CookChildren's Health Plan

Summer
August 2020

888-243-3312
CCHPProviderRelations@cookchildrens.org

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

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Coronavirus (COVID-19) Resources for Providers:

HHS Coronavirus Provider Information
Texas Medicaid & Healthcare Partnership
Department of Social and Health Services Novel Coronavirus
Center for Disease Control Novel Coronavirus
Center for Disease Control Information for Health Care Providers
World Health Organization Coronavirus

Cook Children's Health Plan Notifications regarding Coronavirus:

Multiple Medicaid Flexibilities Extended to October 23, 2020
CHIP Copayment Waiver Provider Notification
90 Day Authorization Extension for Existing Prior Authorizations
Changes Related to Appeals and Fair Hearings
Telehealth Update and FAQ's for Therapy Providers

Claims Editing System effective September 1, 2020

Cook Children's Health Plan will be implementing a claims editing system beginning September 1, 2020. Please be aware that claims submitted prior to this date will not be affected.

The addition of this editing system along with our current claim payment system will allow for the system to identify appropriateness of coding relationships on submitted claims.

The benefits to you as the health care provider are as follows:

- Equitable reimbursement
- Efficient reimbursement
- Accurate and consistent claims processing and reimbursement

As a reminder, Cook Children's Health Plan will continue to expect 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.

If you have questions regarding our new system, please contact Cook Children's Health Plan Provider Support Services at 888-243-3312. Providers may reach out to Provider Relations directly by email CCHPProviderRelations@cookchildrens.org.

System Transition September 1, 2020

To ease the transition into our new claim system and new provider portal, we want to share some important reminders with our Providers.

Overlapping Dates of Service
Providers should not combine August 2020 and September 2020 dates of service on the same claim. Claims submitted with combined dates of service will be rejected or denied.

- August 2020 dates of service should be billed on one claim
- September 2020 dates of service should be billed on another claim

Explanation of Payment
Due to the transition into our new claim system, you may receive Explanation of Payment (EOP) in two different formats

- Legacy Claim system EOP for dates of service through 08/31/2020
- New Claim system EOP for dates of service beginning 09/01/2020

Inpatient Claims

- DRG payments will be made on the first line
- All other lines will be denied as inclusive

High Dollar Claims

- Providers should discontinue billing two claim lines and should only submit one claim line for procedure codes totaling more than $99,999.99.

Secure Provider Portal
Providers will need to access the appropriate Secure Provider Portal based on the date of service to view claim status information, submit a claim reconsideration or claim appeal

- Legacy Secure Provider Portal for dates of service through 08/31/2020
- New Secure Provider Portal for dates of service beginning 09/01/2020

New Secure Provider Portal, September 1, 2020

Our new Provider portal is coming soon! We will be changing our Provider portal on September 1, 2020. We are making this change to continue to improve both our Provider and Member experiences and to integrate with Cook Children's Health Care System's Epic software.

With our new Provider portal (Epic Care Link), 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!

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.

Prior Authorization

Effective **October 1st 2020** all requests for Prior Authorization must be submitted via the Secure Provider Portal. If you do not have access to the Secure Provider Portal please visit our Website at cookchp.org to request access.

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 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 800-2852-4548 for assistance.

Billing Reminders

Benefits, Limitations and Exclusions

- Providers should follow the benefit limitations exclusions and claim filing instructions within the TMPPM
- Be sure to reference the most recent publication located on tmhp.com

Physical, Service and Billing Address

- Enter a complete address where the services were rendered. A PO Box is not acceptable as it is not a valid physical address
- Claims submitted with a PO Box address will be rejected or denied

CLIA

- Providers must have a CLIA certificate of waiver to perform waived tests
- Providers must provide CCHPNetworkDevelopment@cookchildrens.org with a copy of their CLIA certificate
- For waived tests, Providers must use modifier QW as indicated on the CMS Website or the Texas Medicaid Provider Procedures Manual
    - Fully Accredited Providers such as Independent Laboratories do not require the QW modifier when billing lab procedure codes
- Only the office or lab that holds the appropriate CLIA certificate and that actually performs the laboratory test procedure may be reimbursed for the procedure

Ambulatory Surgery Claims

- Freestanding Ambulatory Surgery Center
    - Must be billed on the CMS 1500 form
- Ambulatory Surgery with Observation
    - Observation must be billed separately from the surgery
    - Observation must be billed on a UB-04

NPI and Taxonomy Codes Requirements
Claims must include:

- National Provider Identifier for the:
  - Rendering Provider, Service Facility Location, Billing Provider (when applicable)
  - Supervising Provider, Referring Provider and Ordering Provider (when applicable)
- Taxonomy code for the:
  - Rendering Provider, Service Facility Location (when applicable) & Billing Provider
- NPI and Taxonomy codes must match the services provided
- NPI and Taxonomy codes must be submitted on all claims
- If a box on the claim form does not apply, leave the box blank

Reminder: When filing a claim Providers must use the NPI and Taxonomy Codes as enrolled and attested with Texas Medicaid. Claims submitted without the appropriate NPI and Taxonomy code will be rejected or denied.

Corrected Claims

- Must be received by the Health Plan within 95 days of the date of service
- Should be submitted electronically
- Must be identified as a Corrected claim
- EDI Replacement Claim Instructions
  - CMS 1500
    - In the 2300 Loop, the CLM segment (claim information) CLM05-3 (claim frequency type code) must indicate one of the following qualifier codes: “7” – REPLACEMENT (replacement of prior claim) “8” – VOID (void/cancel of prior claim)
    - The 2300 Loop, the REF segment (claim information), must include the original claim number of the claim being corrected, found on the remittance advice
  - UB04
    - Bill type for UB claims are billed in loop 2300/CLM05-1. In Bill Type for UB, the 7 or 8 goes in the third digit for “frequency.”
    - The 2300 Loop, the REF segment (claim information), must include the original claim number of the claim being corrected, found on the remittance advice
  - Paper Claim
    - If you must submit a Corrected claim via paper - enter resubmission code 7 in Box 22 along with the original claim number (ICN) under Original Ref No

Billing and Attending Providers

- The Billing Provider and the Attending Provider cannot be the same (UB-04)

Names

- When entering a Member, Insured/Subscriber, or Provider Name on a claim, the First Name and Last Name must be populated
- Claims will be rejected or denied if you do not provide the First Name AND the Last Name

After Hours Services

- After hours procedure codes are limited to one per day, same provider
- After hours is defined as times outside the regularly posted hours
- After hours is considered when any of the following situations exist:
  - Provider leaves the office or home to see a Member in the emergency room returns to the office to see a Member after the Providers' s routine office hours
  - Provider is interrupted from routine office hours to attend to another Member's emergency outside of the office

Paper Claim Forms

Cook Children's Health Plan strongly encourages Providers to submit all claims electronically. Note the following if you must submit on paper:

- Providers must use an official HCFA/UB claim form
  - Copies of claim forms are not acceptable and maybe rejected or denied
- There should be no handwriting on claim forms

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

School/Sports Physicals – Value Added Service

Cook Children's Health Plan Members (except CHIP Perinate) can have one school or sports physical per calendar year. A participating Primary Care Provider must provide these services.

Member's ages 3 years to 18 years are eligible:

- One per calendar year
- Defined as January 1st through December 31st of the current year
- Diagnosis code
  - Z02.5 Sports Physical
  - Bill an Office Visit CPT code
  - 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215
- The Sports Physical can be performed during medical checkup or acute visit
  - If performed in accordance with a medical checkup append modifier 25 to the above E/M

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Texas Health Steps Medical Checkups Education

The training module *Immunization* provided by HHSC and the Texas Department of State Health Services (DSHS), equips Texas Health Steps providers and other interested health care professionals to apply the Centers for Disease Control Advisory Committee on Immunization Practices (ACIP) immunization schedules and recommendations, counsel parents about immunizations, and employ best practices for vaccine administration, storage and handling, and reporting. This module provides practical guidance about how to address common barriers and improve immunization rates in health care practices.

DSHS has a page for Texas Health Steps Medical Checkups that provides dependable access to current tools and resources. Go directly to the Texas Health Steps Medicaid Resource Center where you will find forms and other resources to complete and document required components of the Texas Health Steps Medical Checkups.

Changes to Newborn Screening Results Reporting Statements

TEXAS Health and Human Services | Texas Department of State Health Services

BIOCHEMISTRY AND GENETICS BRANCH
LABORATORY SERVICES
PO BOX 149347
AUSTIN, TX 78714-3194

CHANGES TO NEWBORN SCREENING RESULT REPORTING STATEMENTS

The Texas DSHS Newborn Screening (NBS) Laboratory is updating the result reporting statements for the following abnormal results to reflect the current Clinical Care Coordination follow up care recommendations. These updates are scheduled to go into effect August 10, 2020. All changes are indicated in red.

Overall Result	Disorder	Screening Result	New/Revised Screening Result Note
Abnormal	Amino Acid Disorders	Abnormal	Possible Argininemia. Arginine Elevated. Recommend plasma ammonia, plasma quantitative amino acids and urine orotic acid within 48 hours and immediate telephone consultation with a pediatric metabolic specialist.
Abnormal	Fatty Acid Disorders	Abnormal	Possible VLCAD. C14:1 Slightly Elevated. Recommend plasma acylcarnitine profile and plasma (free and total) carnitine within 24 hours and immediate telephone consultation with a pediatric metabolic specialist. DNA report to follow.
Abnormal	Fatty Acid Disorders	Abnormal	Possible VLCAD. C14:1 Elevated. Recommend plasma acylcarnitine profile and plasma (free and total) carnitine within 24 hours and immediate telephone consultation with a pediatric metabolic specialist. DNA report to follow.
Abnormal	Organic Acid Disorders	Abnormal	Possible Methylmalonic Acidemia or Propionic Acidemia. C3 Elevated. Recommend plasma methylmalonic acid, total plasma homocysteine, plasma acylcarnitine profile and urine organic acids within 24 hours and immediate telephone consultation with a pediatric metabolic specialist.
Abnormal	Organic Acid Disorders	Abnormal	Possible Methylmalonic Acidemia or Propionic Acidemia. C3 Slightly Elevated; C3/C2 Elevated. Recommend plasma methylmalonic acid, total plasma homocysteine, plasma acylcarnitine profile and urine organic acids within 24 hours and immediate telephone consultation with a pediatric metabolic specialist.
Abnormal	Galactosemia	Abnormal	Possible Galactosemia. GALT activity Low. If this is the first screen, recommend serum GALT enzyme within 24 hours and immediate telephone consultation with a pediatric metabolic specialist. Otherwise, follow recommendations received from Clinical Care Coordination. DNA report to follow.

A full list of all possible results can be found here: http://www.dshs.texas.gov/lab/nbs/results/.

Reminders:
- Read Screening Result Notes fully before taking action.
- Contact the laboratory with any questions:
  - Telephone: 1-888-963-7111 X7585 or x2638
  - Email: NewbornScreeningLab@dshs.tx.gov

Contact Us

If you have questions please call Provider Services at 1-888-243-3312 Monday-Friday from 8 a.m. to 5 p.m. or contact us here.