

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

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### Have you visited our new Secure Provider Portal?

Earlier this year, Cook Children's launched a new version of our [Secure Provider Portal](#). With our new Provider Portal, you will still have all the functionality that the [Legacy Secure Provider Portal](#) offered. However, the new and improved Provider Portal processes all information in real time!

Now that our Portal is live we want to ensure you and each of your team members have received their access and are able to navigate the Portal. The Secure Provider Portal will allow you to verify eligibility, check claim status, submit claim appeals/reconsiderations but more importantly submit prior authorization requests.

We'd like to collaborate with you to move toward 100% prior authorization submission via the Secure Provider Portal. Contact Provider Relations to request individual/group training or you can download the [Secure Provider Portal Reference Guide](#) to assist you with navigating the portal.

If you do not have access to the Provider Portal please refer to the [Secure Provider Portal Reference Guide](#) to request account access.

### Delivery Notification

Please note the referral number provided upon submitting the Delivery Notification in the Secure Provider Portal is not the authorization number.

Providers must ensure that all necessary prior authorizations are obtained prior to providing services. Visit the [Prior Authorization](#) page located on our website [Cookchp.org](http://Cookchp.org), and use the Prior Authorization Lookup tool to verify if an authorization is required.

Providers are encouraged to utilize our new Secure Provider Portal to enter and navigate authorizations electronically and check status.

### **Prior Authorization Updates**

Effective November 1, 2020, Cook Children's Health Plan will post a summary of new/revised/terminated prior authorization requirements on our website at [Cookchp.org](http://Cookchp.org). The updates will be located on the Prior Authorization webpage under the section titled [Prior Authorization Updates](#).

### **Prior Authorization Request Form**

Network Providers should submit prior authorization requests via the Secure Provider Portal. In the event you must submit a fax, please utilize the updated [form](#) on our website [Cookchp.org](http://Cookchp.org) on the forms page.

### **Provider Resources**

We've updated our Value Added Services and Member Rights and Responsibilities documents. Visit our [Provider Resources Page](#) webpage located on our website at [Cookchp.org](http://Cookchp.org) to view this information and other helpful resource tools. If you have any questions please contact Provider Services at 888-243-3312 Monday through Friday from 8 a.m. to 5 p.m.

### **COVID-19 Extensions**

Please visit our [Provider News Page](#) on our Website to see all the most current extensions for [COVID-19](#).

### **Influenza A & B Testing**

When billing for Influenza A & B testing do not bill 87804 with two units. Bill two lines as follows:

- Modifier QW is billed on the first line
  - 87804QW
- Modifier QW and modifier 91 is billed on the second line
  - 87804QW91
- Do not bill modifier 59

### **Syphilis Testing for Pregnant Women**

Effective September 1, 2019, Texas Health and Safety Code §81.090 was enacted to increase syphilis testing in pregnant women.

The new state legislation mandates three syphilis tests:

- At first prenatal care examination
- During third trimester (no earlier than 28 weeks gestation)
- At delivery

Syphilis cases have been increasing in men and women nationally, including women of childbearing age. This new requirement comes as the Texas Department of State Health Services (DSHS) has seen a sharp increase in the number of syphilis infections passed from mother to child.

Untreated syphilis during pregnancy can result in devastating health outcomes for the baby, including stillbirth or perinatal death, but congenital syphilis can be prevented by timely treatment of maternal syphilis.

Providers may refer to the October 3, 2019, news release from DSHS reminding health-care professionals about the new state law increasing syphilis testing during pregnancy. This news release also includes a health advisory with testing and treatment guidance for health professionals.

#### Resources

For more information, see:

- [October 3, 2019 DSHS News Release](#)
- [DSHS Health Advisory](#)
- [Congenital Syphilis in Texas](#)
- [CDC STD Treatment Guidelines](#)
- [Texas HIV/STD Reports](#)
- [DSHS Reporting Rules for Notifiable Conditions](#)
- [Syphilis Fact Sheets](#)
- [Diagnostic Testing and Pregnancy](#)
- [STD Awareness Week – April 12, 2020 through April 18, 2020](#)

#### Determining Medical Necessity

Cook Children's Health Plan uses the following criteria resources for determining Medical Necessity:

- [Texas Medicaid Provider Procedures Manual](#)
- [CCHP Therapy Program Guidelines](#)
- Inter Qual 2019\*
- Hayes Technology, Inc.\*
- Up to Date\*
- CCHP Developed Criteria\*

\*These criteria are available to members, physicians and other professional providers upon request. Ask to speak with Utilization Management at one of the following numbers to initiate a request:

- STAR Kids Members: 800-843-0004
- CHIP and STAR Members: 800-964-2247
- Providers: 888-243-3312

## Texas Health Steps Screenings

Developmental surveillance or screening is a required component of every checkup for clients who are birth through 6 years of age. Autism screening is required at 18 months of age and again at 24 months of age.

- Developmental Screening
  - Procedure code 96110
    - Required Screening Tools: ASQ, ASQ:SE, PEDS
    - Requires authorization if performed outside of THSteps
    - Limited to once per day, per Provider
- Autism Screening
  - Procedure code 96110
    - Modifier U6
    - Required Screening Tools: M-CHAT, M-CHAT R/F
    - Limited to once per day, per Provider

## Texas Health Steps Benefit Code

A Texas Health Steps visit or follow-up visit billed without the EP1 benefit code and Texas Health Steps taxonomy code will deny.

## Texas Health Steps Immunizations

If an immunization is administered as part of the preventive care medical checkup (THSteps), the primary diagnosis code must be the age-appropriate preventive diagnosis code (Z00.110, Z00.111, Z00.121 Z00.129, Z00.00 and Z00.01).

- Z23 may also be included on the claim as the secondary diagnosis code
- The diagnosis pointer for the preventive E/M, vaccine/toxoid and the vaccine administration code should point to the preventive age-appropriate diagnosis code (Z00.110, Z00.111, Z00.121 Z00.129, Z00.00 and Z00.01) primary and then the encounter for immunization diagnosis code secondary (Z23)
- If the vaccine is provided during a follow-up visit to a THSteps, the preventive age-appropriate diagnosis code must be billed as the primary diagnosis code
  - The encounter for immunization diagnosis may be billed as the secondary diagnosis code
  - The diagnosis pointer for the follow-up E/M code (99211), vaccine/toxoid and the vaccine administration code should point to the preventive age-appropriate diagnosis code (Z00.110, Z00.111, Z00.121 Z00.129, Z00.00 and Z00.01) primary and then the encounter for immunization diagnosis code secondary (Z23)
- If an immunization is the only service provided during an office visit, providers may submit only diagnosis code Z23 on the claim

**Note:** Claims billed incorrectly beginning 01/01/2021 will deny.

### **Texas Health Steps Laboratory Test**

Age-appropriate and risk-based laboratory testing as noted on the periodicity schedule is considered part of the medical checkup. All required laboratory testing for THSteps clients must be performed by the Department of State Health Services (DSHS) Laboratory in Austin, Texas, with the following exceptions:

- Specimens collected for type 2 diabetes, dyslipidemia, HIV, and syphilis screening may be sent to the laboratory of a provider's choice or to the DSHS Laboratory in Austin if submission requirements can be met
- Initial blood lead testing using point-of-care testing

Please review the Children's Services Handbook in Texas Medicaid Provider Procedures Manual for more information regarding Texas Health Steps.

### **Electronic Fund Transfer (EFT) & Electronic Remittance Advice (ERA)**

Providers must sign up for Electronic Fund Transfer and Electronic Remittance Advice. Complete and submit the Electronic Fund Transfer Form.

Following EFT enrollment, Providers should enroll with Availity to receive Electronic Remittance Advice. Go to [Availity.com](https://www.availity.com) and register for Provider Portal access if you do not already have an account. Log in to your Availity account to request ERA enrollment. Contact Availity Client Services at 800-282-4548 for assistance.

### **Family Connects Texas**

Family Connects Texas is a free evidence-based, nurse home visiting program for all families with newborns. The Family Connects Texas program supports parents by linking nurses, community resources, and families. Our mission is to connect you with resources that nurture your whole family and support your child. It's about planting seeds for the future. Together, we're growing healthy babies!

### **What can Family Connects Texas do for you?**

Having a new baby affects families in many ways. Family Connects Texas nurses are trained to answer your questions and connect you with the support you need.

Here are a few things Family Connects Texas nurses can do for your family:

- Give you tips on safe sleep
- Help you with baby's crying
- Teach other family members about baby
- Tell you about parent support groups
- Give you tips to help baby learn
- Tell you about family planning options
- Plan for visiting the doctor
- Check baby's weight
- Check mom's health
- Help with feeding baby
- Screen mom for Postpartum Depression
- Tell you about child care options
- Help plan to go back to work
- Give tips on bath time & changing diapers

Click the link below for more information and to contact Family Connects North Texas!

<https://www.familyconnectstexas.org/>

### **Updating Provider Information**

Providers must inform the health plan of any changes to their contact information including address, telephone and fax number, group affiliation, etc. It is also important to submit any updates to panel status such as an update from a closed panel as well as any changes to age restrictions. Providers must also ensure that the health plan has current billing information on file to facilitate accurate payment delivery.

Providers may submit a demographic change on our [Secure Provider Portal](#) or visit the Education and Training page and access the Provider Information Change Form located on our website at [Cookchp.org](http://Cookchp.org). The form can be emailed to our Network Development team at [CCHPNetworkDevelopment@cookchildrens.org](mailto:CCHPNetworkDevelopment@cookchildrens.org).

## **Credentialing and Re-credentialing Update**

Cook Children's Health Plan's credentialing process is designed to meet NCQA and state requirements for the evaluation of providers who apply for participation. Provider must submit all required information in order to complete the credentialing or re-credentialing process. Incomplete applications cannot be processed until all requested documentation is received.

New providers must complete a Letter of Interest Form along with all the required documents. The Letter of Interest form is located on our website at [cookchp.org](http://cookchp.org), select Providers, and then select Joining the Network. Send the completed packet to Network Development by email [CCHPNetworkDevelopment@cookchildrens.org](mailto:CCHPNetworkDevelopment@cookchildrens.org) or fax 682-885-8403.

Upon receipt of completed application and any requested documentation, the credentialing process for a new provider will be completed within ninety (90) days. The re-credentialing process will occur at least every three (3) years. In addition to verifying credentials, the health plan will consider provider performance data including Member complaints and appeals, quality of care and utilization management.

## **Provider Rights**

When the credentialing process is initiated for practitioners and organizations, the applicant is entitled to:

1. Review information submitted to support their credentialing application.
2. Correct erroneous information.
3. Receive the status of their credentialing or re-credentialing application, upon request.

Providers may contact the Network Development team for Credentialing, Contracting, and corrections of erroneous information by phone 888-243-3312, fax 682-885-8403 or email [CCHPNetworkDevelopment@cookchildrens.org](mailto:CCHPNetworkDevelopment@cookchildrens.org).

## **Provider Contracts**

Cook Children's Health Plan believes effective quality improvement requires provider/practitioner involvement to the fullest extent possible in quality initiatives. Contracts specifically require providers/practitioners to:

- Cooperate with Quality Improvement activities
- Provide Cook Children's Health Plan with access to Member medical records to the extent permitted by state and federal law
- Allow Cook Children's Health Plan to use their performance data for quality improvement activities
- Maintain the confidentiality of Member information and records

### **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](http://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 [CCHPPProviderRelations@cookchildrens.org](mailto:CCHPPProviderRelations@cookchildrens.org).