Cook Children's Health Plan

March 2, 2022

Re: Diagnosis and Procedure Code Validation

Dear Providers,

When submitting prior authorization requests you must ensure the diagnosis codes and procedure codes are valid on the date of service and are coded to the highest level of specificity. Providers must follow the billing and coding guidelines outlined in the Texas Medicaid Provider Procedures Manual (TMPPM), Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPC) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM).

- The Texas Medicaid Provider Procedures Manual is updated monthly
- CPT, HCPC and ICD-10 code sets are updated annually
    - Example:
        - Diagnosis code R63 termed on September 30, 2021, this code is not valid for dates of service on or after October 1, 2021

Please ensure requests submitted for prior authorization contain valid coding to allow appropriate review and approval of services.

The services billed on the claim form must match the services authorized (to include: diagnosis code, procedure code, date of service, etc.). The authorization number must be submitted on the claim form.

Providers may contact CCHPPriorAuthorizations@cookchildrens.org for questions specific to prior authorization matters. For general health plan questions please contact Cook Children's Health Plan Provider Support Services at 888-243-3312 or submit a Customer Service Request via the Secure Provider Portal, select the topic Provider Relations Outreach.

Sincerely,

Cook Children's Health Plan

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