6. Are expendable medical supplies a benefit of the CSHCN Services Program? If so, at what age would Summer be eligible to receive diapers and liners through the CSHCN Services Program?

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__________________________________________________________________________________________
__________________________________________________________________________________________
7. If so, has Summer been eligible for these benefits since she became eligible for the CSHCN Services Program?

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8. Do outpatient rehabilitation services require authorization or prior authorization?

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9. Are custom power wheelchairs a benefit of the CSHCN Services Program? If so, is authorization or prior authorization required?

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10. Should the custom power wheelchair be rented or purchased? Why?

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11. Are out-patient behavioral health services a benefit of the CSHCN Services Program? If so, how many visits are allowed per calendar year?

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12. Is authorization or prior authorization required for outpatient behavioral health services?

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13. Are the care coordination services provided by Dr. Shaw a benefit of the CSHCN Services Program? If so, how will Dr. Shaw submit a claim for these services?

__________________________________________________________________________________________

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__________________________________________________________________________________________


2009 CSHCN Services Program Provider Manual References

The following information can be found in the 2009 CSHCN Services Program Provider Manual. The numbers indicated before each section identify the Chapter number and subsection in which the information is located. For example: 3.2 is located in Chapter 3, Subsection 3.2. Please use the following information to answer the case study questions listed on pages 41 and 42.

4 Authorization & Prior Authorization

See “4.3.1 Services Requiring Prior Authorization & 4.2.1 Services that Require Authorization” in the reference section from the first case study for a list of services that require Authorization and Prior Authorization.

20 Home Health (Skilled Nursing) Care

20.2 Benefits, Limitations, and Authorization Requirements

The CSHCN Services Program may cover up to 200 hours per client, per year of part-time, intermittent skilled nursing services (procedure codes S9123 and S9124). These services must be provided in the home by an HCSSA registered nurse (RN) or licensed vocational nurse (LVN) enrolled in the CSHCN Services Program. The admission visit performed by the agency RN may be reimbursed at the same rate and counts toward the 200 hours per year. RN visits to perform required assessments to complete the plan of care may be reimbursed at the same rate and will count toward the 200 hours per year limit. Skilled nursing services must meet the following conditions for reimbursement by the CSHCN Services Program:

- Prescribed by a physician
- Medically necessary and appropriate
- Provided according to an established plan of care which is reviewed, at a minimum, by the prescribing physician every 60 days
- Authorized

Skilled nursing can include, but is not limited to:

- Periodic nursing assessment of a client
- Visits for administering medications, including intravenous (IV) medications and chemotherapy
- Visits for acute illness, postsurgical and sterile wound care.
- Education of the primary caregiver and client about the illness process and the skills required to care for the client's medical needs.
- Medical treatments that require the skills of a licensed nurse
- Transition from an inpatient to a community-based home setting

The CSHCN Services Program covers other services, therapies, supplies, and equipment that may be provided in the home. Refer to each specific chapter for guidelines. Skilled nursing services do not include respite care. Families should be referred to the DSHS regional office in their area for respite care services.
Nursing services are not reimbursed if provided in conjunction with the administration of total parenteral nutrition (TPN). The reimbursement for TPN is an all-inclusive fee.

Skilled nursing for in-home administration of blood or blood products is not a benefit.

### 20.2.1 Authorization Requirements

Skilled nursing services must be authorized. The number of skilled nursing hours that may be authorized or reimbursed is limited to 200 hours per calendar year per client. Requests for skilled nursing hours must be submitted in writing to TMHP within 95 days of the date of service using the “CSHCN Services Program Home Health (Skilled Nursing) Referral and Treatment Plan,” on page B-104.

**Note:** Fax transmittal confirmations are not accepted as proof of timely authorization submissions. An additional 200 hours of service per client, per calendar year may be prior authorized with documented justification of medical necessity.

Refer to: Chapter 4, “Authorizations and Prior Authorizations,” on page 4-1 for additional information about authorization and prior authorization requirements.

### 17 Durable Medical Equipment (DME)

#### 17.2.1 Custom DME

Custom DME is medical equipment made or modified specifically to address the individual client’s needs. After issue of customized equipment, the equipment becomes the client’s possession. The following items are custom DME that are benefits of the CSHCN Services Program:

- Adaptive strollers
- Custom-fitted wheelchairs (manual and power) and positioning components
- Gait trainers
- Hospital crib or enclosed bed
- Portable wheelchair ramps
- Scooters
- Special needs car seats
- Standers (prone and supine)
- Travel chair

#### 17.3 Benefits, Limitations, and Authorization Requirements

The CSHCN Services Program must authorize all requests for both standard and custom DME. Requests must be submitted on the CSHCN Services Program Durable Medical Equipment Authorization Request Form.

Written requests for prior authorization are required for custom manual wheelchairs, all power wheelchairs and custom seating systems, pediatric hospital cribs and protective tops, and other DME as specified in the sections below. The custom DME prior authorization period is no less than 75 days from the date of approval. If the client’s eligibility is due to end before the 75 days, providers will still receive a 75-day authorization from the date of the approval.

#### 17.3.1 Adaptive Strollers

Adaptive strollers may be non-custom DME, or they may be custom DME if they are in any way customized to the individual client’s needs.
Adaptive strollers are mobility devices that resemble regular strollers purchased for healthy infants and toddlers. Adaptive strollers have a limited range of accessories that allow some positioning for clients with minor postural problems.

17.3.1.1 Authorization Requirements

Adaptive strollers may be authorized only when medically necessary and when all of the following conditions are met:

• The stroller has a firm back and seat, or insert.
• A stroller (rather than a wheelchair) is specifically recommended by the licensed therapist completing the wheelchair evaluation.
• The requested stroller meets all recommendations made in the wheelchair evaluation.
• The client is not expected to develop motor skills necessary for self-propulsion and is not expected to need a travel chair or wheelchair within two years of the request date, or the client is expected to be ambulatory within one year of the request date.

Authorization requests for clients older than two years of age must meet the above criteria, and there must be medical documentation of the need for a stroller versus a wheelchair. Medical documentation should indicate that a stroller allows adequate support for a client’s particular condition, stature, and need for positioning (completion of the CSHCN Services Program Wheelchair Seating Evaluation Form serves as medical documentation).

The following criteria must be met for the level of stroller requested:

• **Level 1: Basic stroller** - The client meets the criteria for a stroller
• **Level 2: Stroller with tray for oxygen and/or ventilator** - The client meets the criteria for a Level 1 stroller and is oxygen- or ventilator-dependent
• **Level 3: Stroller with positioning inserts** - The client meets the criteria for a Level 1 or Level 2 stroller and requires additional positioning support

17.3.12 Special Needs Car Seats and Travel Restraints

The CSHCN Services Program may reimburse providers for special needs car seats and travel restraints when they are medically necessary and appropriate. Services and equipment must be authorized and must be provided by a trained provider who is certified in car seat installation.

The CSHCN Services Program reimburses providers for special-needs car seats and travel restraints using the same methodology as custom manual rehabilitative equipment. When filing claims for car seats and travel restraints, providers should follow the same procedures as for customized equipment.

17.3.12.1 Car Seats

All children must be transported as safely as possible. Children with breathing disorders, casts, neuromuscular deficits, or other health-care needs may need to use special needs car seats or travel restraints. Providers supplying special needs car seats must be CSHCN Services Program custom DME providers and must have received approved training from the manufacturer of the product requested. The comprehensive training must include correct use of car seats for children with special needs, and the proper installation of top tethers. Providers must demonstrate proficiency in the installation of the top tethers during this training. Installation of the top tether is essential for proper use of the car seat and is included in the reimbursement of the car seat.
Providers must keep a statement on record that is signed and dated by the child’s parent or guardian and the provider stating:

- A manufacturer-trained provider has installed the top tether in the automobile in which the child will be transported.
- A manufacturer-trained provider has trained the client’s parent(s) or guardian(s) in the correct use of the car seat.
- The client’s parent(s) or guardian(s) has demonstrated the correct use of the car seat to a manufacturer-trained provider.

Prior Authorization Requirement for Car Seats

Requests for authorization of special needs car seats must include all of the following written documentation:

- Providers must include the child’s weight and height (if the child weighs 40 pounds or is more than 40 inches in height, the actual height and weight must be provided).
- Providers must include a description of the child’s postural condition, specifically including head and trunk control.
- Providers must include the child’s expected long-term need for the car seat.
- A photocopy of the training certification of the individual installing the car seat must accompany each request for authorization to be considered for reimbursement by the CSHCN Services Program. Authorizations are not given to a provider until training is completed and the CSHCN Services Program claims contractor receives a copy of the training certificate.
- Providers must include the name of the individual installing the car seat on the form entitled, “CSHCN Services Program Prior Authorization and Authorization for Durable Medical Equipment (DME)” or providers must include documentation with the form indicating that the top tether was factory installed by the vehicle’s manufacturer before vehicle purchase.
- Installation of the top tether is essential for proper use of the car seat and is included in reimbursement for the car seat. Providers may not bill the CSHCN Services Program for the installation of the top tether.
- Providers must keep a statement on record signed and dated by the child’s parent or guardian and the provider stating that a top tether was installed by a manufacturer-trained provider in the automobile used to transport the child; parent training in the correct use of the car seat was provided by a manufacturer-trained provider; and the parent demonstrated the correct use of the car seat to a manufacturer-trained provider. Careful consideration should be given to the manufacturer’s weight limitation when fitting the child for a car seat and should allow for at least 12 months of anticipated growth.

The manufacturer’s weight limitation should be carefully considered when fitting the child for a car seat and should allow for at least 12 months of anticipated growth.

The CSHCN Services Program considers replacement after 7 years (normal useful life) or if a car is involved in an accident. (Some manufacturers may replace car seats at no cost following an accident, if a police report from the accident is provided.)

Car seat accessories for correct positioning, available from the manufacturers, may be authorized when medically necessary. Only car seat modifications and accessories that have been crash-tested with the car seat and provided by the manufacturer of the car seat may be authorized.
17.3.17.1 Wheelchair Authorization Requirements

Written requests for prior authorization and authorization of all wheelchairs must include the following two forms:

- “CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME),” on page B-29.
  
  **Note:** The physician's signature is only required on page 1 of the form in the Statement of Medical Necessity section. Providers must submit page 1 of the form to TMHP. Pages 2 through 5 are only required for certain DME requests. Refer to the text under the form title to determine which of these pages must be submitted in addition to page 1.

- “CSHCN Services Program Wheelchair Seating Evaluation Form,” on page B-117.

A PT or an OT who is not employed by the DME provider must complete the evaluation and the CSHCN Services Program Wheelchair Seating Evaluation Form. Authorization for wheelchair modifications or repairs for an existing seating system also require the wheelchair seating evaluation. CSHCN Services Program-approved custom DME providers are required to submit these assessments with their requests for the wheelchairs. Therapists must use the “CSHCN Services Program Wheelchair Seating Evaluation Form,” on page B-117.

17.3.17.4 Power Wheelchairs

Model-specific power wheelchairs, including three-wheelers and scooters, must be prior authorized. Eligible children may receive, or already have a manual wheelchair or travel chair in addition to the power wheelchair. No more than one electric wheelchair may be authorized in a 5-year period without documentation of medical necessity for a second or replacement wheelchair. If public funds were used for payment of a power wheelchair within the last 5 years, medical justification is required to give authorization for a new power wheelchair. If the wheelchair is stolen or damaged in an accident before it is scheduled to be replaced, a police report must be submitted with the authorization request to justify replacing the equipment.

Requests for customized power wheelchairs must include a complete description of the specific base, any attached seating system components, and any attached accessories not included in the base price. Requests must also include the MSRP's for the individual components, including justification for components that would be considered part of the wheelchair. The CSHCN Services Program requires that the manufacturers' price sheets be submitted along with price quotes at the time of submission for authorization. If a price change occurs after the authorization has been granted, the provider must submit new price sheets with the claim to document the price changes so that the price discrepancy between the authorization and the claim can be manually reviewed.

17.3.17.5 Approval Criteria for Power Wheelchairs

Written requests for prior authorization of power wheelchairs should be submitted on a “CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME)” form. A CSHCN Services Program Wheelchair Seating Evaluation Form completed by an OT or PT not employed by the DME provider requesting the equipment modification must be submitted with the authorization request.

**Note:** The physician's signature is only required on page 1 of the form in the Statement of Medical Necessity section. Providers must submit page 1 of the form to TMHP. Pages 2 through 5 are only required for certain DME requests. Refer to the text under the form title to determine which of these pages must be submitted in addition to page 1.
Age

Power wheelchairs can be approved for clients who are 18 months to 21 years of age (the normally developing child begins to walk and explore between 18 months to 2 years of age). The CSHCN Services Program supports providing power wheelchairs to match normal developmental milestones.

Level of Physical Function

The child must have control of some body part to operate a power wheelchair. The child’s level of function must be defined by one of the following:

- The child is unable to self-propel a manual wheelchair, even if adapted
- Self-propulsion is possible, but activity is extremely labored leaving the child exhausted at the necessary destination, such as classroom or school bathroom
- Self-propulsion is possible, but contrary to treatment regimen. Examples include joint protection, energy conservation, and preservation of cardiovascular or respiratory function

Cognitive Level

The child must be able to receive and follow directions related to driving or controlling the wheelchair in a safe manner.

The client’s level of judgment and impulse control must be such that the wheelchair will be used appropriately with minimal risk of either accidental or intentional injury to self or others.

Environmental Assessment

The therapist assessing the client is required to ask pertinent questions found on the “CSHCN Services Program Wheelchair Seating Evaluation Form” to ensure safe use and selection of the appropriate power wheelchair that will best serve the client.

Refer to: Appendix B, “CSHCN Services Program Wheelchair Seating Evaluation Form,” on page B-117.

18 Expendable Medical Supplies

See “18.2 Benefits, Limitations, and Authorization Requirements” in the previous reference material from the first case study for more information regarding expendable medical supplies.

Incontinence Supplies

18.2.2 Diapers, Briefs, Pull-ups, and Liners

Authorization is not required when diapers, pull-ups, briefs, and liners in any combination up to 300 items per month and may be covered if the client’s diagnosis is included in the diagnosis table listed on pages 18-5 through 18-10 of the 2009 CSHCN Services Program Provider Manual. Clients must be 4 years of age or older and be incontinent as a direct complication of a medical condition. Refer to the required form, “CSHCN Services Program Prior Authorization Request for Diapers, Pull-ups, or Liners,” on page B-24. Fax transmittal confirmations are not accepted as proof of timely prior authorization submissions.
28 Physical Medicine and Rehabilitation

28.2 Benefits, Limitations, and Authorization Requirements

The CSHCN Services Program may reimburse medically necessary and appropriate outpatient PT and OT for CSHCN Services Program clients. A physician or podiatrist (for conditions below the ankle) must prescribe PT and OT services that are provided through or in a rehabilitation center, a licensed hospital, a physician’s office, or the office of an enrolled PT or OT provider. The CSHCN Services Program may reimburse therapists for travel to the client’s community, based on standard CSHCN Services Program travel reimbursement policy, when no local therapist is available or when services are provided in the client’s home. Use the CSHCN Services Program local procedure code 100PT, Transportation therapist, per mile. Only licensed therapists may provide PT and OT services.

The CSHCN Services Program reimburses therapists and outpatient facilities based on the procedure codes listed in this chapter. Therapy sessions include the time span the therapist is with the client, time spent preparing the client for the session, and the time spent completing documentation.

See “28.2.2.1 Authorization Requirements” under Outpatient Rehabilitation in the previous reference material from the first case study for authorization requirements.

28.2.2 Physical Medicine, Physical Therapy (PT), and Occupational Therapy (OT)

Physical medicine is the use of one or more modalities applied to produce therapeutic changes to biologic tissue. It includes, but is not limited to thermal, acoustic, light, mechanical, or electric energy.

Physical medicine is not to supplement or replace related services provided through the public school system.

Physical medicine may be provided by physicians, podiatrists (for services below the ankle), or physical therapists or occupational therapists under the direction of a physician.

The CSHCN Services Program may reimburse for physical medicine under the following conditions:

- The services do not duplicate those provided by the school district, if the child is receiving therapies through an individualized education plan (IEP).
- The client has a disability requiring therapy to improve or maintain function, range of motion, strength, and/or to prevent or decrease the risk of deformity or osteoporosis.
- The client has an exacerbation of chronic illness or condition (e.g., juvenile rheumatoid arthritis [JRA], hemophilia, or sickle cell crisis).
- The client has sustained a traumatic injury or is experiencing late effects of a traumatic injury requiring therapy to restore or maintain function, range of motion, strength and/or to prevent or decrease the risk of deformity or osteoporosis.
- The client requires short-term therapy related to surgery or casting.
- The client or family requires training on the use of equipment or orthotics or prosthetics.
- The client or family require instruction in activities for daily living specific to their home environment, or the client requires an assessment for appropriate equipment, seating braces, orthotics, or prosthetics.

Clients may receive therapy services from both the CSHCN Services Program and school districts only when the therapy provided by the CSHCN Services Program addresses different client needs. Therapy provided through the CSHCN Services Program is not intended to duplicate, replace, or supplement services that are the legal responsibility of other entities or institutions.
The CSHCN Services Program encourages the private therapist to coordinate with other therapy providers to avoid treatment plans that might compromise the client's ability to progress.

Evaluation, reevaluation, and therapy services may not be billed on the same date of service. Reimbursement of an evaluation is limited to once every 6 months. Reimbursement for re-evaluation is limited to once per month.

27 Out-patient Behavioral Health

27.2 Benefits, Limitations, and Authorization Requirements

Outpatient mental health services are limited to no more than 30 encounters by all practitioners per eligible client per calendar year. Visits over the 30 encounter maximum for all mental health providers per client per calendar year are not a benefit of the CSHCN Services Program. The CSHCN Services Program will not provide outpatient behavioral health benefits for clients who are also eligible for Medicaid, the Texas Health Steps-Comprehensive Care Program (THSteps-CCP), or the Children's Health Insurance Program (CHIP). Coverage includes, but is not limited to, psychological testing, neuropsychological testing, psychotherapy, psychoanalysis, counseling, and narcosynthesis.

The CSHCN Services Program will not reimburse providers for visits over the 30 encounter maximum for all mental health providers per client per calendar year.

27.2.1 Authorization Requirements

Outpatient Behavioral Health services are exempt from authorization requirements.

29 Physician

29.2.12 Clinician-Directed Care Coordination Services

Clinician (physician or APN)-directed care coordination services are a benefit of the CSHCN Services Program.

Clinician-directed care coordination services are a benefit only when provided by a primary care clinician, specialist, or subspecialist who attests that he or she is providing the medical home for the client.

• The medical home is a partnership between the child, the child's family, and the primary care provider (or place where the child receives care).

• The medical home is a care delivery model that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent.

• In providing a medical home for the client, the primary care clinician directs care coordination together with the child or youth and family.

• Care coordination is a family-centered process that links children or youths with special health needs and their families to services and resources in a coordinated effort to maximize the potential of the children and provide them with optimal health care.

Clinician-directed care coordination services (face-to-face and non-face-to-face) must include the following activities, with permission of the client or family:

• Supervising the development and revision of a client's written care plan (a formal document or contained in the client's progress notes) in partnership with the client, family, and other agreed-upon contributors (and sharing of this care plan with other providers, agencies, and organizations involved in the care of the client)

• Coordinating of care among multiple providers
- Maintaining of a central record or database that contains all pertinent client medical information, including hospitalizations and specialty care
- Assisting the client and family in communicating clinical issues when a client is referred for a consultation or additional care
- Evaluating, interpreting, and managing of consultant recommendations for the client and family in partnership and collaboration with consultants, other providers, the client, and the family

Clinician-directed care coordination services should also include supervision of development and revision of the client's emergency medical plan in partnership with the client, the family, and other providers to be used by emergency medical services (EMS) personnel, utility service companies, schools, other community agencies, and caregivers.

29.2.12.2 Non-Face-to-Face Clinician-Directed Care Coordination Services

Non-face-to-face care coordination services include:

- Prolonged services (procedure codes 99358 and 99359)
- Medical team conferences (procedure code 99367)
- Care plan oversight/supervision (procedure codes 99339, 99340, 99374, 99375, 99377, and 99378)

Specifically, non-face-to-face clinician supervision of the development or revision of a client's care plan (care plan oversight services) may include the following activities. These services do not have to be contiguous:

- Review of charts, reports, treatment plans, or lab or study results, except for the initial interpretation or review of lab or study results ordered during or associated with a face-to-face encounter
- Telephone calls with other clinicians (not employed in the same practice), including specialists or subspecialists involved in the care of the client
- Telephone or face-to-face discussions with a pharmacist about pharmacological therapies (not just ordering a prescription)
- Medical decision making
- Activities to coordinate services (if the coordination activities require the skill of a clinician)
- Documentation of the services provided, including writing a note in the client chart describing services provided, decision making performed, and amount of time spent performing the countable services, including time spent by the physician working on the care plan after the nurse has conveyed pertinent information from agencies or facilities to the physician, including the start and stop times

Care Plan Oversight

Clinician-directed care plan oversight services may be billed with one of the procedure codes listed in the following table.

<table>
<thead>
<tr>
<th>Procedure Codes</th>
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<tbody>
<tr>
<td>99339</td>
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<tr>
<td>99378</td>
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Clinician supervision of a client in the home or domiciliary or under the care of a home health agency or hospice (care plan oversight) may be billed with the following procedure codes: The clinician who bills for the care plan oversight must be the same clinician who signed the plan of care for the home or domiciliary (procedure codes 99339 and 99340), home health agency (procedure codes 99374 and 99375) or hospice (procedure codes 99377 and 99378).
Care plan oversight may be reimbursed for the clinician time involved in the coordination. The clinician billing the services must personally perform the services. Care coordination services delegated to or performed by others do not count towards care coordination reimbursement.

Procedure code 99339 is denied if billed on the same date of service by the same provider as procedure code 99340.

Procedure code 99374 is denied if billed on the same date of service by the same provider as procedure code 99375.

Procedure code 99377 is denied if billed on the same date of service by the same provider as procedure code 99378.

**Medical Team Conference**

Medical conferences may be billed with procedure code 99367. One medical team conference (procedure code 99367) may be reimbursed every 6 months when the coordinating clinician attests that he or she is providing the medical home for the client. The coordinating clinician may be the client’s primary care physician or a specialist. The medical team conference time must be documented in the client’s record.

Authorization is required for non-face-to-face clinician-directed care coordination services. A “CSHCN Services Program Authorization Request for Non-Face-to-Face Clinician-Directed Care Coordinated Services” form and the required documentation must be submitted.

**Note:** The “CSHCN Services Program Authorization Request for Non-Face-to-Face Clinician-Directed Care Coordinated Services” form is available on page B-86 of the 2009 CSHCN Services Program Provider Manual

**Note:** Detailed information regarding the Early Childhood Intervention Program can be found at: http://tinyurl.com/eci-dars

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Third Party Resources (TPR)

Third-Party Resource (TPR) Federal and state laws require that the CSHCN Services Program use program funds for the payment of most medical services only after all reasonable measures were taken to use a client’s TPR. A TPR is a source of payment (other than payment from the CSHCN Services Program) for medical services. TPR includes payment from any of the following sources:

- Private health insurance
- Dental insurance plan
- Health maintenance organization (HMO)
- Home, automobile, or other liability insurance
- Preferred provider organization (PPO)
- Cause of action (lawsuit)
- Medicare
- Health-care plans of the U.S. Department of Defense or the U.S. Department of Veterans Affairs (also known as TRI-CARE)
- Employee welfare plan
- Union health plan
- Children’s Health Insurance Program (CHIP)

Note: Although Texas Medicaid is considered a non-TPR source, when the client is eligible for both the CSHCN Services Program and Texas Medicaid, Medicaid must be billed before billing the CSHCN Services Program.

To ensure that the CSHCN Services Program is the payer of last resort, TMHP performs post payment investigations of potential casualty and liability cases. TMHP also identifies and recovers CSHCN Services Program expenditures in casualty cases involving CSHCN Services Program clients. Investigations are a result of referrals from many sources, including attorneys, insurance companies, health-care providers, CSHCN Services Program clients, and state agencies.

An attorney or other person who represents a CSHCN Services Program client in a third-party claim or action for damages for personal injuries must send written notice of representation to the TMHP-TORT department. The written notice must be submitted within 45 days of the date on which the attorney or representative undertakes representation of the CSHCN Services Program client or from the date on which a potential third party is identified.
Claim Filing Deadlines

- Inpatient claims filed by a hospital must be submitted to TMHP within 95 days from the discharge date. Hospitals may submit interim claims before discharge. These claims must be submitted to TMHP within 95 days from the last date of service on the claim.
- Outpatient hospital services must be submitted to TMHP within 95 days from the date of service.
- All other claims must be submitted to TMHP within 95 days from each date of service.

When a service is a benefit of Medicare, Medicaid, and the CSHCN Services Program, and the client is covered by all programs, the claim must be filed with Medicare first, then with Medicaid. If a Medicaid claim is denied or recouped for client ineligibility, the claim may be submitted to the CSHCN Services Program within 95 days from the date of Medicaid disposition. A copy of the disposition must be submitted with the claim and mailed to TMHP.

When a service is billed to another insurance resource, the filing deadline is 95 days from the date of disposition by the other resource and no later than 365 days from the date of service.

Note: For clients receiving retroactive eligibility, TMHP must receive claims within 95 days from the date the eligibility was added to the TMHP eligibility file (add date).

As a courtesy to the provider, if more than 110 days elapsed from the date a claim was filed to the TPR and no response was received, the claim may be submitted to TMHP for consideration of payment. The following information is required:

- The name and address of the TPR.
- The date the TPR was billed (used to calculate the filing deadline).
- A statement signed and dated by the provider that no disposition was received from the TPR within 110 days from the date the claim was filed.

TMHP must receive all appeals of denied claims and requests for adjustments on paid claims within 120 days of the date of disposition of the Remittance and Status (R&S) Report on which that claim appears. If the 120-day appeal deadline falls on a weekend or holiday, the deadline is extended to the next business day.

Important: Potential new providers must follow all claims filing procedures while completing the enrollment process. This is particularly important when providing services to CSHCN Services Program clients before receiving a provider identifier. Claims should be submitted without a provider identifier until notified by TMHP of the final enrollment determination. TMHP must receive all claims for CSHCN services within the required filing deadlines, regardless of enrollment status. Claims filed while waiting to receive a provider identifier are denied; however, having met the claim filing deadline, a provider can resubmit or appeal the claims for payment after the CSHCN Services Program provider identifier is assigned. The resubmitted claim may be considered for payment if TMHP receives it within 120 days from the date of the denial and it is on or after the provider enrollment effective date. When a provider renders services to a CSHCN Services Program client before receiving a provider identifier and has questions about this requirement or enrollment, the provider may call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.
Exceptions to Claim Filing Deadline

The DSHS manager with responsibility for oversight of the CSHCN Services Program, or his or her designee, considers a provider's request for an exception to the 95-day claims filing deadline and the 120-day correction and resubmission deadline, if the delay is due to one of the following reasons:

- Damage to or destruction of the provider's business office or records by a catastrophic event or natural disaster; including, but not limited to fire, flood, or earthquake that substantially interferes with normal business operations of the provider.
- Damage or destruction of the provider's business office or records caused by intentional acts of an employee or agent of the provider, only if the employment or agency relationship was terminated and the provider filed criminal charges against the former employee or agent.
- Delay, error, or constraint imposed by the Program in the eligibility determination of a client and/or in claims processing, or delay due to erroneous written information from the Program, its designee, or another state agency.
- Delay due to problems with the provider's electronic claims system or other documented and verifiable problems with claims submission.

The DSHS manager of the unit with responsibility for oversight of the CSHCN Services Program, or his or her designee(s), considers a provider's request for an exception to claims receipt deadlines due to delays caused by entities other than the provider and the Program only if the following criteria are met:

- All claims that are to be considered for the same exception accompany the request (only the claims that are attached are considered).
- The exception request is received by the Program within 18 months from the date of service.
- The exception request includes an affidavit or statement from a representative of an original payer, a third-party payer, and/or a person who has personal knowledge of the facts, stating the requested exception, documenting the cause for the delay, and providing verification that the delay was caused by another entity and not the neglect, indifference, or lack of diligence of the provider or the provider's employees or agents.

Send requests for exceptions to claim filing deadlines to:

CSHCN Services Program
Purchased Health Services Unit, MC-1938
Texas Department of State Health Services
PO Box 149347
Austin, TX 78714-9347

Fax: 1-800-441-5133
Claim Submission

Electronic Claims Filing: CMS-1500

Having signed into TexMedConnect:

1. Click on the “Claims Submission” link in the “Navigation” column.
2. Select your NPI from the pull down.
3. Add the client ID in the Client ID Field. (Can be done later.)
4. Select Claim Type from the pull down menu.
5. Click “Proceed to Step 2’ to continue.
CMS-1500

For each of the tabs, fill the fields and click the Next button.

- “Patient” Tab

- “Provider” Tab
• “Claim” Tab

![Claim Tab Diagram]

• “Diagnosis” Tab

![Diagnosis Tab Diagram]

Note: Do not use decimals (401.9 is entered 4019)

• “Details” Tab

![Details Tab Diagram]
• “Other Insurance/ Submit Claim” Tab

In the event that the user has omitted necessary information or entered invalid information, the user will be alerted with an error message.
If a claim is successfully submitted, the user will be informed of the internal control number (ICN), which is the claim number.

**Note:** Please refer to the TexMedConnect user’s guide for more information. The guide is available at the following link: http://tinyurl.com/texmedconnect-users-guide

In addition to submitting a claim the following functions are also available through TexMedConnect:

- **CSI** – You can run a Claim Status Inquiry (CSI) search by claim number or by using a Provider Identifier (PI).
- **R&S** – You can view, print, or download Remittance and Status reports using TexMedConnect.

**Paper: Form CMS-1500**

Providers must use the following guidelines when filing paper claims to TMHP:

- Do not use a dot matrix printer
- Use black ink (must not be grey or light)
- An NPI or API is required
- The name and date of birth of the client are required fields of information

Specific instructions for completing the CMS-1500 are available in the Reimbursement and Claims Filing Section of the CSHCN Services Program Provider Manual. (5.7.1.1)

The 2009 CSHCN Services Program Provider Manual is available at the following link:
http://tinyurl.com/cshcn-provider-manual

**Note:** Providers must include a valid NPI or API in box 24J of the CMS 1500 claim form. If a claim is submitted without an NPI or API the claim is considered incomplete and will be returned to the billing provider. An RPT letter will be attached to the claim explaining why it was returned.

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Appeals

Appeal a claim through TexMedConnect

Claims with a finalized status can be appealed directly from TexMedConnect. To appeal a claim, follow these steps:

1. Click Appeals in the left navigation panel.

   ![Image of the appeals section in TexMedConnect]

   **Note:** The user must have appropriate security rights to access this section.

2. Enter the claim number you want to appeal.

3. If you do not know the claim number, enter information about the claim and click Search. If a match is found, the CSI Search Details screen will appear.

4. Click Appeal Claim to continue the appeal process.

   **Note:** Providers will not be able to appeal claims that are past the 120 day filing deadline.

5. Most fields populate with the claim information. You can modify the claim information for the appeals.
Automated Inquiry System Appeals

The following appeals may be submitted using the Automated Inquiry System (AIS) at 1-800-568-2413:

- **Client Eligibility:** The client’s correct CSHCN Services Program Identification Number, name, and date of birth are required.

- **Provider Information:** The correct provider identifier is required for the billing provider, performing provider, referring provider, and limited provider. The name and address of the provider are required for the facility and outside laboratory.

- **Claim Corrections:** Providers may correct the following:
  - Patient control number (PCN)
  - Date of birth
  - Date of onset
  - X-ray date
  - Place of service (POS)
  - Quantity billed
  - Prior authorization number (PAN)
  - Beginning date of service
  - Ending date of service

The following appeals may not be submitted using AIS:

- Claims listed on the R&S Report as Incomplete Claims
- Claims listed on the R&S Report with $0 allowed and $0 paid
- Claims requiring supporting documentation (for example, operative report, medical records, home health, hearing aid, and dental X-rays)
- Procedure code, modifier, or diagnosis code
- Claims listed as pending or in process with EOPS messages
- Claims denied as past filing deadline except when retroactive eligibility deadlines apply
- Claims denied as past the payment deadline
- Inpatient Hospital claims requiring supporting documentation
- Third-party resource (TPR)/Other insurance

Providers may appeal these denials either electronically or on paper.

Automated Inquiry System Appeals Guide

To access the AIS automated appeals guide, providers can call 1-800-568-2413. Providers may submit up to three fields per claim and 15 appeals per call. If during any step invalid information is entered three times, the call transfers to the TMHP-CSHCN Services Program Contact Center for assistance.

Automated Inquiry System User’s Guide


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Paper Appeals

After determining a claim cannot be appealed electronically or through AIS, appeal the claim on paper by completing the following steps:

1. Copy the R&S page where the claim is paid or denied. A copy of other official notification from TMHP may also be submitted.

2. Submit one copy of the R&S page per claim and circle the claim that you are appealing. If you are appealing multiple claims from the same page of the R&S report you must make a copy for each claim and circle only claim per page/copy.

3. Identify the reason for the appeal.

4. If applicable, indicate the incorrect information on the claim, and provide the corrected information that should be used to appeal it.

5. Attach a completed claim form.

6. Attach a copy of any supporting medical documentation that is required or has been requested by TMHP.

7. Attach relevant TMHP notification. For example prior authorization letters, return to provider letters, provider correspondence letters, or eligibility documentation prints.

Reminder: Submissions may only be single sided on the front side of the page.

Note: It is strongly recommended that providers submitting paper appeals retain a copy of the documentation being sent. It is also recommended that paper documentation be sent by certified mail with a return receipt requested. This documentation, along with a detailed listing of the claims enclosed, provides proof that the claims were received by TMHP, which is particularly important if it is necessary to prove that the 120-day appeals deadline has been met. If a certified receipt is provided as proof, the certified receipt number must be indicated on the detailed listing along with the CSHCN Services Program number, billed amount, DOS, and a signed claim copy. The provider may need to keep such proof regarding multiple claims submissions if the provider identifier is pending.

Inpatient hospital appeals related to medical necessity denials must be submitted on paper with the appropriate documentation.

Submit correspondence, adjustments, and appeals (including routine inpatient hospital claims) to the following address:

Texas Medicaid & Healthcare Partnership
Appeals/Adjustments
PO Box 149347
Austin, TX 78720-0645
DSHS-CSHCN Administrative Review

After the provider has exhausted all aspects of the TMHP appeals process for the entire claim, the provider may submit a request for an administrative review to the DSHS-CSHCN Services Program. An administrative review is a request for a review as defined in Title 25 Texas Administrative Code (TAC) §38.10 and §38.13 for claims denied by TMHP.

A request for an administrative review can be submitted to the DSHS-CSHCN Services Program only after the claim has been fully adjudicated and meets all three of the following conditions:

a. The claim has been denied or adjusted by TMHP.

b. The claim has been appealed as a first-level appeal to TMHP.

c. The first level appeal has been denied again for the same reasons by TMHP.

Administrative review requests are submitted by the provider to the DSHS-CSHCN Services Program.

All providers must submit requests for an administrative review within 30 days of the date TMHP denied the appeal. Requests for an administrative review and all supporting documentation must be submitted by mail or fax to:

CSHCN Services Program—Administrative Review
Purchased Health Services Unit, MC-1938
Texas Department of State Health Services
PO Box 149347
Austin, TX 78714-9347

Fax: 1-800-441-5133

TMHP may be required to gather information related to the original claim and the first-level appeal. The DSHS-CSHCN Services Program is the sole adjudicator of the administrative review.

Note: Providers may also use the administrative review process for denied prior authorizations, and denied or modified enrollment.

Administrative Review Requirements

An administrative review must be:

- Submitted in writing to DSHS-CSHCN Services Program Administrative Review by the provider who delivered the service or received claims reimbursement for the service.
- Received by DSHS-CSHCN Services Program Administrative Review after the appeals process with TMHP has been exhausted, and must contain evidence of appeal dispositions from TMHP.
- Received by DSHS-CSHCN Services Program within 30 days of the date of disposition by TMHP as evidenced by the R&S sent to providers.
- Complete and contain all of the information necessary for consideration and determination by DSHS-CSHCN Services Program Administrative Review.
Fair Hearing

After an administrative review, providers who are dissatisfied with the CSHCN Services Program’s decision and the supporting reason may request a fair hearing. The fair hearing is the final appeal process and is conducted by the Department of State Health Services (DSHS) Office of General Counsel.

Fair hearing requests must be submitted in writing to the DSHS-CSHCN Services Program within 20 days of the date of the administrative review decision notice. The request should state the reasons for the disagreement and include any documents or other proof that help support those reasons. Providers who fail to request a fair hearing within the 20-day period are presumed to have waived the request for a fair hearing, and the CSHCN Services Program will take final action. Mail or fax fair hearing requests to:

CSHCN Services Program—Fair Hearing
Purchased Health Services Unit, MC-1938
Texas Department of State Health Services
PO Box 149347
Austin, TX 78714-9347

Fax: 1-800-441-5133 or 1-512-776-7162 (in Austin)

Note: For more information please refer to the Texas Administrative Code (TAC) Title 25, Part 1, Chapter 1, Subchapter C at www.sos.state.tx.us.
Remittance and Status (R&S) Report

The R&S report provides information on pending, paid, denied, and adjusted claims. TMHP provides weekly R&S reports to give providers detailed information about the status of claims submitted to TMHP. The R&S report also identifies accounts receivables established as a result of inappropriate payment. These receivables are recouped from claim submissions. All claims for the same provider identifier and program processed for payment are paid at the end of the week, either by a single check or with Electronic Funds Transfer (EFT). If no claim activity or outstanding account receivables exist during the cycle week, the provider does not receive an R&S report. Providers are responsible for reconciling their records to the R&S to determine payments and denials received.

Note: Providers receive a single R&S report that details CSHCN Services Program activities and provides individual program summaries. Combined provider payments are made based on the provider’s settings for Texas Medicaid fee-for-service.

Providers must retain copies of all R&S reports for a minimum of five years. Providers must not use R&S report originals for appeal purposes, but must submit copies of the R&S reports with appeal documentation.

R&S Report Delivery Options

TMHP offers three options for the delivery of the R&S report. Although providers can choose any of the following methods, a newly-enrolled provider is initially set up to receive a PDF version of the R&S report.

• **PDF version:** The PDF version of the R&S report is an exact replica of the paper R&S report. The PDF version of the R&S report can be downloaded by registered users of the TMHP website at www.tmhp.com. The report is available each Monday morning, immediately following the weekly claims cycle. Payments associated with the R&S report are not released until all provider payments are released on the Friday following the weekly claims cycle. Providers who use the PDF version will not receive paper copies of the R&S report.

  Note: The PDF version is available on the TMHP website for up to 90 days.

• **Paper version:** Paper R&S reports can be mailed to providers the Friday following the weekly claims cycle. Reimbursement checks are mailed with the paper R&S report, if the provider has not elected EFT.

  Note: Additional copies of paper R&S reports will be charged to the provider if requested more than 30 days after the original R&S report was issued. There is an initial charge of $9.75 for the request (additional hours = $9.75) with a charge of $0.32 per page and applicable taxes of 8.25 percent.

• **ANSI 835:** In addition to the PDF and paper versions of the R&S report, a third, optional R&S report delivery method is also available. Using HIPAA-compliant EDI standards, the Electronic Remittance & Status (ER&S) report can be downloaded through the TMHP EDI Gateway using TexMedConnect or third-party software. The ER&S report is also available each Monday after the completion of the claims processing cycle. Once the file has been downloaded it is no longer available.

  Note: The ER&S report file is in ANSI 835 format which is not a valid format for appeal submission.
Accessing R&S Reports

2. Enter your user name and password.
3. Click the “R&S” link in the left navigator.
4. Choose the correct NPI.

5. Select the appropriate program.
   (Program 100, Medicaid, and 200, Medicaid Managed Care, are combined on one R&S and Program 400, CSHCN, is on a separate R&S.)

6. Choose the appropriate R&S by date.
R&S Report Sections

R&S Reports include the following sections:

- Banner Page
- Claims - Paid or Denied
- Adjustments - Paid or Denied
- Financial Transactions
  - Accounts Receivable
  - IRS Levies
  - Payouts
  - Reissues
  - Refunds
  - Voids and Stops
- Claims in Process
- Claims Payment Summary Page
- Explanation of Benefits Codes Messages

Note: Please refer to chapter 6 of the 2009 CSHCN Services Program Provider Manual for more information regarding R&S reports.
(8/24/08 THROUGH 9/14/08) *****ATTENTION ALL CSHCN SERVICES PROGRAM PROVIDERS*****

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER AUGUST 3, 2008, THE PROCESSING OF CLAIMS AND AUTHORIZATION REQUESTS SUBMITTED BY MEDICAL FOODS AND BEHAVIORAL HEALTH PROVIDERS THAT ARE COVERED BY THE CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) SERVICES PROGRAM WAS TRANSITIONED FROM THE DEPARTMENT OF STATE HEALTH SERVICES (DSHS)-CSHCN SERVICES PROGRAM TO THE TMHP-CSHCN SERVICES PROGRAM.

MEDICAL FOODS PROVIDERS MUST BEGIN USING THE NEW PRIOR AUTHORIZATION REQUEST FOR MEDICAL FOODS FORM.

PROVIDERS OF INPATIENT PSYCHIATRIC CARE MUST BEGIN USING THE NEW PRIOR AUTHORIZATION REQUEST FOR INPATIENT PSYCHIATRIC CARE FORM.

THESE FORMS ARE AVAILABLE ON THE TMHP WEBSITE AT WWW.TMHP.COM IN THE PROVIDER FORMS SECTION OF THE HOME PAGE AND IN THE CSHCN SERVICES PROGRAM FORMS SECTION OF THE CSHCN SERVICES PROGRAM PROVIDER WEBPAGE, AND WILL BE PUBLISHED IN THE NOVEMBER 2007 CSHCN SERVICES PROGRAM PROVIDER BULLETIN, NO. 64.

TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234
(214) 555-4141

YOUR AIS NUMBER IS 0000000-01
FOR AIS INQUIRY CALL TOLL FREE 1-(800) 568-2413

THE PROVIDER MANUAL PROVIDES DETAILS.
PHYSICAL ADDRESS ON RECORD:
TEXAS PROVIDER
PO BOX 848484
DALLAS, TX 75888-1234
(214) 555-4141
Texas Medicaid & Healthcare Partnership  
CSHCN Remittance and Status Report  
Date: 02/01/2009  

Mail original claim to:  
CSHCN / Texas Medicaid & Healthcare Partnership  
P.O. Box 200855  
Austin, Texas 78720-0855  

Mail all other correspondence to:  
CSHCN / Texas Medicaid & Healthcare Partnership  
12357-B Elata Trace Parkway  
Austin, Texas 78727-6422  

(800) 568-2413

<table>
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<tr>
<th>PATIENT NAME</th>
<th>CLAIM NUMBER</th>
<th>BENEFIT</th>
<th>CSHCN #</th>
<th>MEDICAL RECORD #</th>
<th>MEDICARE #</th>
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<td>CLAIM TOTAL</td>
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| PAID CLAIM TOTALS | $226.00 | $56.46 | $55.05 |

*************************************************************************************************************************************************
IF YOU NEED TO APPEAL ANY CLAIM ON THIS PAGE, YOU MAY APPEAL ELECTRONICALLY FOR THE MOST EXPEDITIOUS PROCESSING. OTHERWISE, MAKE ONE COPY OF THIS PAGE FOR EACH CLAIM TO BE APPEALED, CIRCLE THE CLAIM YOU ARE APPEALING AND DESCRIBE YOUR APPEAL. YOUR APPEAL MUST BE RECEIVED WITHIN 120 DAYS FROM THE DATE OF THE R&S. FOR INFORMATION REGARDING THE ELECTRONIC PROCESS CALL 1-888-863-3638.
### Adjustments - Paid or Denied

**ADJUSTMENT CLAIM:**

<table>
<thead>
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<th>CLM #</th>
<th>BENEFIT</th>
<th>CSHCN</th>
<th>MEDICAL RECORD</th>
<th>MEDICARE</th>
<th>PAID/AMT</th>
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00123  THE CLAIM REPORTED ABOVE IS AN ADJUSTMENT TO PREVIOUS CLAIM 400021020007345555555555 WHICH APPEARS ON R&S DATED 01/14/2007

**ORIGINAL CLAIM:**

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<th>BENEFIT</th>
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<td>ORIGINAL CLAIM TOTAL</td>
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00601  A RECEIVABLE HAS BEEN ESTABLISHED IN THE AMOUNT OF THE ORIGINAL PAYMENT: $60.94. FUTURE PAYMENTS WILL BE REDUCED OR WITHHELD UNTIL SUCH AMOUNT IS PAID IN FULL.

---

**IF YOU NEED TO APPEAL ANY CLAIM ON THIS PAGE, YOU MAY APPEAL ELECTRONICALLY FOR THE MOST EXPEDITIOUS PROCESSING. OTHERWISE, MAKE ONE COPY OF THIS PAGE FOR EACH CLAIM TO BE APPEALED, CIRCLE THE CLAIM YOU ARE APPEALING AND DESCRIBE YOUR APPEAL. YOUR APPEAL MUST BE RECEIVED WITHIN 120 DAYS FROM THE DATE OF THE R&S. FOR INFORMATION REGARDING THE ELECTRONIC PROCESS CALL 1-888-863-3638.**
Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 02/01/2009

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422
(800) 568-2413

____________________________________________________________________________________

**ACCOUNTS RECEIVABLE**

YOUR PAYMENT WAS REDUCED BY THE APPLIED AMOUNTS SHOWN BELOW FOR THE REASONS INDICATED.

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TOTAL ACCOUNTS RECEIVABLE $ 60.94
**SYSTEM PAYOUTS**

Your payment has been increased for the reason indicated below.

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**TOTAL SYSTEM PAYOUT:** $3,621.00
Texas Medicaid & Healthcare Partnership  
CSHCN Remittance and Status Report  
Date: 02/01/2009

Mail original claim to:  
CSHCN / Texas Medicaid & Healthcare Partnership  
P.O. Box 200855  
Austin, Texas 78720-0855

Mail all other correspondence to:  
CSHCN / Texas Medicaid & Healthcare Partnership  
12357-B Riata Trace Parkway  
Austin, Texas 78727-6422

(800) 568-2413

--- REFUND CHECK ---

<table>
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<th>PAYOUT AMOUNT</th>
<th>FYE</th>
<th>EOB</th>
<th>REFUND CHECK NUMBER</th>
<th>AMOUNT</th>
<th>PATIENT NAME</th>
<th>PCN</th>
<th>DOS</th>
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</thead>
</table>

| A CHECK HAS BEEN SENT SEPARATELY AS PAYMENT FOR THE ITEM(S) LISTED BELOW. |
| 2007040111111 | 3.75 | 3.75 |
| 999999999 | 52.82 |

TOTAL MANUAL PAYOUT: $ 3.75
FINANCIAL TRANSACTIONS

YOUR REFUND CHECK #000123456 DATED 07/09/2008 WAS RECEIVED BY TMHP AND APPLIED AS FOLLOWS:

CLAIM-SPECIFIC:

<table>
<thead>
<tr>
<th>ICN</th>
<th>PATIENT NAME</th>
<th>CSHCN NUMBER</th>
<th>DATE OF SERVICE</th>
<th>TOTAL BILLED</th>
<th>AMOUNT APPLIED THIS CYCLE</th>
<th>EOB</th>
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<tbody>
<tr>
<td>400020010200799999999999</td>
<td>DOE, JANE</td>
<td>922222200</td>
<td>02/28/2008</td>
<td>181.00</td>
<td>40.42</td>
<td>00124</td>
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</table>

Subtotal Claim Specific

TOTAL REFUNDS

$40.42
VOIDS AND STOPS

CHECK NUMBER: 000123456  CHECK AMOUNT: 160.00  R&S NUMBER: 1234567  R&S DATE: 02/09/2008

TOTAL VOID/STOP CHECK AMOUNTS  $ 160.00

FINANCIAL TRANSACTIONS
Texas Medicaid & Healthcare Partnership
CSHCN Remittance and Status Report
Date: 02/01/2009

Mail original claim to:
CSHCN / Texas Medicaid & Healthcare Partnership
P.O. Box 200855
Austin, Texas 78720-0855

Mail all other correspondence to:
CSHCN / Texas Medicaid & Healthcare Partnership
12357-B Riata Trace Parkway
Austin, Texas 78727-6422

(800) 568-2413

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>CLAIM NUMBER</th>
<th>BENEFIT</th>
<th>CSHCN #</th>
<th>MEDICAL RECORD #</th>
<th>MEDICARE #</th>
<th>EOPS</th>
<th>EOPS</th>
<th>EOPS</th>
<th>EOPS</th>
<th>DIAGNOSIS</th>
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<tbody>
<tr>
<td>DOE, JANE</td>
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<td>CSN 966666600</td>
<td>55555555555555AH</td>
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<td>01/15/2008</td>
<td>01/15/2008</td>
<td>1 99213</td>
<td>1.0</td>
<td>201.00</td>
<td>$201.00</td>
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<td></td>
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</table>

Pending Claim Totals
$201.00

The following claims are being processed

The explanation of pending status (EOPS) codes listed are not final claim denials or payment dispositions. The EOPS codes identify the reasons why a claim is in process. Because these claims are currently in process, new information cannot be accepted to modify the claim until the claim finalizes and appears as finalized on your R&S report. Please refer to the last section of this report for the messages that correspond to the EOPS codes used on this report.

If your claim has not appeared on an R&S report as paid, denied or pending within 30 days of submission to TMHP, please contact telephone inquiry at 1-800-925-9126 and/or see claims filing instructions in your provider manual.
## Texas Medicaid & Healthcare Partnership

### CSHCN Remittance and Status Report

**Date:** 02/01/2009

---

**Mail original claim to:**
CSHCN / Texas Medicaid & Healthcare Partnership  
P.O. Box 200885  
Austin, Texas 78720-0885

**Mail all other correspondence to:**
CSHCN / Texas Medicaid & Healthcare Partnership  
12357-B Riata Trace Parkway  
Austin, Texas 78727-6422

(800) 568-2413

---

### PAYMENT SUMMARY FOR CSHCN FOR TAX ID 123456789

<table>
<thead>
<tr>
<th>Description</th>
<th>AMOUNT</th>
<th>COUNT</th>
<th><strong>AMOUNT AFFECTING PAYMENT THIS CYCLE</strong></th>
<th><strong>AMOUNT AFFECTING 1099 EARNINGS</strong></th>
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<tr>
<td>CLAIMS PAID</td>
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<td><strong>AMOUNT</strong></td>
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<td>SYSTEM PAYOUTS</td>
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<td>MANUAL PAYOUTS</td>
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<tr>
<td>AMOUNT PAID TO IRS FOR LEVIES</td>
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<tr>
<td>AMOUNT PAID TO IRS FOR BACKUP WITHHOLDING</td>
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<td>ACCOUNTS RECEIVABLE RECOUPMENTS</td>
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<td>SYSTEM REISSUES</td>
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<td>CLAIM RELATED REFUNDS</td>
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<tr>
<td>NON-CLAIM RELATED REFUNDS</td>
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<td>HELD AMOUNT</td>
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<td>PAYMENT AMOUNT</td>
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<td>3,418.44</td>
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**PENDING CLAIMS**

201.00

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******************************************PAYMENT TOTAL FOR CHECK 000000012345678 IN THE AMOUNT OF 3,418.44******************************************
Explanations of Benefits Codes Messages

The following are the descriptions of the EOB codes that appear on this remittance and status report:

- **00100** - A charge was not noted for this service.
- **00149** - Procedure payment based on program/benefit plan, date of service and a maximum payment amount set by CMS or HHSC.
- **00429** - This surgery/service/situation described is not on the authorization letter and is not payable.
- **00475** - Paid according to the Texas Medicaid Reimbursement Methodology-TMRM (Relative Value Unit times statewide conversion factor).
- **00572** - It is mandatory that authorization be obtained. Due to the lack of approval, the service is non-payable.
- **00757** - Procedure payment based on program/benefit plan, date of service and is calculated at the detail billed amount.
- **01147** - Please refer to other EOB messages assigned to this claim for payment/denial information.

Mail original claim to: CSHCN / Texas Medicaid & Healthcare Partnership P.O. Box 848484 Austin, Texas 78728-0855 (512) 418-8555

Mail all other correspondence to: CSHCN / Texas Medicaid & Healthcare Partnership 1251-B Black Trace Parkway Austin, Texas 78727-6422 (512) 418-8555

Mail all other correspondence to: CSHCN / Texas Medicaid & Healthcare Partnership 1251-B Black Trace Parkway Austin, Texas 78727-6422 (512) 418-8555

EXPLANATION OF BENEFITS CODES MESSAGES

The following are the descriptions of the EOB codes that appear on this remittance and status report:

- **00100** - A charge was not noted for this service.
- **00149** - Procedure payment based on program/benefit plan, date of service and a maximum payment amount set by CMS or HHSC.
- **00429** - This surgery/service/situation described is not on the authorization letter and is not payable.
- **00475** - Paid according to the Texas Medicaid Reimbursement Methodology-TMRM (Relative Value Unit times statewide conversion factor).
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- **00757** - Procedure payment based on program/benefit plan, date of service and is calculated at the detail billed amount.
- **01147** - Please refer to other EOB messages assigned to this claim for payment/denial information.
Electronic Remittance and Status (ER&S) Agreement

Before your ER&S Agreement* can be processed, you MUST choose ONE of the following:

* These changes affect ONLY the ELECTRONIC version of the Remittance & Status Report. To make changes to the PAPER version of the R&S report, contact TMHP Provider Enrollment.

- Set up INITIALLY (first time). Use Production User ID*: ____________________________ (9 digits)
- CHANGE Production User ID FROM: ____________________________ (9 digits)
  TO: ____________________________ (9 digits)
- REMOVE Production ID Remove: ____________________________ (9 digits)

** The TMHP Production User ID (Submitter ID) is the electronic mailbox ID used for downloading your Electronic Remittance & Status (ER&S) reports. For assistance with identifying and using your Production User ID and password, contact your software vendor or clearinghouse.

This information MUST be completed before your request can be processed.

Provider Name (must match TPI/NPI number) BILLING TPI NUMBER PROVIDER TAX ID NUMBER

Provider’s Physical Address BILLING NPI NUMBER PROVIDER PHONE NUMBER

Provider Contact Name (if other than provider) PROVIDER CONTACT TITLE CONTACT PHONE NUMBER

Do not complete this block UNLESS the ER&S will be downloaded by anyone OTHER than the provider.

Name of Business Organization to Receive ER&S BUSINESS ORGANIZATION PHONE NUMBER

Business Organization Contact Name BUSINESS ORGANIZATION CONTACT PHONE No.

Business Organization Address BUSINESS ORGANIZATION TAX ID

Check each box after reading and understanding the following statements. If you are unsure about anything that is stated below, contact the TMHP EDI Help Desk at (888) 863-3638. All three statements must be checked before we can process your Electronic Remittance & Status Agreement.

☐ I (we) request to receive Electronic Remittance and Status information and authorize the information to be deposited in the electronic mailbox as indicated above. I (we) accept financial responsibility for costs associated with receipt of Electronic R&S information.

☐ I (we) understand that paper formatted R&S information will continue to be sent to my (our) accounting address as maintained at TMHP until I (we) submit an Electronic R&S Certification Request form.

☐ I (we) will continue to maintain the confidentiality of records and other information relating to recipients in accordance with applicable state and federal laws, rules, and regulations.

Provider Signature Date

Title Fax Number

DO NOT WRITE IN THIS AREA — For Office Use

Input By: ____________________________ Input Date: ____________________________

Mailbox ID:

Effective Date 07/30/2007/Revised Date 06/01/2007
Before faxing or mailing this agreement, ensure that all required information is completely filled out, and that the agreement is signed. Incomplete agreements cannot be processed.

Mail to: Texas Medicaid & Healthcare Partnership
Attention: EDI Help Desk MC–B14
PO Box 204270
Austin, TX 78720-4270

Fax to: (512) 514-4228
OR
(512) 514-4230

Effective Date_07302007/Revised Date_06012007
Waste, Abuse, and Fraud

Definitions

- **Waste:** Practices that allow careless spending and/or inefficient use of resources.
- **Abuse:** Practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary program cost, or in reimbursement for services that are medically necessary or do not meet professionally recognized standards for health care.
- **Fraud:** An intentional deceit or misrepresentation made by a person with the knowledge that deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Most Frequently Identified Fraudulent Practices

- Billing for services not performed
- Billing for unnecessary services
- Up coding or unsubstantiated diagnosis
- Billing outpatient services as inpatient services
- Over Treating/lack of medical necessity

Identifying and Preventing Waste, Abuse, and Fraud

The Health and Human Services Commission (HHSC), Office of Inspector General (OIG) is responsible for investigating waste, abuse, and fraud in all Health and Human Services (HHS) programs. OIG’s mission is to protect the:

- Integrity of health and human services programs in Texas.
- Health and welfare of the recipients in those programs.

OIG oversees HHS activities, providers, and recipients through compliance and enforcement activities designed to:

- Identify and reduce waste, abuse, fraud, or misconduct.
- Improve efficiency and effectiveness through the HHS system.

OIG is required to set up clear objectives, priorities, and performance standards that help:

- Coordinate investigative efforts to aggressively recover CSHCN Services Program overpayments.
- Allocate resources to cases with the strongest supportive evidence, and the greatest potential for recovery of money.
- Maximize the opportunities to refer cases to the Office of Attorney General.
When reporting waste, abuse, or fraud, gather as much information as you can.

Examples of provider information include:

- Name, address, and phone number of the provider.
- Name and address of the facility (hospital, nursing home, and home health agency, etc.).
- CSHCN Services Program number of the provider and facility is helpful.
- Type of provider (physician, physical therapist, and pharmacist, etc.).
- Names and numbers of other witnesses who can aid in the investigation.
- Copies of any documentation you can provide (examples: records, bills, and memos).
- Dates of occurrences.
- Summary of what happened—including an explanation along with specific details of the suspected waste, abuse, or fraud. For example: Dr. John Doe requires employees to bill for extra quantities or bill higher level of service than actually provided.
- Names of recipients for which services are questionable.

Examples of recipient information include:

- The person’s name.
- The person’s date of birth and Social Security number, if available.
- The city where the person resides.
- Specific details about the fraud—such as “Jane Doe failed to report her husband, John Doe, lives with her and he works at ABC Construction in Anyplace, TX.”

**Reporting Waste, Abuse, and Fraud**

Individuals with knowledge about suspected CSHCN Services Program waste, abuse, or fraud of provider services must report the information to the HHSC OIG. To report waste, abuse, or fraud, go to [www.hhsc.state.tx.us](http://www.hhsc.state.tx.us) and select **Reporting Waste, Abuse, and Fraud**. Individuals may also call the OIG hotline at **1-800-436-6184** to report waste, abuse, or fraud if they do not have access to the Internet.
Information Resources

2009 CSHCN Services Program Provider Manual

Please note: This participant guide is not intended to be a CSHCN Services Program manual nor code reference guide. For more information on the topics we will cover refer to your CSHCN Services Program Provider Manual. There will be reference links throughout the materials.

To download a PDF version of the CSHCN Services Program Provider Manual:


2. Click the 2009 CSHCN Services Program Provider Manual - PDF link.

3. After a moment a PDF version of the provider manual will appear.

4. Click the (Save) button.
5. The following screen will appear.

![Save a Copy...](image)

**Note:** It is recommended that the “Save in:” choice is “Desktop” as it will be easier to locate.

**Note:** You can rename the File name but it is not recommended to change the “Save as type” as the most appropriate choice is pre-populated.

Once saved with these recommendations, an icon like the one below will appear on your desktop. This is the shortcut to your CSHCN Services Program Provider Manual.

![File icon](image)

Once this is done, a searchable electronic version of the CSHCN Services Program Provider Manual will be available to you even if you lose access to the internet.
Searching the 2009 CSHCN Services Program Provider Manual

Method 1: A Broad Search

1. Open the document by left clicking the CSHCN Services Program icon on your desktop.
2. Click the chapter title of your choice in the column on the left hand side of the screen.
3. The title page of that chapter will appear.
4. Click on any of the sub-chapter numbers on the content page to jump to that section.

Method 2: A Specific Search

1. Open the document by left clicking the CSHCN Services Program icon on your desktop.
2. At the top of the document there is a tool bar.
3. Type in a word or phrase that is relevant to the topic of your search in the “Find” box.
4. Press “Enter” key.
5. The next matching word or phrase in the document will appear highlighted as below.

6. If that is not the area that you are looking for you can click on the previous or next buttons to continue your search.

Once there are no more matches of the word or phrase, the following message will appear.

If there are no matches of the word or phrase in the document, the following message will appear.

**Note:** If there are no matches to your search, simplify the word or phrase by using fewer letters or words.
TMHP and DSHS Contact Information

1. Click on the short cut that you created to open the CSHCN Services Program Provider Manual.

2. Once the PDF file opens click on TMHP and DSHS Contact Information in the bookmark section to open chapter.

3. Select the sub chapter to find the contact information that you are looking for.

### 1.1.1 CSHCN Services Program Telephone and Fax Communication

<table>
<thead>
<tr>
<th>Contact</th>
<th>Telephone and Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>TMHP-CSHCN Services Program Prior Authorization and Authorization Fax</td>
<td>1-512-514-4222</td>
</tr>
<tr>
<td>Provider Enrollment Fax</td>
<td>1-512-514-4214</td>
</tr>
<tr>
<td>Provider Enrollment Phone</td>
<td>1-800-568-2413, Option 2</td>
</tr>
<tr>
<td>TMHP-CSHCN Services Program Contact Center Line</td>
<td>1-800-568-2413</td>
</tr>
<tr>
<td>(Available Monday through Friday from 7 a.m. to 7 p.m., CST)</td>
<td></td>
</tr>
<tr>
<td>DSHS CSHCN Services Program Customer Service Line</td>
<td>1-800-252-8023</td>
</tr>
<tr>
<td>TMHP Electronic Data Interchange (EDI) Help Desk</td>
<td>1-888-863-3638</td>
</tr>
<tr>
<td>TMHP EDI Help Desk Fax</td>
<td>1-512-514-4228</td>
</tr>
<tr>
<td>Third-Party Resource (TPR) Phone</td>
<td>1-800-846-7307</td>
</tr>
<tr>
<td>TPR Fax</td>
<td>1-512-514-4225</td>
</tr>
<tr>
<td>Appeal Submission through AIS Line</td>
<td>1-800-568-2413</td>
</tr>
<tr>
<td>CSHCN Services Program Complaints Unit Fax</td>
<td>1-800-441-5133 or 1-512-776-7417</td>
</tr>
<tr>
<td>Medical Transportation Program</td>
<td>1-877-633-8747</td>
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1.1.2 Written Communication with CSHCN Services Program

<table>
<thead>
<tr>
<th>Correspondence</th>
<th>Address</th>
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<tbody>
<tr>
<td>First-Time Claims</td>
<td>Texas Medicaid &amp; Healthcare Partnership</td>
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<tr>
<td></td>
<td>Attn: CSHCN Services Program Claims</td>
</tr>
<tr>
<td></td>
<td>PO Box 200855</td>
</tr>
<tr>
<td></td>
<td>Austin, TX 78720-0855</td>
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<td>Appeals and Adjustments</td>
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<tr>
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<td>Attn: CSHCN Services Program Appeals, MC-A11</td>
</tr>
<tr>
<td></td>
<td>12357-B Riata Trace Parkway, Suite 150</td>
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<td>Provider Complaints</td>
<td>CSHCN Services Program</td>
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<tr>
<td></td>
<td>Purchased Health Services Unit, MC-1938</td>
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<td></td>
<td>Texas Department of State Health Services</td>
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<td></td>
<td>PO Box 149347</td>
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<tr>
<td></td>
<td>Austin, TX 78714-9347</td>
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<td>Prior Authorization and Authorization</td>
<td>Texas Medicaid &amp; Healthcare Partnership</td>
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<td></td>
<td>Attn: TMHP-CSHCN Services Program Authorizations Department, MC-A11</td>
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<td>12357-B Riata Trace Parkway, Suite 150</td>
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<td>Texas Medicaid &amp; Healthcare Partnership</td>
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<td>Attn: Provider Enrollment</td>
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<td>PO Box 200795</td>
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<td></td>
<td>Austin, TX 78720-0795</td>
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<td></td>
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<td></td>
<td>Austin, TX 78720-9981</td>
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<tr>
<td>Electronic Claims and Rejected Reports</td>
<td>Texas Medicaid &amp; Healthcare Partnership</td>
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<td>Austin, TX 78720-0645</td>
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</tr>
<tr>
<td></td>
<td>12357-B Riata Trace Parkway, Suite 150</td>
</tr>
<tr>
<td></td>
<td>Austin, TX 78727</td>
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</tbody>
</table>

1.1.3 TMHP-CSHCN Services Program Contact Center

The TMHP-CSHCN Services Program Contact Center at **1-800-568-2413** is available Monday through Friday from 7 a.m. to 7 p.m., Central Time, and is the main point of contact for the CSHCN Services Program provider community.
## Helpful Web Links

<table>
<thead>
<tr>
<th>Program</th>
<th>Website</th>
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<tbody>
<tr>
<td>Department of State Health Services – CSHCN Services Program</td>
<td><a href="http://www.dshs.state.tx.us/CSHCN/">http://www.dshs.state.tx.us/CSHCN/</a></td>
</tr>
<tr>
<td>Texas Medicaid &amp; Healthcare Partnership</td>
<td><a href="http://www.tmhp.com">http://www.tmhp.com</a></td>
</tr>
<tr>
<td>Medical Transportation Program</td>
<td><a href="http://tinyurl.com/dshs-cshcn-mtp">http://tinyurl.com/dshs-cshcn-mtp</a></td>
</tr>
<tr>
<td>Insurance Premium Payment Assistance (IPPA) Program</td>
<td><a href="http://tinyurl.com/dshs-ippa">http://tinyurl.com/dshs-ippa</a></td>
</tr>
<tr>
<td>Early Childhood Intervention</td>
<td><a href="http://tinyurl.com/eci-dars">http://tinyurl.com/eci-dars</a></td>
</tr>
<tr>
<td>Texas Vendor Drug Program</td>
<td><a href="http://tinyurl.com/Vendor-Drug">http://tinyurl.com/Vendor-Drug</a></td>
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</tbody>
</table>
Resources to Resolve Your CSHCN Services Program Questions

Available References/ Resources

- **CSHCN Services Program Provider Manual**
  - Delivered annually on CD (one manual per provider number)
  - May be obtained by downloading it from www.tmhp.com
  - May be obtained by requesting a paper copy from the TMHP Contact Center at **1-800-568-2413**

- **Periodic and Special CSHCN Services Program Bulletins**
  - Notify providers of policy changes quarterly
  - Should be shared with other departments to maintain consistency
  - Should be kept in a binder in a central location for future reference
  - Available on-line at the TMHP website and can be printed from this location

- **R&S Report**
  - Downloaded through TexMedConnect
  - A provider’s first resource for checking claim status. The report provides detailed information on pending, paid, denied and incomplete claims
  - Banner messages

- **TMHP Website**
  - www.tmhp.com
  - Contains news articles about program changes
  - Provides electronic versions of the CSHCN Services Program Bulletins, banner messages, and the provider manual
  - Offers eligibility verification
  - Claim submission
  - Claim status inquiries
  - View R&S Reports
  - Register for a workshop

- **Automated Inquiry System (AIS)**
  - A resource for checking client eligibility, claim status, and check amounts
  - Available 23 hours a day, with daily downtime from 3:00 a.m. to 4:00 a.m.

- **The TMHP-CSHCN Services Program Contact Center – 1-800-568-2413**
  - Available Monday through Friday, from 7 a.m. to 7 p.m., Central Time
  - Main point of contact for the CSHCN Services Program provider community

- **Provider Relations Representative**
  - A provider’s personal resource for issue escalation as well as educational and trouble-shooting visits. To locate a representative in your area, visit the TMHP website, select Provider, then Regional Support, then click on the area of the map that you are located in.
  - If you would like a visit from a provider relations representative, please make a note on your evaluation form and we will contact you.
The Success with CSHCN Workshop Participant Guide is produced by TMHP Organizational Development Services. This is intended for educational purposes in conjunction with the Success with CSHCN Workshop Series. Providers should consult the CSHCN Services Program Provider Manual, bulletins, and banner messages for updates.