Cook Children's
Health Plan

DME
July 2021

888-243-3312
CCHPProviderRelations@cookchildrens.org

Providing CHIP and Medicaid services to Tarrant, Denton, Parker, Wise, Hood and Johnson

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Benefits, Limitations and Exclusions

Cook Children's Health Plan expects all Providers to follow the instructions within the Texas Medicaid Provider Procedures Manual (TMPPM) when submitting claims. Be sure to reference the most recent publication located on the Texas Medicaid & Healthcare Partnership website at tmhp.com.

Providers should follow the Texas Medicaid Procedures Manual, Cook Children's Health Plan Provider Procedures Manual, Electronic Data Interchange Requirements, CPT/ICD-10/HCPC guidelines and Medicaid NCCI edits when billing for services.

Secure Provider Portal

We encourage all Providers to utilize our Secure Provider Portal to verify eligibility, check claim status, submit claim appeals/reconsiderations, and request prior authorization.

If you do not have access to the Secure Provider Portal please refer to the Secure Provider Portal Reference Guide to request account access.

You can contact Provider Relations for assistance at CCHPProviderRelations@cookchildrens.org.

Philips Recall

On June 14, 2021, Philips Respironics initiated a voluntary recall notification for specific models of continuous positive airway pressure (CPAP), bilevel positive airway pressure (BPAP), and mechanical ventilator devices to ensure patient safety. The recall is to address potential health risks related to the polyester-based polyurethane (PE-PUR) sound abatement foam used in certain devices. Please see the recall notification in the Philips Respironics website for additional information and a complete list of models.

https://www.usa.philips.com/healthcare/e/sleep/communications/src-update

For Members with a current prior authorization impacted with this recall, Cook Children's Health Plan would like to work with you to ensure a smooth transition to any device needed by the Member.

Please submit a spreadsheet with the following information to CCHPPriorauthorizations@cookchildrens.org:

1. Member ID Number
2. Member First Name
3. Member Last name
4. Current Prior Authorization Number
5. Units used on current authorization and dates of service
6. New procedure code(s) needed for replacement and dates of service

Once this information is received, please allow five business days for us to issue a new authorization for the Member. If the volume is large, we will contact you as necessary.

Providers may contact CCHPPriorAuthorizations@cookchildrens.org for questions related to this notice.

Prior Authorization Request

Providers must submit prior authorization requests via the Secure Provider Portal. Prior authorization requests submitted without the required MSRP will be pended or denied until received. All requests should include the appropriate procedure codes and modifiers.

Should you have questions regarding this requirement please review the Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook found in the Texas Medicaid Provider Procedures Manual, specifically section 2.2.3.1 Prior Authorization Requests for Home Health DME and Supplies under the Exceptional Circumstances Provision.

Documentation of Delivery

When submitting a claim for Durable Medical Equipment "DME" you must include:

- Delivery slip or invoice signed and dated by Member or caregiver
- Dated carrier tracking document that includes the shipping date and delivery date must be printed from the carriers website as confirmation
    - The carrier tracking document must be attached to the delivery slip or corresponding invoice

Reimbursement

Providers may be reimbursed for DME either by the lesser of the Provider's billed charges or the published fee determined by Texas Health and Human Services (HHS) or through manual pricing.

If manual pricing is used, the Provider must request prior authorization and submit documentation of either of the following:

- The Manufacturer Suggested Retail Price (MSRP) or Average Wholesale Price (AWP), whichever is applicable
- The Provider's documented invoice cost

Manually priced items are reimbursed as follows as is appropriate:

- MSRP less 18 percent or AWP less 10.5 percent, whichever is applicable
- The Provider's documented invoice cost

Billing Tips:

- Providers should submit a description of the service on the claim when billing an unlisted procedure
- Providers should submit a copy of the invoice or the MSRP for the service

Seating Assessment for Manual and Power Custom Wheelchairs

A seating assessment is required for the rental or purchase of any device meeting the definition of a wheeled mobility system. Seating assessments are reimbursed in 15-minute increments (units) and must be billed with the following procedure code 97542.

- The Physical Therapist (PT) completing the assessment must submit procedure code 97542 with modifiers GP and UC in order to bill for the seating assessment
- The Occupational Therapist (OT) completing the assessment must submit procedure code 97542 with modifiers GO and UC in order to bill for the seating assessment
- Services for the Qualified Rehabilitation Professional (QRP) participation in the seating assessment must be submitted for reimbursement by the DME provider billing for the wheeled mobility system using procedure code 97542 with modifier U1

Providers must follow the authorization and documentation requirements as stated in 2.2.17.10 Seating Assessment for Manual and Power Custom Wheelchairs of the Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, located in the Texas Medicaid Provider Procedures Manual on TMHP.com. Failure to follow these guidelines will result in a rejection or denial.

Fitting of Custom Wheeled Mobility Systems

The fitting of a wheeled mobility system is defined as the time the QRP spends with the client fitting the various systems and components of the system to the client. It may also include time spent training the client or caregiver in the use of the wheeled mobility system. Time spent setting up the system, or travel time without the client present, is not included.

- Services for fitting of a wheeled mobility system by the QRP must be submitted for reimbursement by the DME provider of the wheeled mobility system using procedure code 97542 with modifier U2
- Procedure code 97542 with modifier U2 must be billed on the same claim as the procedure code(s) for the wheeled mobility system in order for both services to be reimbursed

Providers must follow the authorization and documentation requirements as stated in 2.2.17.11 Fitting of Custom Wheeled Mobility System of the Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, located in the Texas Medicaid Provider Procedures Manual on TMHP.com. Failure to follow these guidelines will result in a rejection or denial.

Breast Pump

Texas Medicaid and CHIP covers breast pumps and supplies when medically necessary after an infant is born. A breast pump may be obtained under an eligible mother's Medicaid or CHIP Member number; however, if a mother is no longer eligible and there is a need for a breast pump or parts, then breast pump equipment must be obtained under the infant's Medicaid number.

Billing Tips:

- Claims for breast pumps may not be submitted until after the infant is born
- The rental or purchase of a breast pump, as well as any replacements or parts, must be billed using the mother's Medicaid identification number, or if she is no longer eligible, using the infant's Medicaid identification number
- A manual or electrical (AC and/or DC) personal-use breast pump may be considered for purchase only
- A hospital-grade breast pump may be considered for rental only
- Procedure codes E0602 and E0603 will be denied when submitted within the same calendar month as procedure code E0604
- Procedure code E0602 will be denied when submitted within one year from procedure code E0603, any provider
- Claims for parts will not be reimbursed when billed for the same day as the purchase of breast pump equipment
- Reimbursement is for purchase or rental, with documented medical necessity and prior authorization when appropriate, as outlined in this handbook

For more information on Breast Pump Claims Filing refer to The Medicaid Managed Care Handbook located in the Texas Medicaid Provider Procedures Manual on TMHP.com, section 2.3.2.3 Breast Pump Claims Filing for MCO Services.

Provider Training Webinars

We'd love to have you or a member of your team attend our provider training webinars. Visit the Education and Training page located on our website cookchp.org, to review our Provider Training Webinar Schedule and register for an upcoming webinar.

Provider Relations

How can we help you? If you need assistance or would like to know who your Provider Relations Coordinator is please email CCHPProviderRelations@cookchildrens.org.