



Texas Children's  
Health Plan

*The best decision a family can make.*

## In this issue

**Removal of  
panel members**

**Addressing concerns  
and complaints**

**Outpatient diagnostic  
services**

**Panel closure**

**Member rights and  
responsibilities**

**Member non-compliance**

**On call provider  
agreement form**

**Online pregnancy  
notification form**



# Provider News

January 2006

## Make note of important CPT code updates

In 2006 there will be 458 changes to CPT. These changes include a new symbol, new subsections, clarification of certain procedures and three new appendices.

The majority of updates are clustered into ranges of codes to allow for a specific description and coding of the services rendered. Adapting to the new changes should occur rather quickly due to the nature of the updates.

One major change this year is the new lightening bolt symbol established to represent a product that has not been approved by the Food and Drug Administration (FDA). This is of particular importance, because the FDA approves products throughout the year. For instance, the FDA approved Boostrix and Adacel in May and June of 2005 respectively; however, the lightening bolt symbol was applied to 90715. Appendix K has been introduced to identify any codes that hold the lightening bolt designation.

Each physician's office will need to monitor FDA approvals and updates. It may be helpful to bookmark the following Web site to assist in tracking:

<http://aapredbook.aappublications.org/news/vaccstatus.shtml>

The additional vaccine codes for this year include: 90649 (HPV), 90714 (Td), which many providers are already using and 90736 (zoster-shingles).

Furthermore, changes to the Therapeutic, Prophylactic and Diagnostic Injections and Infusions section may affect a provider's practice. The most commonly used injection codes, 90782, 90788 and 90799, have been deleted from this section. Instead, providers will need to use 90772 to report 90782 and 90788 type services. Also, 90799 will now be reported under 90779.

Changes to the Evaluation and Management sections are extensive, but the majority of the updates are primarily geared toward patients in a

domiciliary/nursing facility. The main items for physicians' offices to remember are that the consultation codes have been updated, so make certain the correct coding for the appropriate location of the service and type of service are being used and there is a new code (99300) for recovering infants with a body weight of 2501-5000 grams.

The Integumentary System section contains major updates to the Skin Replacement Surgery and Skin Substitutes subsection. The deleted codes, definition revisions and new codes mesh together to support a very detailed listing of codes. Other surgery sections include new codes for specialized services and other minor updates to the lab and radiology sections.

New subsections include Endovascular Repair of Descending Thoracic Aorta, Bariatric Surgery and Moderate (Conscious) Sedation, to name a few. Please remember to reference Appendix G for those codes which conscious sedation is included.

New appendices include Appendix J—Electrodiagnostic Medicine Listing of Sensory, Motor and Mixed Nerves, Appendix K—Product Pending FDA approval and Appendix L—Vascular Families.

As with every new year, there is the usual transition from the old, comfortable codes, to the new and unfamiliar codes. Encourage office staff to review in detail and, if necessary, revise the charge master, and then address the revisions with the billing office/company.

The annual purchase of new CPT and HCPCS manuals is extremely important. Avoid added frustration to already busy days by not billing deleted codes. With the new, more specific codes reimbursements may even be at a higher level.

Another important item to remember is that new CPT codes are not valid until January 1, 2006, and for Medicaid products, these codes are not valid until Medicaid has addressed them through a banner message or bulletin.

## Providers can request removal of members from panel

On occasion, it may be necessary for a PCP to discharge a member from his or her panel. Reasons for dismissing a patient may include:

- Inappropriate use of services or benefits.
- Threats of physical harm to a provider or his/her office staff.
- Non-payment of required copayment for services rendered.
- Receipt of prescription medications or health services in a quantity or manner that is not medically beneficial or medically necessary.
- Refusal to accept a treatment or procedure recommended by the provider, if such refusal is incompatible with the continuation of the patient-physician relationship.
- Repeated refusal to comply with office procedures essential to the functioning of the provider's practice

or to accessing benefits under the managed care plan.

- Other behavior which has resulted in serious disruption of the patient-physician relationship.

Prior to dismissing a patient, the primary care physician must counsel the patient regarding the patient/physician relationship. Such counseling must be documented appropriately. Acceptable documentation includes notes in the medical record, an incident report, documentation of missed appointments, documentation of recommended treatment plan or documentation of appointment reminders. Any other reasons for discharging a patient must be individually considered by the TCHP Medical Director.

Following unsuccessful attempts to improve the patient/physician relationship, the primary care physician may proceed with dismissing the patient from

his or her panel. To do so, the primary care physician must complete the Physician Request for Removal of Member From Panel Form that can be found in the "Provider Rights and Responsibilities" section of the TCHP Provider Manual. This form, along with the supporting documentation described above, must be submitted to TCHP's Network Development Department. Network Development will coordinate discharging the member with the Member Services Department.

Upon receipt of a Physician Request for Removal of Member From Panel Form, Member Services will send written notification to the member advising that a PCP reselection is necessary. The requesting PCP will be copied on this correspondence. The requesting PCP should continue to treat the member for thirty (30) days following TCHP's member correspondence.

## Provider concerns and complaints are addressed

Texas Children's Health Plan is committed to providing excellent customer service to its providers. Any provider who feels TCHP is not meeting this goal should contact a Provider Relations representative for assistance.

Provider Relations, which is part of the Network Development Department, is the first resource for resolving concerns. By definition, a provider concern is a provider's administrative concern or inquiry, not placed on behalf of a member, regarding claims payment, accessibility, contract administration, TCHP staff members, plan administration, member services or any TCHP process.

A provider concern is resolved by clearing up a misunderstanding or supplying appropriate information to the satisfaction of the provider. Provider concerns do not include a provider's dissatisfaction or disagreement with an adverse determination. To review a provider concern with your Provider Relations representative, please contact the representative directly or call the Network Development Department at 832-828-1008.

On occasion, a provider concern may evolve into a provider complaint. A Provider Complaint is defined as a provider's dissatisfaction, not placed on behalf of a member, regarding continued claims disagreement following an appeal. Provider complaints also include accessibility, contract administration, TCHP staff members, plan administration, member services or any TCHP process. Provider com-

plaints do not include a provider's dissatisfaction or disagreement with an adverse determination.

Provider complaints can be submitted in writing to TCHP using the "Provider Complaint Form," located in the TCHP Provider Manual and on the TCHP Web site ([www.texaschildrenshospital.org/healthplan](http://www.texaschildrenshospital.org/healthplan)).

### How to file a provider complaint with TCHP

- 1) Print the "Provider Complaint Form" directly from the Web site or copy the form from the TCHP Provider Manual.
- 2) Complete this form.
- 3) Mail or fax it to:

Texas Children's Health Plan  
Attention: Network Development Department  
P.O. Box 301011, NB 8301  
Houston, TX 77230-1011  
Fax: 832-825-8750

The complaint will be investigated and the Network Development Department will send a response within forty-five (45) days of receipt of all necessary information needed to complete the resolution.

Claims issues must be appealed prior to filing a provider complaint. Documentation related to the appeal must accompany the complaint form. Please keep in mind that claims are subject to an appeal and resubmission deadline.

## Refer in-network outpatient diagnostic services

Texas Children's Health Plan offers a wide selection of providers for outpatient laboratory and imaging services. It is not necessary to complete a TCHP referral form for these services. Instead, providers should issue a requisition form as specified by the lab or imaging center.

When referring a patient for outpatient laboratory or radiology services, please remember to refer patients to in-network providers. In addition, members can be referred to any in-network hospital for laboratory or radiology services. For additional details regarding in-network providers, please refer to the "Network of Providers" section of the TCHP Provider Manual.

In network providers include:

### Laboratory providers:

Clinical Pathology Laboratories, Inc.  
Quest Diagnostics, Inc. Clinical Laboratories  
LabCorp Laboratories

### Radiology Providers:

Bay Area MRI  
Beaumont MRI, Inc.  
Champions MRI  
Conroe Open MRI & Diagnostic  
Diagnostic Imaging Specialist, Inc.  
Diagnostic MRI, LLC  
Diagnostic MRI Central, LLC  
East Side Imaging  
Fort Bend Imaging  
Greater Houston Imaging Medical Center  
Gulf Coast Open MRI & Diagnostic Center  
HealthSouth Diagnostic—Baytown  
Healthsouth Diagnostic—Clear Lake  
HealthSouth Diagnostic—Medical Center  
HealthSouth Diagnostic—Memorial  
HealthSouth Diagnostic—Willowbrook  
Normandy Open MRI

Open MRI of Wharton  
Pars MRI  
River Oaks Imaging & Diagnostic—Clear Lake  
River Oaks Imaging & Diagnostic—Conroe  
River Oaks Imaging & Diagnostic—Humble  
River Oaks Imaging & Diagnostic—I-10  
River Oaks Imaging & Diagnostic—Medical Center  
River Oaks Imaging & Diagnostic—Memorial  
River Oaks Imaging & Diagnostic—Pasadena  
River Oaks Imaging & Diagnostic—Richmond  
River Oaks Imaging & Diagnostic—Sugar Land  
River Oaks Imaging & Diagnostic—Willowbrook  
Southwest MRI & Diagnostics  
The Woodlands MRI  
Tomball MRI & Diagnostic  
Town & Country Open MRI & Diagnostic  
West Loop MRI & Diagnostic Center  
Woodlake MRI & Diagnostic Imaging

## Panel closure policy and procedure is simple

At times it may be necessary for a primary care physician to close his or her patient panel to new members to facilitate timely patient care. TCHP's policy and procedure for closing a patient panel is as follows:

- The PCP must send a written request to the Network Development Department at TCHP, providing 60 days advance notice of the panel closure.
- The PCP must continue to accept new patients during this 60-day period. A PCP may not select an open or closed

panel by product. Instead, a closed panel can be selected for all products within a business line (that is, commercial products or Medicaid products).

- TCHP will note a physician's closed panel in the provider directory which is distributed to new members.

A PCP may reopen the patient panel to new members by submitting a written request to TCHP and providing 60 days advance notice.

## TCHP members have rights and responsibilities

Texas Children's Health Plan members have many rights when it comes to their health care. They also have responsibilities to ensure they receive the best possible treatment, the most appropriate level of care and in an appropriate setting. The Health and Human Services Commission (HHSC) has

adopted Member Rights and Responsibilities, specific to individuals enrolled in the CHIP and Medicaid programs. A copy of these rights and responsibilities is included in this newsletter for your review and reference.

## Request help for member non-compliance

Members are responsible for keeping scheduled appointments and calling to cancel appointments in advance in accordance with providers' office policies. Repeated failure to do so is considered patient non-compliance.

Providers can seek assistance with non-compliant members from TCHP by completing the Physician Request for Member Education Form found in this section of the Provider Manual. Prior to requesting assistance, the provider must counsel the member regarding office policies for missed appointments. Counseling must be documented appropriately and may include notes in the medical record, documentation of appointment reminders, etc.

Following unsuccessful attempts to improve the situation, providers may proceed with requesting assistance from TCHP for non-compliant members. The provider must complete a separate Physician Request for Member Education Form for each member. This form, along with appropriate documenta-

tion, should be submitted to the TCHP Network Development Department. Network Development will coordinate member education with the Member Services Department within fourteen (14) days.

TCHP supports providers who require patients to have an appointment prior to being seen by the physician. Repeated failure to do so is also considered a form of patient non-compliance. TCHP will assist providers in educating members about this issue as described above.

In addition, TCHP supports providers who implement a missed appointment fee for Texas Children's Individual Medical Coverage (IMC) members. Missed appointment fees are not a covered benefit. Therefore, it is imperative that providers appropriately notify IMC members in advance of such fees. It is the provider's responsibility to collect missed appointment fees from these members.

## Enrollment Forms are acceptable for plan identification

Occasionally, new members do not receive their member identification card prior to accessing care.

When this occurs, the member may present an Enrollment Form in lieu of a member identification card. Provider offices

should accept the Enrollment Form as plan identification. In addition, eligibility can be verified by calling TCHP, by using Fax Recall or using ePower.



# Fax Recall

An automated system

With a simple phone call, check eligibility, benefits and claims status . . . 24 hours a day, Monday through Saturday.

- Call 832-828-1007
- Enter member's identification number
- Enter provider's fax number
- Information sent to provider within three minutes



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# ePower

A Web-based system

With the click of a mouse, log on to ePower and view claims status, view authorization status, and verify member eligibility...in real time.

[https://estep.cschcg.com/TCH\\_provider/doEntry.jsp](https://estep.cschcg.com/TCH_provider/doEntry.jsp)



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## Complete an On Call Provider Agreement Form

Texas Children's Health Plan requires all primary care physicians to maintain 24 hours per day, seven day per week access to care. Such access may be provided by the physician or by a covering physician who agrees to accept the terms of the TCHP Provider Agreement. Covering physicians can charge members for copayments, coinsurance and deductibles, but must not bill members for covered services. Additionally, on call providers must follow all procedural requirements of

the plan including referral and authorization requirements.

Providers can designate call coverage arrangements by completing an On Call Provider Agreement Form. A copy of this form is included in the "Provider Responsibilities" section of the TCHP Provider Manual. If you have any questions on how to complete this form, please contact Provider Relations at 832-828-1008.



## Provider Relations representatives improve communication

Texas Children's Health Plan encourages positive communication with its participating providers. Each provider office has been designated a Provider Relations representative. The Provider Relations representative is available to assist with any issues that may arise regarding TCHP and has the ability to advocate between a provider's office and any department within TCHP.

TCHP Provider Relations representatives	Phone number
Denise Allison	832-828-1052
Mike Banda	832-828-1054
Susie Fernandez	832-828-1056
Lucie Lara	832-828-1053
Susie Fernandez	832-828-1056
Roland Munguia	832-828-1055

## Providers can file claims appeal or resubmission

If a provider feels that a claim has been processed incorrectly, the provider may file a claims appeal or resubmission. In order to be eligible for payment on CHIP and Individual Medical Coverage (IMC), the claim must be resubmitted within 180 days of the claim processing date. For STAR, the claim must be resubmitted within 120 days of the claim processing date to be eligible

for payment.

Each appeal and resubmission must be submitted using the Appeal or Resubmission cover sheets located in the "Compensation" section of the TCHP Provider Manual along with proof of timely filing. Acceptable proof of timely filing may be in the form of a health plan explanation of benefits (EOB) state-

ment or other health plan correspondence. If filing claims electronically, please remember that a rejection report from an electronic claims vendor is not acceptable proof of timely filing. If TCHP's vendor rejects a claim, providers will receive a cover letter and EDI claim copy from TCHP. The EDI claim copy documents the date of receipt and can be used to document proof of timely filing.

## TCHP's pregnancy notification goes online

In July 2005, TCHP announced a new process for providers to notify TCHP of new pregnant members. Under the new process, providers must access the online Pregnancy Notification Form located at [www.texaschildrenshospital.org/healthcoverage/PregnancyNotification.aspx](http://www.texaschildrenshospital.org/healthcoverage/PregnancyNotification.aspx). Providers should submit online notifications as early in a pregnancy as possible. For each online submission, TCHP will pay bonuses to submitting providers as follows:

- First trimester notification                      \$40.00 per member
- Second trimester notification                      \$30.00 per member
- Third trimester notification                      \$20.00 per member

TCHP is pleased to report that 28 practices, representing over 150 members, participated in the new program during the third quarter of 2005. Forty percent of the online notifications were first trimester notifications, thirty-eight percent were second trimester notifications and twenty-two percent were third trimester notifications.

Pregnancy notifications are important in identifying TCHP members who are high risk, enrolling members into the STAR Babies program and identifying members who are eligible for additional community services.

For more information about the online pregnancy notification process, providers should contact TCHP Provider Relations at 832-828-1008.

## Case management services offered for children

Texas Children's Health Plan offers case management services to children meeting the established children with complex special health care needs (CCSHCN) criteria, as determined by the health plan. The definitions of CCSHCN includes those children who:

- Range in age from birth to 19 years.
- Have a serious ongoing illness, complex chronic condition or a disability that has lasted, or is anticipated to last, at least twelve continuous months or more.
- Have an illness, condition or disability that results, or without treatment would be expected to result, in limitation of function, activities or social roles in comparison with accepted pediatric age-related milestones in the general areas of physical, cognitive, emotional and/or social growth and/or development.
- Require regular, ongoing therapeutic intervention and evaluation by appropriately trained health care personnel.
- Have a need for health and/or health-related services at a level significantly above the usual for the child's age.

Parents will answer a screening question on the CHIP application about whether their child has special health or behavioral needs. Within 10 business days of receipt of this

enrollment information, TCHP conducts telephonic screening assessments with these families. This proactive, case-finding mechanism will help identify and assess these children quickly, help their families to understand and access appropriate care and services and provide continuity of care.

Case management services are a free, covered benefit for CHIP members. These medically necessary services go above and beyond those normally provided to all members. It may include, but is not limited to, the following:

- Outreach and information
- Enhanced care coordination
- Intensive case management
- Community referrals

Trained case managers provide activities such as assessment of needs, a written documentation of the individual plan specifying assistance with accessing services and a periodic reassessment. A PCP or specialist approves the written plan of care.

If you identify a patient who may have these types of needs, please initiate a referral to TCHP Case Management by calling 832-828-1004, then choose option 5 for Case Management.