

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

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Provider News

For updates from Health and Human Services and Cook Children's Health Plan visit Provider News page located on our website at cookchp.org.

- CHIP Copayment Waiver Provider Notification
- Changes Related to Appeals and Fair Hearings
- New Paper Claim Address Effective July 1, 2021
- Non-Emergency Medical Transportation – Access2Care
- Prior Authorization Update for Diapers
- Prior Authorization Update for Oxygen Services

Behavioral Health - Beacon Health Options

Cook Children's Health Plan has partnered with Beacon Health Options (Beacon) to manage the delivery of mental health and substance use disorder services for our Members. We are committed to reducing potentially preventable emergency department visits and inpatient stays among Members with complex needs and/or depression.

One method to achieve this commitment is to provide options regarding behavioral health resources, screening tools, and Member materials to Primary Care Providers. Visit the Texas Primary Care Toolkit page to learn more and to start the referral process on Member's behalf.

Beacon is also working to increase awareness and compliance with HEDIS measures related to metabolic monitoring for children and adolescents on antipsychotics. Metabolic monitoring is important to ensure appropriate management of children and adolescents on antipsychotic medications.

View the APM Tip Sheet on the Behavioral Health page for more information or contact Beacon at 855-481-7045.

Claim Edits

Attending, Ordering, Referring and Rendering Provider must:

- Be the individual provider who directed the patient for care
 - Cannot be listed as the Group
- When billing a Provider you must enter the First and Last Name
 - The name must match the name as enrolled and attested with Texas Medicaid
 - You must enter a NPI, Taxonomy code and Taxonomy qualifier

Billing Provider

- Enter the Group Name or Individual Provider First and Last Name
 - You must enter a NPI, Taxonomy code and Taxonomy qualifier
- Taxonomy ID & Taxonomy Qualifier
 - If the Billing Provider Tax ID is a Social Security Number you must bill the taxonomy qualifier SY
 - If the Billing Provider Tax ID is an Employer Identification Number you must bill the taxonomy qualifier ZZ

Service Facility Location

- Should be left blank if the services were provided in the Provider's office or Member's home
- If services were provided in a Facility you must enter the Facility Name, NPI, Taxonomy code and Taxonomy qualifier
- If the field does not apply to your claim, please leave it blank
 - Do not partially complete a field as it will cause the claim to reject or deny

Physical, Service and Billing Address

- Cannot be a Post Office Box
- Enter a complete address

- If the field does not apply to your claim, please leave it blank
 - Do not partially complete a field as it will cause the claim to reject or deny

Providers must use the National Provider Identifier (NPI) and Taxonomy code combination as enrolled and attested with Texas Medicaid. Claims with incorrect, invalid or missing NPI and Taxonomy code combinations will reject or deny.

Ambulatory Surgery Center Claim

- Freestanding Ambulatory Surgery Center
 - Must be billed on the CMS 1500 form
- Hospital based Ambulatory Surgery Center
 - Must be billed on the UB-04
- Observation must be billed on a UB-04
- Must bill the ASC Taxonomy Code
 - Do not bill the acute Taxonomy code

Observation

- Hospitals billing Observation, revenue code 762, should bill one single claim line starting with the date that observation began

Accident Information

- Institutional Claims
 - If you enter an Occurrence Code (form locator 31-34) you must also complete form locator 29, Accident State
- Professional Claims
 - If box 10b is Yes, you must also enter the Place (State) where the accident occurred

Submitting a Secondary Claim Electronically

Payers must report paid amounts at both the claim level and service line level to ensure claim integrity. Both levels must balance. There are two different ways the claim information must balance. They are as follows:

Claim Level

- Claim Charge Amounts
 - Loop 2300 CLM02 must balance to the sum of all service line charge amounts reported in Loop 2400 SV203
- Claim Payment Amounts
 - The sum of all line level payment amounts (Loop 2430 SVC02) less any claim level adjustment amounts (Loop 2320 CAS adjustments) must balance to the claim level payment amount (Loop 2320 AMT02)
 - Loop 2320 AMT02 payer payment = sum of Loop 2430 SVD02 payment amounts minus the sum of Loop 2320 CAS adjustment amounts
 - Loop 2320 Coordination of Benefits (COB) Payer Paid Amount AMT segment with a D qualifier in AMT01
 - The associated payer is defined within Loop 2330B child loop
- Line Level Payment Amounts
 - Line level payment information is reported in Loop 2430 SVD02
 - Line level balancing function, the receiver must know which payer the line payment belongs to
 - This is accomplished using the identifier reported in Loop 2430 SVD01
 - This identified must match the identifier of the corresponding payer identifier reported in Loop 2330B NM109

Service Line Level

- Line Adjudication Information, Loop 2430, is reported when the payer identified in Loop 2330B has adjudicated the claim and service line payments and/or adjustments have been applied
 - Line Level Balancing occurs independently for each individual Line Adjudication Information Loop
 - In order to balance, the sum of the line level adjustment amounts and line level payments in each Line Adjudication Information Loop must balance to the Provider's charge for the line, Loop 2400 SV203
 - The Line Adjudication Information Loop can repeat up to 25 times for each line item
 - The calculation for each 2430 loops is as follows: Sum of Loop 2430 CAS Service Line Adjustments plus Loop 2430 SVD02 Service Line Paid Amount = Loop 2400 SVC203 Line Item Charge Amount

Additional Details:

- Claim Level:
 - Loop 2320 Other Subscriber Information
 - Required when the claim has been adjudicated by the payer identified in Loop 2330B
 - Required when Loop 2010AC is present
 - In this case, the claim is a post payment recovery claim submitted by a subrogated Medicaid agency
 - TR3 Example: AMT*D*411~
- Service Line Level:
 - Loop 2430 Line Adjudication Information
 - Required when the claim has been previously adjudicated by payer identified in Loop 2330B and this service line has payments and/or adjustments applied to it.
 - Loop Repeat: 15
 - TR3 Notes: To show unbundled lines
 - If, in the original claim, line 3 is unbundled into (for example) 2 additional lines, then the SVD for line 3 is used 3 times: Once for the original adjustment to line 3 and then two more times for the additional unbundled lines
 - TR3 Example: SVD*43*55*HC:84550**3~

Timely Filing

- Initial claims must be received by Cook Children's Health Plan within 95 days of the date of service
- Corrected claims must be received by Cook Children's Health Plan within 95 days of the date of service
 - Claims must be identified as a Corrected Claim
 - CMS 1500
 - Electronic
 - 2300 Loop, CLM segment, CLM05-3 must indicate one of the following:
 - 7 = Replacement
 - 8 = Void
 - 2300 Loop, REF segment must include the original claim number
 - Paper
 - Box 22

- Replacement Claim - Resubmission code 7 with the original claim number under Original Ref No
- Voided Claim – Resubmission code 8 with the original claim number under Original Ref No
- UB04
 - Electronic
 - 2300 Loop, CLM05-1
 - 7 = Replacement
 - 8 = Void
 - 2300 Loop, REF segment must include the original claim number
 - Paper
 - Form Locator 3
 - Replacement Claim – Change the third position of the Type of Bill to a 7
 - Voided claim – Change the third position of the Type of Bill to an 8
 - Form Locator 64
 - Enter the Original Claim Number
- Claim Appeals must be received by Cook Children's Health Plan within 120 days of the date on the Explanation of Payment. Appeals may be submitted:
 - In writing by mail or
 - The Secure Provider Portal Customer Service function, select Topic: Submit Claim Appeal
- The Filing Deadline Calendar can be located on tmhp.com
 - Filing Deadline Calendar 2020
 - Filing Deadline Calendar 2021

Benefits, Limitations and Exclusions

Providers should follow the Texas Medicaid Procedures Manual, Cook Children's Health Plan Provider Manual, Electronic Data Interchange Requirements, CPT/ICD-10/HCCPC guidelines and Medicaid NCCI edits when billing for services. For benefit limitations, exclusions and claim filing instructions reference the most recent publication of the TMPPM located on tmhp.com.

Non-Emergency Medical Transportation (NEMT) Service – Access2Care

Effective June 1, 2021, Cook Children's Health Plan coordinated with Access2Care to provide non-emergency medical transportation for STAR and STAR Kids Members. Access2Care will provide transportation to non-emergency health care appointments for Members who have no other transportation options.

Such transportation includes rides to the doctor, dentist, hospital, pharmacy, and other places an individual receives Medicaid services. Access2Care does not include ambulance trips.

If you have a STAR or STAR Kids Member that would benefit from receiving transportation services, please refer them to Access2Care at 844-572-8195 to schedule a ride.

Clinical Laboratory Improvement Amendments (CLIA)

CLIA Certificates are renewed every two years. Providers may submit their CLIA Certificates to the health plan:

- Via the Secure Provider Portal by selecting Customer Service, Topic: CLIA Update
- Or email your CLIA Certificate to Network Development at CCHPNetworkDevelopment.org

Texas Health Steps

Texas Health Steps Quick Reference Guide

We encourage Providers to utilize the Texas Health Steps Quick Reference Guide when billing THSteps medical checkups.

Developmental and Mental Health Screening Tools

- Effective for dates of service on or after June 1, 2021, new screening tools, one for developmental screenings for children and another for mental health screenings for adolescents, will be added for Texas Health Steps Preventive care medical checkups
- The Survey of Well-being of Young Children (SWYC) will be added as recognized developmental screening tool for children

The Rapid Assessment for Adolescent Preventive Services (RAAPS) will be added as a recognized mental health screening tool for adolescents who are 12 through 18 years of age.

Texas Public Health Vaccine Scheduler

DSHS recently launched the Texas Public Health Scheduler to help people sign up for the COVID-19 vaccine through participating public entities across Texas. To learn more visit [Texas Public Health Vaccine Scheduler](#)

Population Health Management

Cook Children's Health Plan offers Population Health Management programs to meet the needs of every Member. Population health is an approach to care that uses information on a group of patients to improve the care and clinical outcomes for those patients. Population health involves having a better understanding about the community in which patients reside, factors that can increase health risks, community resources that exist for patients and how to access them. Visit the [Population Health Management](#) page to learn more.

Provider Relations

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

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.

Secure Provider Portal

We encourage all Providers to request access and utilize the portal to verify eligibility, check claim status, submit claim appeals/reconsiderations, and request prior authorizations. If you do not have access to the Secure Provider Portal please refer to the [Secure Provider Portal Reference Guide](#) to request account access.

For assistance in navigating the Secure Provider Portal register for our monthly webinar by visiting the [Education and Training](#) page located on cookchp.org, select the [Provider Training Webinar Schedule 2021](#). Review the calendar and follow the instructions to register for the webinar of your choice.