

CHIP Perinatal Labor and Delivery-Related Professional Services Claims Processing

Effective November 1, 2008, the TMHP claims system will no longer process claims for Children's Health Insurance Program (CHIP) Perinatal labor with delivery-related professional services. This change only applies to professional claims. Claims for delivery-related professional services are processed and paid by CHIP Perinatal health plans. The TMHP claims system will continue to process labor and delivery facility claims for CHIP Perinatal clients at or below the 185 percent of the Federal Poverty Level (FPL). If a provider receives a denial notice from TMHP for a delivery-related professional service claim, the claim should be resubmitted to the CHIP Perinatal health plan.

CHIP Perinatal provides prenatal care to the unborn child of a pregnant woman with household income up to 200 percent of the Federal Poverty Level (FPL) and who does not qualify for Medicaid. CHIP Perinatal provides 12 continuous months of coverage for the unborn child, beginning the month of enrollment in the program. After the birth, the child will receive benefits similar to traditional CHIP benefits for the duration of the 12-month coverage period.

Labor with delivery *facility* charges are not a covered benefit of CHIP Perinatal for clients at or below 185 percent of FPL. Medicaid is responsible for these charges for the mother and for the newborn's care until discharge. Claims for CHIP Perinatal clients, women or newborns, with a family income at or below 185 percent of FPL are paid as follows:

- Hospital facility charges are processed by TMHP and paid through Emergency Medicaid based on existing Medicaid guidelines.
- Professional service charges are processed and paid through the CHIP Perinatal health plan.

For CHIP Perinatal clients with a family income from 186 percent to 200 percent of FPL, both hospital facility and professional service charges are paid by the CHIP Perinatal health plan for covered benefits.

Delivery-Related Professional Procedure Codes

For more details on CHIP Perinatal claims payment for facilities, visit the Texas Health and Human Services Commission website at:

www.hhsc.state.tx.us/chip/perinatal/index.htm. This website includes services covered by the CHIP Perinatal health plan, instructions on how to report a birth through vital statistics, and claim billing information.

The following professional procedure codes are not payable through TMHP and should be submitted to the CHIP Perinatal health plan:

Delivery Codes			
2/8/-59409	1/2/7/8-59410	2/7/8-59412	2/7/8-59515
2/8-59614	2/8-59622		
Other Related Codes			
2/7/8-59414	2/7/8-59160	2/7/8-59812	2/7/8-59820
2/7/8-59821	2/7/8-59830	5/I/T-88300	5/I/T-88302

5/I/T-88304	5/I/T-88305	5/I/T-88307	5/I/T-88309
Anesthesia Codes			
7-00948	7-01960	7-01961	7-01963
7-01965	7-01967	7-01968	7-01969
7-01996	7-62311	2/8-62319	

In addition to the procedure codes listed in the above table, some services will no longer be paid by TMHP when the reference diagnosis is related to labor with delivery and the reference diagnosis codes with episode of care indicates it is a CHIP Perinatal-covered benefit, including episodes of care that end in 1, 2, or 0. These claims must be submitted to the CHIP Perinatal health plan. Providers can prevent inappropriate denials by coding the diagnoses to the fifth-digit degree of specificity when the diagnosis is related to pregnancy or miscarriage.

Delivery-related professional services claims denied by the CHIP Perinatal health plan will be considered for reimbursement through Emergency Medicaid and will require the CHIP Perinatal health plan denial notice. Claims that are denied by the CHIP Perinatal health plan and resubmitted to TMHP must be claims that:

- Involve services that are not pregnancy-related.
- Did not result in a delivery if the diagnosis is pregnancy.
- Did not involve services related to a miscarriage.

These claims will be considered for reimbursement based on existing Emergency Medicaid processing guidelines and should be submitted through the existing Medicaid appeals process within 95 days from the date of the CHIP Perinatal health plan denial notice.

Complaints:

Providers may submit complaints to the CHIP Perinatal health plan (e.g., when the CHIP Perinatal health plan denies a claim for a defined, delivery-related professional service). Providers also have a right to file a CHIP complaint or appeal directly with the Texas Department of Insurance (TDI).

Written complaints or appeals can be mailed to:

Texas Department of Insurance
HMO Quality Assurance Section
Mail Code 103-6A
PO Box 149104
Austin, TX 78714-9104

Providers can also contact TDI by calling 1-800-252-3439.

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