
Banner Messages for the 07/06/09 ER&S and 07/10/09 R&S Reports

This file contains abbreviated messages meant to provide timely notifications that affect all provider groups (physicians, dentists, and so forth). Additional current and historic information affecting the Medicaid, Medicaid Managed Care, and Children with Special Health Care Needs (CSHCN) Services Program provider community may be found in the earlier postings of these files in the TMHP banner library at www.tmhp.com as well as in the bi-monthly editions of the *Texas Medicaid Bulletin* and the quarterly *CSHCN Services Program Provider Bulletin*, which update the *Texas Medicaid Provider Procedures Manual* and *CSHCN Services Program Provider Manual*, respectively.

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Total Messages (36)

1 (07/10/09 through 07/31/09) *****Attention All Medicaid Providers*****

This is an update to a banner message that appeared on the April 10, 2009, Remittance and Status (R&S) Report about changes to benefits and prior authorization requirements for total parenteral nutrition (TPN) services and to a web article that was published on the TMHP website at www.tmhp.com on April 1, 2009, titled "Update to Total Parenteral Nutrition (TPN) Services." The articles stated that effective for dates of service on or after July 1, 2009, benefit and prior authorization changes for TPN would change. The implementation for these benefit and prior authorization changes will be delayed until August 15, 2009.

Details about the benefit and prior authorization changes for TPN services related to this implementation are available on the TMHP website, and providers may also refer to an article titled "Update to Total Parenteral Nutrition Services" published in the May/June *Texas Medicaid Bulletin*, No. 223.

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

2 (07/10/09 through 07/31/09) *****Attention All Medicaid Providers*****

TMHP has identified an issue that impacts claims submitted with dates of service from October 16, 2003, through June 30, 2009, and procedure code E-V2755.

Effective for dates of service on or after October 16, 2003, procedure code E-V2755 is restricted to diagnosis codes 37931 and 74335. Some claims may have been reimbursed incorrectly. Affected claims will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary.

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

3 (07/10/09 through 07/31/09) ***Attention All Medicaid Program Providers*******

Beginning August 28, 2009, TMHP will notify providers by mail when a prior authorization has been closed early. The letter will include the beginning date of service, the revised ending date of the authorization, and the reason for the early closure.

When a client decides to change providers or elects to discontinue prior-authorized services before the authorization ends, that prior authorization will be updated to reflect the early closure date and the reason for closure.

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

4 (07/10/09 through 07/31/09) ***Attention All Medicaid Providers*******

Beginning August 31, 2009, the Automated Inquiry System (AIS) eligibility inquiry responses will provide more detail about a client's type of Medicaid coverage.

Details about the updated AIS responses are available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225.

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

5 (07/10/09 through 07/31/09) ***Attention All Medicaid Providers*******

Beginning August 29, 2009, TMHP will update the TexMedConnect and Electronic Data Interchange (EDI) systems with a new type of coverage code for clients who have a Medicare Advantage Plan (MAP). The eligibility verification screen will display "M" on the Other Insurance Segments if the client is enrolled in a MAP in addition to Medicaid.

For detailed information about claims for clients enrolled in a MAP, providers can refer to previous MAP articles in banner messages and on the TMHP website at www.tmhp.com.

A table detailing type of coverage codes is available on the TMHP website at www.tmhp.com and will be published in the 2009 September/October *Texas Medicaid Bulletin*, No. 225.

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

6 (07/10/09 through 07/31/09) ***Attention All Medicaid Providers*******

Reminder: Federal financial participation (FFP) is not available to reimburse providers for services provided to Texas Medicaid clients who are inmates of public correctional institutions or holding facilities (Code of Federal Regulations, Title 42, 435.1009). Details of this restriction are available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225.

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

7 (07/10/09 through 07/31/09) ***Attention All Medicaid Providers*******

Beginning July 5, 2009, the revised Texas Medicaid Fee Schedules will be available on the TMHP website at www.tmhp.com. Providers can request a free paper copy of a fee schedule by calling the TMHP Contact Center at 1-800-925-9126.■

8 (07/03/09 through 07/24/09) ***Attention All Medicaid Providers*******

This is a correction to the 2009 *Texas Medicaid Provider Procedures Manual*, section 24.4.29.21, "Procedure Codes and Limitations for Respiratory Equipment and Supplies" on page 24-64. The limitation that is shown for procedure code A7015 is incorrect. The correct limitation for procedure code A7015 is 1 per month.

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

9 (07/03/09 through 07/24/09) ***Attention All Medicaid Providers*******

This is a correction to information that was published in the January 2009 *Inpatient and Outpatient Behavioral Health Services Special Bulletin*, No. 1, about diagnosis codes that may be reimbursed for chemical dependency treatment facility (CDTF) services. The list of diagnosis codes on page 14 of the special bulletin did not include all of the payable diagnosis codes for CDTF services.

In addition, the policy has been clarified to indicate that CDTF services for caffeine or nicotine withdrawal are not a benefit of Texas Medicaid.

Details are available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225.

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

10 (06/26/09 through 07/17/09) ***Attention All Medicaid Providers*******

Effective for dates of service on or after July 1, 2009, procedure code 9-K0739 may be billed with prior authorization for non-warranty repairs of durable medical equipment (DME). Procedure code 9-K0739 may be reimbursed to home health DME suppliers and medical DME suppliers in the home setting. Procedure code 9-K0739 will be denied if it is billed with the same date of service as procedure code 9-E1340 by any provider.

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

11 (06/26/09 through 07/17/09) ***Attention All Medicaid Providers*******

This is an update to an article that was published on the TMHP website at www.tmhp.com on May 29, 2009, titled "Texas Medicaid Implements Molecular Laboratory Services Reimbursement Rates." Effective for dates of services on or after July 1, 2009, procedure codes 5-86336, 5-S3800, and 5-S3835 are payable to independent or privately-owned laboratories, hospitals in an outpatient setting, and physicians in an office setting. The Department of State Health Services (DSHS) Laboratory reimbursement rate for procedure code 5-86336 was included in the table in error.

Details of the restrictions to these procedure codes are available on the TMHP website at www.tmhp.com.

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

12 (06/26/09 through 07/17/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that affects claims with dates of service on or after July 1, 2008, and emergency medical condition code 30500. These claims may have been denied in error.

Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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

13 (06/26/09 through 07/17/09) ***Attention All Medicaid Providers*******

Reminder: As of September 1, 2005, Section 32.0248(h) of the *Human Resources Code* prohibits the payment of Women's Health Program (WHP) funds to a provider that performs elective abortions. To enable HHSC to comply with this requirement, a WHP Provider Certification form will be mailed on June 22, 2009, to all billing providers that have delivered WHP services during the calendar years 2008 and 2009. Complete details are available on the TMHP website at www.tmhp.com and will be published in the 2009 September/October *Texas Medicaid Bulletin*, No. 225.

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

14 (06/26/09 through 07/17/09) ***Attention All Medicaid Providers*******

TMHP will be extending prior authorizations for Total Parenteral Nutrition (TPN) to August 14, 2009. This extension affects existing prior authorizations for TPN services using procedure codes 1-S9364, 1-S9365, 1-S9366, 1-S9367, and 1-S9368 that end on June 30, 2009. Providers will be receiving a prior authorization letter from TMHP about the extension. For new prior authorizations that are requested before August 15, 2009, providers will need to request services through August 14, 2009.

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

15 (06/26/09 through 07/17/09) ***Attention All Medicaid Providers*******

This month, TMHP Radio will feature a conversation with Cossy Hough, Case Management Branch Manager from the Department of State Health Services (DSHS), about the Case Management for Children and Pregnant Woman (CPW) program. Cossy Hough describes CPW program benefits and services, client eligibility requirements, and the requirements for enrolling as a provider.

Providers can access Radio TMHP by visiting the TMHP website at www.tmhp.com and clicking on the Radio TMHP link. Radio TMHP focuses on health-care industry topics, including changes in the policies and procedures of Texas state health-care programs.

For more information on the CPW program, please visit the DSHS website at www.dshs.state.tx.us/caseman or call 1-512-458-7111, extension 2168.■

16 (06/19/09 through 07/10/09) ***Attention All Medicaid Providers*******

TMHP has identified an issue that affects claims submitted with dates of service from January 1, 2004, through July 31, 2009, and allergy testing procedure code 95075. Procedure code 95705 is reimbursed as a medical service (type of service [TOS] 1) and not as a laboratory service (TOS 5). Claims may have been denied incorrectly. Affected claims will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary.

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

17 (06/19/09 through 07/10/09) ***Attention All Medicaid Providers*******

This is a correction to an article posted May 8, 2009, on the TMHP website at www.tmhp.com on the Code Updates - Procedure Code Review web page titled, "Second-Quarter Procedure Code Review Updates." The article included incorrect relative value units (RVUs) and access-based or calculated fees for some assistant

surgery procedure codes. Details, including the correct RVUs and fees, are available on the Code Updates - Procedure Code Review web page on the TMHP website.

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

18 (07/03/09 through 07/24/09) ***Attention All Medicaid and Family Planning Providers*******

TMHP has identified an issue that impacts claims submitted with procedure codes 1- J7303, J7304, or 1-S4993 and dates of service on or after October 1, 2008. These claims may have been denied in error with an explanation of benefits (EOB) message indicating that services exceeded allowed benefit limitations. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on part of the provider is required.

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

19 (06/26/09 through 07/17/09) ***Attention All Medicaid Ambulance Providers*******

Reminder: Providers must submit ambulance claims for emergency services with modifier ET on each procedure code. For facility-to-facility emergency transports, providers must use modifier ET and one of the facility-to-facility transfer modifiers (HI, IH, or HH) on each procedure code listed on the claim. Procedure codes submitted without the appropriate modifiers will be denied.

Notice: A previous banner message that first appeared on the March 21, 2008, R&S Report requested ambulance providers to use modifier TG when submitting a claim for emergency ambulance services that included advanced life support services. Claims with modifier TG were used by rate-setting staff to determine the cost and fiscal impact of assigning advanced life support services as a benefit. This work by rate-setting staff has been completed; therefore, providers are no longer requested to include modifier TG when advanced life support services have been provided.

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

20 (07/10/09 through 07/31/09) ***Attention All Providers*******

On August 29, 2009, TMHP will implement new features that will make it easier to navigate and enter data on TexMedConnect. Acute care providers will also be able to access more client eligibility information through the online system.

Details of the new features are available on the TMHP website at www.tmhp.com and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225 and in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

21 (06/26/09 through 07/17/09) ***Attention All Providers*******

The Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS) received federal approval in February 2009 to implement a 1915(c) Medicaid Waiver. This program, called Youth Empowerment Services (YES), allows more flexibility in the funding of intensive community-based services and supports for children with serious emotional disturbances (SED) and their families. The service array under this waiver includes: respite care, adaptive aids and supports, community land family living supports, minor home modifications, non-medical transportation, paraprofessional and professional services, specialized psychiatric observation, supportive family-based alternatives, and transitional services. Travis and Bexar counties will serve as the initial pilot sites, with a tentative waiver services start date of September 2009. Providers are currently able to submit applications to the YES program to provide services under the waiver.

Details of the YES waiver and provider enrollment information are available on the TMHP website at www.tmhp.com.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Contact Center at 1-800-568-2413.■

22 (06/26/09 through 07/17/09) ***Attention All Providers*******

Effective July 31, 2009, the format for the 8-character batch identification number assigned to claims received through the TMHP Electronic Data Interface (EDI) Gateway will change.

Details are available on the TMHP website at www.tmhp.com and will be published in the 2009 September/October, *Texas Medicaid Bulletin*, No 225 and the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP EDI Contact Center at 1-888-863-3638.■

23 (07/10/09 through 07/31/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

TMHP has revised the taxonomy codes available to otologists and otorhinolaryngologists (ENTs), hearing aid fitters and dispensers, and audiologists who are enrolled as hearing aid providers (i.e., the provider's enrollment letter indicates "Hearing Aid"). Details of these changes are available on the TMHP website at www.tmhp.com on the TMHP Providers - Hearing Services for Children (PACT Transition) web page and will also be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225, and in the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

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

24 (07/03/09 through 07/24/09) *** Attention All Medicaid and CSHCN Services Program Providers *******

Effective for dates of service on or after July 1, 2009, procedure code 9-K0739 will be a new benefit of both Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program. The reimbursement rate for procedure code 9-K0739 will be \$13.21, which will be payable for clients of all ages.

Procedure code 9-K0739 may be billed with prior authorization for non-warranty repairs of durable medical equipment (DME) and may be reimbursed to home health DME suppliers and medical DME suppliers in the home setting. Procedure code 9-K0739 will be denied if it is billed with the same date of service as procedure code 9-E1340 by any provider.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

25 (06/26/09 through 07/17/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is an update to an article that was published on the TMHP website at www.tmhp.com on May 8, 2009, titled "Online Fee Lookup Will Be Available to Texas Medicaid and CSHCN Services Program Providers." TMHP will implement the Online Fee Lookup (OFL) functionality on the TMHP website for Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program on the weekend of June 26, 2009. Providers can use the OFL beginning Monday, June 29, 2009. Details of the capabilities of the OFL are available on the TMHP website.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

26 (06/26/09 through 07/17/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

The second quarter 2009 Healthcare Common Procedure Coding System (HCPCS) additions, changes, and deletions that are effective for dates of service on or after July 1, 2009, are now available. Deleted procedure codes are no longer benefits of Texas Medicaid, Medicaid Managed Care, or the Children with Special Health Care Needs (CSHCN) Services Program.

Details of these changes are available on the TMHP Code Updates - HCPCS web page at www.tmhp.com, and will also be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225, and the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the CSHCN Services Program Contact Center at 1-800-568-2413.■

27 (06/26/09 through 07/17/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

TMHP has identified an issue that impacts claims submitted with dates of service on or after January 1, 2008, and procedure code 2-49440 for male clients. Claims may have been denied incorrectly. Procedure code 2-49440 applies to both male and female clients. Affected claims will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.■

28 (06/26/09 through 07/17/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

TMHP identified an issue that impacts claims submitted with dates of service on or after May 1, 2007, through June 30, 2009, and some evaluation and management (E/M) procedure codes.

Effective for dates of service on or after May 1, 2007, the limitation for new patient E/M codes changed from allowing 1 new patient visit every 2 years to allowing 1 new patient visit every 3 years following the last new or established patient visit reimbursed to the same provider or a provider in the same group. Some claims may have been reimbursed incorrectly. Affected claims will be reprocessed, and payments will be adjusted accordingly. No further action on the part of the provider is necessary.

Details of these changes are available on the TMHP website at www.tmhp.com, and will be published in the September/October 2009 *Texas Medicaid Bulletin*, No. 225, and the November 2009 *CSHCN Services Program Provider Bulletin*, No. 72. For more information, call the TMHP Contact Center at 1 800 925 9126 or the TMHP CSHCN Services Program Contact Center at 1 800 568 2413.■

29 (06/19/09 through 07/10/09) ***Attention All Medicaid and CSHCN Services Program Providers*******

This is a correction to a banner message that first appeared on the May 8, 2009, Remittance and Status (R&S) Report about procedure code 1-S0162. The message incorrectly stated that procedure code 1-S0162 would no longer be a benefit of Texas Medicaid effective for dates of service on or after May 31, 2009. The correct effective date is June 1, 2009. The following is the complete, corrected article:

Effective for dates of service on or after June 1, 2009, efalizumab (*Raptiva*), procedure code 1-S0162, is no longer a benefit of Texas Medicaid or the Children with Special Health Care Needs (CSHCN) Services Program.

Genentech, Inc., the manufacturer of *Raptiva*, is voluntarily withdrawing the psoriasis medication from the United States market due to an increased risk of progressive multifocal leukoencephalopathy (PML) in patients on efalizumab therapy. Effective June 9, 2009, efalizumab is no longer available in the United States.

Providers should plan a careful transition to alternative psoriasis therapies for clients who are discontinuing treatment with efalizumab.

For more information, call Genentech at 1-800-821-8590.■

30 (07/10/09 through 07/31/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after September 1, 2009, providers will not need authorization to bill cardiac surgery procedures for the Children with Special Health Care Needs (CSHCN) Services Program.

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

31 (07/10/09 through 07/31/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after September 1, 2009, providers will not need authorization to bill cardiac surgery procedures for the Children with Special Health Care Needs (CSHCN) Services Program.

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

32 (07/03/09 through 07/24/09) ***Attention All CSHCN Services Program Providers*******

TMHP has identified an issue with the compact disc (CD) edition of the 2009 *CSHCN Services Program Provider Manual*. The CSHCN Services Program Physician/Dentist Assessment Form (PAF) published in the CD edition of the manual was not the correct version of the form. The correct form, with a revision date of April 2008, is included in the print edition of the manual and in the file library of the TMHP website at www.tmhp.com.

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

33 (07/03/09 through 07/24/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to a banner message that first appeared on the June 26, 2009, Remittance and Status (R&S) Report about a correction to telephone numbers for Regions 9 and 10 in the 2009 *CSHCN Services Program Provider Manual*. The message contained an incorrect telephone number for Region 9. The article also did not mention the correct telephone and fax number for Region 10. The following is the complete, corrected information:

The manual lists an incorrect telephone number on page I-14 for the Midland Office (Region 9). The correct telephone number is 1-432-571-4159.

The manual lists an incorrect phone number for San Angelo (Region 9). The correct telephone number is 1-432-571-4151 and Joanne Mundy is the Case Management Consultant for both the Midland and San Angelo offices.

The manual lists an incorrect telephone and fax number for Region 10. The correct telephone number for region 10 is 1-915-834-7682, and the correct fax number is 1-915-834-7808.

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

34 (06/26/09 through 07/17/09) ***Attention All CSHCN Services Program Providers*******

Effective for dates of service on or after July 1, 2009, procedure code 9-K0739 may be billed with prior authorization for non-warranty repairs of durable medical equipment (DME). Procedure code 9-K0739 may

be reimbursed in the home setting to home health DME suppliers, medical DME suppliers, and custom DME providers. Procedure code 9-K0739 will be denied if it is billed with the same date of service as procedure code 9-E1340 by the same provider.

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

35 (06/26/09 through 07/17/09) ***Attention All CSHCN Services Program Providers*******

This is a correction to the 2009 *CSHCN Services Program Provider Manual*, section 1.2.2.9 Regions 9 and 10 titled "TMHP and DSHS Contact Information" On page 1-14. The manual lists an incorrect telephone number for the Midland Office (Region 9). The correct telephone number is 1-432-571-4759.

The manual also lists an incorrect telephone number for San Angelo (Region 9). Region 9 should list Joanne Mundy at 1-432-571-4151 as the Case Management Consultant for both the Midland and San Angelo offices.

The El Paso information is correct for Region 10.

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

36 (06/26/09 through 07/17/09) ***Attention All CSHCN Services Program Providers*******

Effective June 12, 2009, for dates of service on or after April 4, 2007, procedure code 1-92506 is not diagnosis-restricted. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

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