

Fall

2019

CookChildren's
Health Plan

Provider Support Services

888-243-3312

CCHPProviderRelations@cookchildrens.org



National Provider Identifier

All CMS 1500 claims must be submitted with a National Provider Identifier (NPI) for the billing and rendering Providers. CCHP requires Providers to submit the appropriate Billing and Rendering Provider NPI as it appears in the attestation record with Texas Medicaid Health Partnership (TMHP) on all claims. Effective 12/01/2019 claims submitted without the appropriate Billing and Rendering NPI may be rejected.

Skilled Nursing Visit

Effective 11/01/19, providers must submit prior authorization requests and claims for Skilled Nursing Visits (SNV) as outlined in section 3.2 Skilled Nursing and Home Health Aide Services of the Texas Medicaid Provider Procedures Manual.

Prior Authorization Requests for Private Duty Nursing

To ensure that all prior authorization requests for Private Duty Nursing are processed timely please be sure that your authorization includes the following:

- CCP Prior Authorization Request Form
- Home Health Plan of Care
- Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers
- THSteps CCP Prior Authorization Private Duty Nursing 6-Month Authorization (when requested an extended 6-month authorization only)
- Documentation supporting medical necessity for the requested frequency in hours

Information provided should be consistent among all documents provided in the request. Failure to submit and/or inconsistencies in documentation may lead to delay in processing requests.

Providers may refer to the Texas Medicaid Provider Procedures Private Duty Nursing (PDN) Services: 4.1.4.1 Authorization handbook for criteria and billing guidelines.

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Audiology Services Update

Beginning November 1, 2019, TMHP will update the limitation for procedure codes 92620, 92621, and 92625 in the *Texas Medicaid Provider Procedures Manual, Vision and Hearing Services Handbook*, section 2.2.3.7 "Limitations."

The language regarding the benefit limitation for procedure codes will be updated from four times each per rolling calendar year to four times each per rolling year. For more information visit [TMHP](#) or call TMHP contact center at 800-925-9126.

Date Span Billing

CCHP does not allow date span billing for professional claims. Billing for each date of service must be on a separate line item.

Sterilization Consent Form

Reminder: Effective October 24, 2019, Providers must use only the new version of the Sterilization Consent Form that was revised on November 9, 2018, with an effective date of April 26, 2019. All other versions of the form will receive a final denial. Visit [TMHP](#) to locate the most updated form.

High Risk Pregnancy & Delivery Notification Forms

CCHP requests providers notify us when Members are diagnosed with high risk pregnancy. Hospital deliveries are reported to the Care Management Department. Delivery notifications must be reported within one (1) business day. Both forms can be located at cookchp.org on the [Prior Authorization](#) page.

Prior Authorization for Non-Emergency Ambulance Transport

Providers may refer to the Non-Emergency Ambulance Prior Authorization form located at cookchp.org on the [Prior Authorization](#) page as it is the preferred form for the request.

Interpreter Services

CCHP will provide face-to-face interpreter services or phone interpretation services for most of the commonly spoken languages around the world. Contact Provider Support Services at 888-243-3312 or CCHPInterpreterRequest@cookchildrens.org in order to request interpreter services. A 2-day advance notice is required. Providers must notify the health plan as soon as possible in the event of a cancellation.

Congenital Syphilis Health Advisory

Testing is now mandated:

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

Texas healthcare providers are urged to:

- Screen all pregnant women for syphilis to new testing requirements.
- Look for clinical signs/symptoms of syphilis in all patients.
- Treat patients with evidence of syphilis or recent exposure to syphilis on-site when possible. Document stage of syphilis and treatment administered.
- Report syphilis cases to your local or regional health department at the time of diagnosis. Include pregnancy status and treatment in the report.
- Test and evaluate newborns potentially exposed to syphilis in utero.
- Update electronic health record/electronic medical record systems to reflect new testing requirements.

For more information visit [HHS](#).

Diagnosis Update for Diapers

Effective 11/1/2019, the following procedure codes:

T4521	T4522	T4523	T4524	T4525	T4526
T4527	T4528	T4529	T4530	T4531	T4532
T4533	T4534	T4535	T4544		

Do not require prior authorization when billed with the following diagnosis code(s), at ≤ 240 per/month for members 4 years or older:

R32	Urinary incontinence unspecified
R39.81	Functional urinary incontinence
N39.4	Other specified urinary incontinence
N39.45	Continuous leakage
N39.46	Mixed incontinence
N39.49	Other specified urinary incontinence
N39.490	Overflow incontinence
N39.498	Other specified urinary incontinence

For claims that are not submitted with the above diagnosis or exceed 240/month, authorization is required. Out-of-Network providers must always submit for prior authorization.

Respiratory Syncytial Virus (RSV) Season 2019 – 2020 Synagis® Prior Authorization Request Form

Human Respiratory Syncytial Virus (RSV) causes respiratory tract infections and serious lung disease in infants and children. Palivizumab (Synagis®) is available with prior authorization for high-risk patients.

The start of RSV season varies based on a client's county of residence. A county table and local RSV season dates are available on the [Navitus website](#) or on the [Texas Vendor Drug Program](#) website.

The Synagis® Prior Authorization Request Form can be located on the [Navitus website](#).

Dispensing pharmacy should fax the completed prior authorization form to Navitus at 855-668-8553. Providers with questions should call the Navitus Texas Provider Hotline at 877-908-6023.

EVV Service Bill Codes Table Updated October 2019

Detailed bill code information for Electronic Visit Verification (EVV) services is now available in the EVV Service Bill Codes table which can be found at <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification>.

The [EVV Service Bill Codes table](#) identifies the EVV program and service bill codes required for EVV-relevant services that are currently in use and those with changes effective September 1, 2019. The EVV Service Bill Codes Table was updated Oct 2019.

Program Providers must use the correct Healthcare Common Procedure Coding System (HCPCS) code/modifier combinations listed in the EVV Service Bill Codes table for all claims. Use of the correct codes will help prevent EVV visit transaction rejections and EVV claim match denials. For more information, contact HHSC EVV Operations at electronic_visit_verification@hscstate.tx.us.

Is a Modifier Allowed?

Always refer to your National Correct Coding Initiative (NCCI) edits and the TMPPM to determine if a modifier is allowed.

- [NCCI Edits](#)
- [Texas Medicaid Provider Procedures Manual](#)

TMHP YouTube Channel

TMHP has launched a YouTube channel for providers. It's a new online resource to alert providers of important developments and relevant topics with short educational videos. It will provide quick overviews of processes in an easy to understand format. Providers must have a Google account to sign into YouTube. TMHP's YouTube channel can be located at <https://www.youtube.com/c/texasmedicaidhealthcarepartnership>

Texas Health Steps Laboratory Services

The following laboratory services obtained during a Texas Health Steps medical checkup are required to be submitted to the DSHS Laboratory:

- Newborn Screening
- Total Hemoglobin
- Lead
- Gonorrhea/Chlamydia testing

The following laboratory services obtained during a medical checkup may be sent to the medical provider's choice of laboratory (DSHS or local):

- Glucose
- Lipid Profile/Cholesterol and HDL
- RPR (Syphilis screen)
- HIV screen
- Effective 12/1/11, providers with a CLIA Certificate of Waiver may perform initial blood lead testing in the office using point-of-care testing. Testing may be performed using a venous or capillary specimen
- Confirmatory tests must be venous specimens and may be sent to the DSHS lab, or the client or specimen may be sent to a lab of the provider's choice

Providers can access specimen submission and requirements for specific tests on the [DSHS Laboratory](#) website.

Additional resources:

- <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/health-services-providers/thsteps/th-s-lab-checklist.pdf>
- <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/health-services-providers/thsteps/th-s-risk-based-guide.pdf>
- <https://www.dshs.state.tx.us/lab/>

Texas Health Steps Laboratory Web Portal Shut Down

The DSHS Laboratory Web Portal is currently not available. Reports will be mailed monthly to providers.

If a provider wants to get laboratory reports via fax the provider should:

- Complete a Submitter Identification Request Form
- Email the completed form to LabInfo@dshs.texas.gov or fax to 512-776-7533

For questions or missing reports providers should email LabInfo@dshs.texas.gov or call 512-776-7578.

Continuing Education Credits

Did you know you can get free Continuing Education Credits on your schedule with Texas Health Steps Online Provider Education? Visit <https://txhealthsteps.com/courses> to view an alphabetical list of course titles.

A few suggested courses:

- Childhood and Adolescent Depression
- Childhood Anxiety Disorders
- Newborn Screening
- Specimen Collection

School/Sports Physical

STAR Kids Members, CHIP Members and STAR Members ages 3 through 18 years of age are allowed one school/sports physical in addition to their Texas Health Steps/Well medical checkup per calendar year as part of our value added services.

- A calendar year begins on January 1st and ends on December 31st

Provider Updates

Do we have the most up to date contact information for your practice? The Provider Relations Team utilizes email to send out Training invites, Newsletters and Notifications. Network Providers must inform both Cook Children's Health Plan and the Health and Human Services administrative services contractor of any changes to the Provider's contact information including **office hours**, address, telephone and fax number, office contact name and email address, group affiliation, tax identification numbers, etc. Providers may update their information by completing the [Provider Demographic Information Change Request Form](#). You may also call 888-243-3312 and ask for Network Development.

Provider Training Webinar Schedule

We'd love to have you or a member of your team attend one or more of our Provider training webinars. The most up to date schedule can always be found under [Education & Training](#) on our website. Visit the link and register for a webinar at any time. Please make sure that we have your correct email address so that you can receive invitations and other important information from the Health Plan.

Who Is My Provider Relations Coordinator?

We're here for you! If you would like to know who your CCHP Providers Relations Coordinator is please email CCHPProviderRelations@cookchildrens.org.

Just a few items we can assist you with if needed:

- Provider Education

- Provider Guidance in regards to
 - Electronic Remittance Advice
 - Electronic Fund Transfer
 - Electronic Claim Submission
 - Prior Authorization Lookup
 - Secure Provider Portal Features
 - Claim status
 - Appeal submission
 - Authorization submission
 - Member Eligibility Verification

We are available 8 am to 5 pm, Monday through Friday (except for State Holidays).

Contact Us



888-243-3312
Monday – Friday 8am to 5pm
cookchp.org

Department	Type of Issue or Request	Email Address	Fax Number
Care Management	Prior-Authorizations, Case Management, Referrals, Disease Management, Member Education	CCHPPriorauthorizations@cookchildrens.org CCHPDenialandAppeal@cookchildrens.org CCHPStarKidsServiceCoordination@cookchildrens.org	682-885-8402 844-346-8402 682-303-0005 STAR Kids LTSS 844-843-0005
Claims Department	Claim Status, Payments, Appeals or Questions	CCHPClaims@cookchildrens.org CCHPClaimAppeals@cookchildrens.org	682-885-2148 682-888-8404
Compliance	Member and Provider Complaints, Fraud, Waste and Abuse	CCHPCompliance@cookchildrens.org	682-303-0276
Coordination of Benefits	Other Health Insurance, Third Party Resources, Cost Avoidance Verification Reports	CCHPCOB@cookchildrens.org	682-885-8401
Customer Service	Member Demographic Updates, PCP Changes, ID Card Requests, Value Added Services, Legal Documentation	CCHPCustomerSVC@cookchildrens.org	682-885-8401 STAR Kids 844-843-0004
Electronic Visit Verification	Open Visit Maintenance Unlock Requests, EVV Questions	CCHPEVV@cookchildrens.org	
Finance	Electronic Funds Transfer, Electronic Remittance Advice	CCHPFinance@cookchildrens.org	682-885-8482
Interpreter Services	Interpreter Requests, Translation Requests, Interpreter Complaints	CCHPInterpreterRequest@cookchildrens.org	682-885-8401

Department	Type of Issue or Request	Email Address	Fax Number
Member Advocates	STAR Kids Member Assistance for Access to Care, Complaints and Appeals	CCHPMemberAdvocate@cookchildrens.org	682-885-8401
Network Development	Credentialing, Contracting, Demographic Changes (TPI, NPI, Billing Updates)	CCHPNetworkDev@cookchildrens.org	682-885-8403
Provider Relations	Provider Education and Training	CCHPProviderRelations@cookchildrens.org	682-885-8436
Quality	Quality of Care Concerns, HEDIS, Access and Availability	CCHPQualityImprovement@cookchildrens.org	682-885-8494

Vendor	Service	Email Address Website	Number
Avallity	Claims Clearinghouse CHIP Payor ID: CCHP1 STAR/STAR Kids Payor ID: CCHP9	Website: www.avallity.com	Ph.: 800-282-4548
Beacon Health Services	Mental Health Services	Email: TexasProviderRelations@beaconhealthoptions.com Website: www.beaconhealthoptions.com/providers/login/	Ph.: 855-481-7045 Fax: 855-371-9227
National Vision Administrators	Vision Services	Email: Providers@e-nva.com	Ph.: 888-830-5630 Fax: 888-830-5560
Navitus Pharmacy	Prescription Services	Email: Providerrelations@navitus.com Website: www.navitus.com	Ph.: 866-333-2757 Hotline: 877-908-6023 Fax: 866-808-4649

Paper Claims Mailing Address:
Cook Children's Health Plan
P.O. Box 961295
Fort Worth, TX. 76161-1295

Appeals, COB and General Mailing Address:
Cook Children's Health Plan
P.O. Box 2488
Fort Worth, TX. 76113-2488