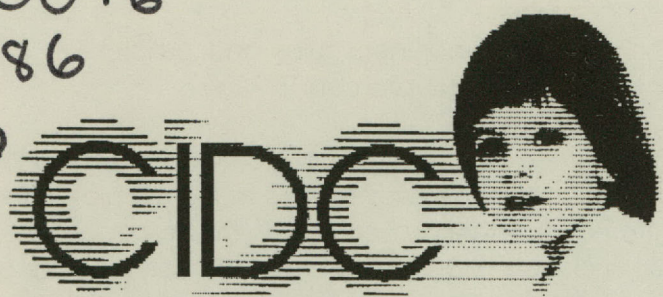


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PROVIDER BULLETIN

NO. 12 May 1990

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Behind the Scenes

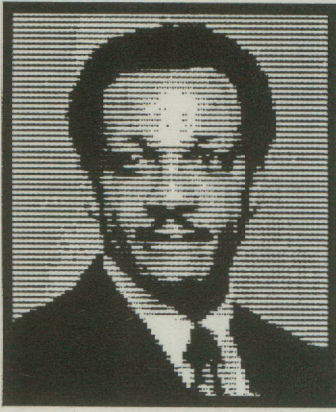
BEHIND THE SCENES

FOCUS FOR THE FUTURE

CIDC has developed a strategic plan to help meet the multiple demands and expectations of Texas families with children with special health care needs, to comply with mandated federal and state government requirements, and to provide cost effective efficient management of the program. The plan will serve as a blueprint for implementation of CIDC goals and objectives. These goals are:

- To provide cost effective, efficient management of CIDC services and activities;
- To increase the availability of locally based CIDC services;
- To link with other agencies and programs (public, private and voluntary, to increase information/

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The Chief's Concerns & Reflections

If I gave you the impression of being faced with some formidable challenges and problems in my initial assessment of CIDC in the last issue of the Bulletin, I'm pleased to inform you that we now have only challenges and some problems in terms of coming to grips with making CIDC an effective, efficient, and economical health services program for our chronically ill and disabled children. While we still have quite a bit of work to do in getting where we want to be operationally, I have less concerns about our ability to get there.

You will recall that I also shared with you some of the most "pressing" concerns of the CIDC program in the previous issue. Now I would like to review our efforts to resolve them for you. It would be helpful to refer to a copy of the last Bulletin; however, I think most of you are very much aware of our problems and are eagerly awaiting the solutions.

We have completed a Strategic Plan for the next seven years that addresses program consistency and stabilization in terms of defining the goals and objectives based upon the program's philosophy, legislative mandates, and budget authorizations. The Plan has been accepted by the Executive Management of the Health Department, and reviewed by the staffs of the Governor, Lieutenant Governor, Speaker of the House, the Legislative Budget Board, and the Senate Health and Human Services Committee. In addition, the Plan encompasses recommendations for management controls made by the State Auditor's Office, which are currently being assessed during a follow-up review of the CIDC program by the State Auditor's staff. The Plan will be up-dated or revised annually to keep abreast of program development and to adjust for variations in demand, services, and funding.

In order to automate and decentralize functional activities for eligibility, and automate authorization and provider enrollment activities to create a comprehensive management information system, a review

and revision of pertinent rules and policies will be accomplished by September 1, 1990.

To maximize automation capabilities, all functional activities within the program are being evaluated for automation either by contract, in-house capabilities, or elimination. CIDC was given authorization to hire a computer systems analyst to coordinate our automation requirements and the activities of a CIDC Automation Working Group.

Thirteen additional personnel have been added to the staff so that the program could implement automated processes for encumbering funds, determining eligibility and authorizing services to providers and vendors. More importantly, these new staff members include four nurses, a physician, and a reimbursement specialist to augment the professional staff. The nurses will give the program added dimension for quality assurance and utilization review functions to include pre-certification of hospital admissions.

These initiatives are reflected in our strategic plan to contain costs and become more effective and efficient in providing services and paying claims. We anticipate entering into a contract with the Department of Human Services (DHS) which will authorize their Medicaid insurer to pay CIDC claims beginning March 1, 1991. Negotiations are also underway to have CIDC pharmacy claims paid by the DHS Vendor Drug Program. The consummation of these negotiations will not only mean greater economy and efficiency for CIDC, but our providers and vendors will be paid more promptly and accurately! Eventually, they will be able to submit their claims electronically along with the Medicaid claims. It is our intent to maintain our provider relations program.

With the implementation of claims reimbursement via contract, the staff can devote more time to the program objective of being an advocate for children's health services. We will decentralize eligibility, integrate our application process with other Health Department and DHS programs, use a bilingual application form, increase our regional support staff and case workers, and implement community-based, family oriented services via contracts with medical specialists to support and augment medically underserved areas of the state.

Many of these activities are currently underway and our strategic plan indicates that all will be in place by State Fiscal Year 1995. Our budget deficit has been identified and a request submitted to the Legislative

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Budget Board for budget execution authority to add \$40.7 million to our budget for this biennium (90-91) to address the:

- current deficit;
- reorganization and staffing of the program;
- decentralization of eligibility;
- implementation of automated systems;
- implementation of contractual services;
- the client services cost increases;
- expansion of regional caseworkers; and
- establishment of federally mandated programs for an information and referral network statewide to increase private sector input for needs assessment.

All of this could not have been possible without a dedicated staff and the support of executive management and the Board of Health. We all can look forward to a more efficient, effective, and economical program. Hope to meet you at our conference this fall.

FOCUS continued from page 1

communication, decrease service duplication, and provide cost-effective use of all resources available to provide comprehensive services for children with special health care needs and their families;

- To develop agency, legislative, and public support for program activities and program planning;
- To ensure the quality and cost-effectiveness of health care provision to program eligible children and young adults through development, implementation, and enforcement of standards of care, policies and reimbursement mechanisms.

A number of the issues described in this bulletin reflect beginning changes within the Program. CIDC will keep you informed through the Bulletin and letters as other changes occur.

NEW STAFF

ROB HARDY, new Eligibility Supervisor, joined the CIDC Program in February. Rob is currently working on his Masters degree in Health Care Administration. He has been a paramedic with EMS for 13 years and was an EMS Operations Supervisor with the city of Austin and Safety Officer with ARCO. He is married, an avid sailor and windsurfer, and is active in church activities and in his homeowner's association.

JANICE CALDWELL, Special Projects Director, has a Doctorate in Public Health Administration from the University of North Carolina at Chapel Hill. During her seven years with the Texas Department of Human Services, she served as Deputy Commissioner for Services to the Aged and Disabled. Prior to that she was with the Department of Health and Human Services, Health Care Financing Administration in Washington, D.C. California is her home state and she loves to garden.

DIANA RANDLE, Systems Analyst, comes to CIDC from California. Her job is to bring computer systems analysis capability to automation initiatives in the Bureau. Diana has been a Systems Analyst since 1972, mostly in the high tech industry. She has a good perspective on general business practices. She likes to write novels in her spare time.

FROM THE FIELD

(The following article was written by Ida Hennesy, who has been instrumental in forming the Association for Retarded Citizens (ARC) in Leon County and is Past President of the ARC.)

I call it survival because I don't intend to paint you a pretty picture. I call it survival because that is just what it is.

On December 17, 1984, we brought out little granddaughter to live with us after she had been abandoned by her parents. They were young and separated and really didn't know what to do with this little baby girl. This child had died several times and lived on machines for a long period of time. We knew she had problems but didn't know the extent of them. We didn't know much about mental retardation, and being believers as we were, we just thought that God makes wrong right. We were taught that if you took your problems to God, that he would take care of them. Well, we still do, but not as strongly as we used to.

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There is one thing for sure that we did know, and it was that we loved our little baby girl more than anything in this world. We now have two children that we adore very much.

We were very poor that year. My husband was working construction and he had lost many hours of precious time and pay because of bad weather, so we had a very skimpy Christmas. We are just thankful for the Sears credit card that we had tucked away for the hard times. Well, that card bought our Christmas. I knew for the first time in a long time that Christmas was more than just gifts. I look at it much different now. I look at Christmas as life, miracles, a time to really thank God for more important things. We kind of felt like we knew how Mary felt when she held Baby Jesus in her hands. We felt that we had been given the greatest gift in this world, a chance to raise our beautiful, special granddaughter.

Well, we didn't know the heartache that was ahead and thank God we didn't because I don't think that we could have handled it. First of all, we had to search constantly to find services for our baby, which had to start early in life. We knew that only because the doctors said so. We didn't know just how many doctors, nurses, therapists, and teachers that would become such a part of our life. We didn't know that we would be involved with so many organizations, but thank God they are out there. We didn't know that our baby would have to have brain surgery, but we had to face it in March of 1985, when the baby was only a few months old. By this time, we thought that we were really catching on and our baby was on the road to recovery. Then we had to accept the fact she was blind, had severe brain damage, and had suffered a stroke. We still didn't feel defeated and our faith got us through those times. We did feel defeated when we read in one of her medical records that she had severe Cerebral Palsy. This word scared us to death and we thought if we ignored the word that it would go away.

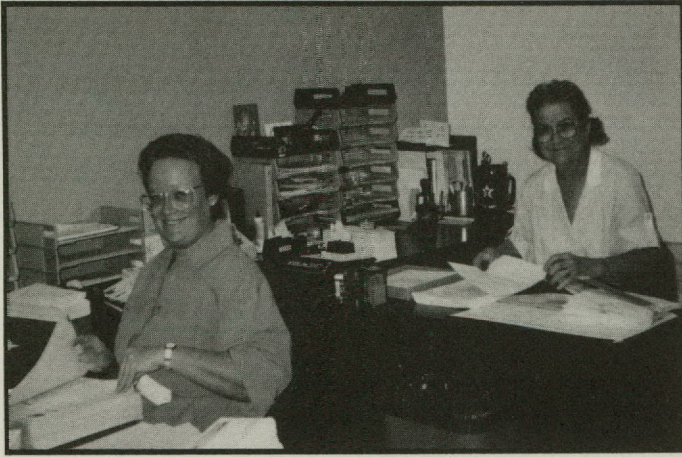
I don't know why her pediatrician didn't tell us about this condition. I guess she thought we had enough heartache. Maybe she thought that we couldn't handle it. She was partially right. After a long period of time and seeing that this condition wasn't going away, I finally decided I had better look into this thing called Cerebral Palsy. I found out that it was called C.P., and that made it sound better, but the prognosis was terrible - NO CURE FOR THIS CONDITION.

Reality just began to really sink in when our baby was three (3) years old in 1987. She couldn't sit up, crawl or

walk, and we were having to finally face reality and we knew that we had to start working on an education for our child. We found getting an education for this child is something that doesn't come without a battle, and probably a law-suit. Then we really found out how cruel people are. Even though laws were passed by Congress and signed by the President over ten (10) years ago, we found out that they meant very little in the rural areas. We wanted to just quit after fighting so long and hard, but deep down you know you can't and we began to see why so many parents just give up. Well, at the age of 52 years, I made up my mind that I was too tough to give up and the "system" had made me tougher than I ever knew that I really was. I think that if this road had been easy I would never really have known how the handicapped suffer. I think that I would never have known just how hard it must have been for some parents to admit defeat. I think I would never have known the true meaning of handicapped. Well, I can now say that that word has a special meaning to me and the handicapped have a special place in my heart. I don't mind telling you that I am an advocate for these special people and I will continue to fight for their rights and their place in society. Our little girl may never participate in the Special Olympics, but I will continue to stress the need for these activities. I know that our little girl may never participate in the work place, but others can. Our little girl may never read or write, but others will. I also know, as a parent who still has faith, I can never give up the dream deep inside that my baby has a place in society, because she does. And in her own way, I want her to know that she is ours and we love her more and more each day, and always will regardless of her handicaps. We also know that she has made our life happier even though she is a handful.

If you ever feel like you are alone, well, you have a right to feel that way, but you aren't. You have the best company in the world and your child probably feels the same way at times. But remember, your child understands even less than you do. They are your best friend so just smile and thank God for such a buddy.

Just remember your ARC (Association for Retarded Children) is always there. This is the reason why caring people and I are building the City of Hope for our handicapped of all ages.



MEET CIDC'S MAIL ROOM STAFF

• Jackie Scott - Lead Mail Clerk and Supervisor

Jackie, who has been with the CIDC Program for 17 years, supervises the mailroom operations. She has the "knack" for being a perfectionist in her work and that of her co-workers. The tiniest detail does not escape her attention.

Jackie is a native Texan, born in a little teacherage near Hale Center. She is a graduate of West Texas State University (at the age of 18). Jackie spent 3 years in the Army, first in the message center for the Joint Chiefs of Staff, and then as a statistical draftsman for the statistics branch in the office of the Chief of Staff in the Pentagon.

She taught elementary school, was a tool designer for an aircraft company, taught swimming, was a lifeguard at the YMCA in El Paso, a physical education director for the YWCA in Austin, and a draftsman for the Traffic & Transportation Department in Austin.

Jackie raised four sons, and now has six grandchildren and two great-grandchildren.

• Sharon Williams - Mail Clerk

Sharon is the newest addition to our mailroom staff, coming to CIDC in November. She is a native Texan, born in Mission.

She attended college at the University of Houston and the University of Texas. She worked in Houston for three years before becoming a farm wife on 15 acres of land in Granger. She owned and operated her own remodeling and renovation business and has done substitute teaching in Williamson County.

Sharon is the mother of two girls and one boy.

This is the 12th publication of the "CIDCS Provider Bulletin", which updates providers and other interested parties regarding CIDCS rule, procedure, and/or policy changes. The Bulletin is published by the Texas Department of Health, Bureau of Chronically Ill and Disabled Children's Services. Previous issues and/or a copy of the CIDC Services Rules Manual may be requested from Field and Provider Relations.

Robert Bernstein, M.D., F.A.C.P.
Commissioner of Health

John E. Evans, Chief,
Bureau of Chronically Ill and Disabled
Children's Services

Lesa R. Walker, M.D.,
Medical Director

Linda Cooper, ACSW, CSW-ACP,
Bulletin Editor

Program Policies

EQUIPMENT POLICY

Shoes

The limit on the authorization of shoes has been changed from one pair every six months to two pairs every six months or one pair every three months. All other requirements for coverage of shoes remain the same.

Powered Wheelchairs

Powered wheelchairs are limited to one per lifetime.

90 DAY FILING DEADLINE

Services which are provided to Medicaid eligible recipients, but are not a benefit of the Medicaid Program, must be billed to CIDC within the 90 day filing deadline.

DYNASPLINTS

Effective September 1989 CIDC covers Dynasplints only for those children who are undergoing the Ilizarov surgical procedure. CIDC will purchase only new, not used, Dynasplints.

VENTILATOR DEPENDENT INFANTS

Effective June 1, 1990, CIDC will no longer reimburse for day of surgery for full term ventilator dependent infants born with a CIDC covered condition. CIDC will consider eligibility once the infant is no longer ventilator dependent. CIDC coverage effective date will be the later of 45 days prior to receipt of notification or the date child is no longer ventilator dependent. CIDC does not go back 45 days prior to the date the child is no longer ventilator dependent.

EXPENDABLE MEDICAL SUPPLIES

A physician's prescription or attestation is not required for reimbursement of expendable medical supplies.

PREMATURITY

Effective June 1, 1990, CIDC will no longer provide coverage for day of surgery for premature infants with CIDC covered conditions. CIDC will consider eligibility after the infant has been discharged from the hospital and has remained out of the hospital for at least 14 consecutive days.

SERVICES WHICH REQUIRE AUTHORIZATION

Growth Hormone Therapy has been added to the list of services which require authorization.

Requires NO Authorization

Office Visits
Clinic Visits
Physician Hospital Visits
Radiology (except as noted)
Pathology
Anesthesia
Consultations
Assistant Surgeon **
Drugs and Supplies EXCEPT:
Blood Products
IV Drugs and Supplies

Requires Authorization

Hospitalization
Surgery
CAT Scans, MRI's
Dental
Physical Therapy/Occupational
Therapy /Speech Therapy
Transportation
Meals & Lodging
Orthotics/Products
IV Drugs and Supplies
Growth Hormone

**Assistant Surgeons - assistant surgeon fees are not coverable for all procedures covered by the program.

MEDICAL REPORTS

CIDC will no longer accept a medical report in lieu of the Medical Information Form (Part B) for patients who are applying for assistance for the first time. A completed Medical Information Form (Part B) must be submitted with the Family Information Form (Part A).

Medical reports may be submitted in lieu of the Medical Information Form (Part B) for the purposes of:

- informing CIDC of additional coverable diagnoses on a patient who is already eligible for CIDC assistance; or
- extending medical eligibility at the end of the patient's eligibility year.

The medical report submitted must be dated within the last three months to be used for these purposes.

COMPLETE APPLICATION REQUIRED ON FIRST TIME APPLICANTS

When submitting a patient's application to CIDC for the first time, the Family Information Form (Part A) and Medical Information Form (Part B) must be submitted together. If a Part A or Part B is submitted without the counterpart, it will be returned with no case number assigned. Eligibility cannot begin more than 45 days prior to the date a completed application form is received by CIDC. **THE ONLY EXCEPTION ALLOWED WILL BE INITIAL EXAM APPLICATIONS WHICH DO NOT REQUIRE A PART B.**

INITIAL EXAMS

Initial Examinations are available to children who meet the following criteria:

- meet all non-medical eligibility requirements;
- are suspected of having a CIDC coverable condition;
- have not been seen by a physician for the suspected condition;
- do not have access to a physician due to financial circumstances.

To apply for an Initial Examination, the family must submit the Family Information Form (Part A), and indicate in the appropriate section (near the top of the first page) that an Initial Exam is needed. CIDC will then evaluate the child's eligibility for an Initial Exam, and if he is eligible, refer the family to a nearby physician specialist and authorize the exam. The physician must submit the Medical Information Form (Part B) before he can be paid for the exam.

CIDC will not provide Initial Exams to children who are on Medicaid, CHAMPUS, Primary Health Care, an HMO, or any other plan or program that would provide access to a physician.

PHYSICIAN NOTIFICATION OF PATIENT ELIGIBILITY

In order to receive a copy of the Patient Eligibility letter, physicians must type, stamp, or legibly print on Medical Information Form (Part B) the name and current address to which the letter should be sent.

ELIGIBILITY CRITERIA

New Income Guidelines

In November 1989, the CIDC Program made some interim changes in Program eligibility by reducing the income criteria from 200% to 160% of the federal poverty income guidelines. These changes were rescinded effective April 27, 1989.

Cases denied between November 1, 1989, and April 27, 1990, that would meet the 200% of poverty guidelines should re-submit an application for review.

Recent changes in the federal poverty guidelines affect the Chronically Ill and Disabled Children's (CIDC) Services calculation of allowable income. Please make a note of the new figures. Effective April 27, 1990, the following schedule is in effect:

NO. IN FAMILY	FEDERAL 100% YEARLY	CIDC 200%	CIDC MONTHLY
1	6,280	12,560	1,047
2	8,420	16,840	1,403
3	10,560	21,120	1,760
4	12,700	25,400	2,117
5	14,840	29,680	2,473
6	16,980	33,960	2,830
7	19,120	38,240	3,187
8	21,260	42,520	3,543

For each additional family member, add \$4,280 to yearly CIDC total; add \$357 to monthly CIDC total.

Assets/resources (excluding homestead and one auto per parent) set at 200% of SSI asset limits:

1 parent - \$4,000 2 parents - \$6,000

Income producing assets are evaluated on the basis of income produced and are excluded from the asset calculation.

DIAGNOSIS COVERAGE CHANGES

As of January 5, 1990, CIDC no longer covers inguinal hernia, torsion of testes, or undescended testicle as covered diagnoses. Rupture of synovium, rupture of tendon, fractures (other than face and skull), dislocation of elbow and traumatic dislocation of hip are covered for rehabilitation only. Fracture of skull and face are covered for surgery only.

NUTRITIONAL SUPPLEMENTATION

Children who require gastric tube feedings or oral nutritional supplementation for their CIDC-covered condition can receive an initial authorization for 60 days, with an extension of 60 days. Following this 120-day period, the physician must submit medical documentation to support the need for continued nutritional supplementation in treatment of the child's CIDC-covered condition. The child will be given one year's approval for nutritional supplementation with approved physician documentation.

REHABILITATION ONLY DIAGNOSES

Certain diagnoses are covered for rehabilitation services only. CIDC will only authorize and reimburse for services related to rehabilitation. For CIDC, rehabilitation services will include all CIDC covered services except for inpatient acute care or outpatient surgery in a hospital or freestanding ambulatory surgical center (ASC). NO INPATIENT ACUTE CARE SERVICES, PHYSICIAN SERVICES WHILE PATIENT IS IN AN ACUTE CARE SETTING, OR OUTPATIENT SURGERY WILL BE AUTHORIZED OR PAID.

SURGERY ONLY DIAGNOSES

CIDC covers certain diagnoses for surgery only. CIDC will authorize and reimburse the surgeon and assistant surgeon (if applicable) for the surgical procedure and up to two (2) weeks of inpatient services during which the surgery is performed. If multiple surgeries are performed on multiple days, authorization for hospital days may be extended up to two (2) weeks after the date of the last surgery. CIDC may extend coverage of hospital days up to a maximum of thirty days, if there is medical justification that the need for the extension is due to complications of surgery.

The surgeon and assistant surgeon (if applicable) will be reimbursed for the surgical procedure only. The surgeon and the assistant surgeon will not be reimbursed for pre-operative visits. CIDC will not reimburse the surgeon or assistant surgeon for post operative follow-up care unless post operative care is allowed per procedure code.

The anesthesiologist will be reimbursed for the surgical procedure only.

CIDC will reimburse other physicians, i.e., primary care, pediatrician or pediatric sub-specialists for services rendered during the authorized hospital days only. 8

After the thirty (30) inpatient day limit, no further services will be reimbursed. That is, no physician, hospital, radiology, pathology, and pharmacy services will be reimbursed for the "surgery only" diagnosis after thirty (30) inpatient days.

CIDC will authorize and reimburse for outpatient surgery to freestanding ambulatory surgical centers (ASC) according to CIDC policy.

AMBULATORY SURGICAL CENTERS

Effective May 1, 1990, CIDC will begin reimbursement of outpatient surgical procedures performed at CIDC approved freestanding ambulatory surgical facilities. Applications may be requested from Field and Provider Relations, TDH/CIDC, 1100 West 49th Street, Austin, Texas 78756-3179, (512) 458-7355.

For services to be authorized and reimbursed, the ASC facility must meet the following criteria:

1. Enrollment as a CIDC ASC provider;
2. Authorization request must be in writing with description of surgery and surgical procedure code provided;
3. The patient's current state of health, using the American Society of Anesthesiologists (ASA) physical status classification, must be Physical Status 1 or 2;

ASA 1 or P1: a normal healthy patient
ASA 2 or P2: a patient with mild systemic disease

Documentation of the patient's physical status must be on the authorization request and claim;

4. The surgery must be a CIDC covered ASC procedure.
5. A CIDC approved provider must perform the surgical procedure.
6. The ASC provider must use the HCFA 1500 for billing.

Payment of ASC facilities is based upon a fee schedule according to type of surgery. All services rendered in the ASC, except for the surgeon, assistant surgeon, and anesthesiologist's services, will be authorized and reimbursed with one all-inclusive reimbursement fee.

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**TEXAS DEPARTMENT OF HEALTH
Chronically Ill and Disabled Children's
Services Field Social Work Staff
JULY 1989**

REGION 1:

Texas Department of Health, PHR 1
P.O. Box 190, 2408 S. 37th
Temple, Texas 76504-7168
Telephone: 817/778-6744
TexAn: 820-2201
Manager: Leslie Anderson

*Sub-office:
1212 E. Anderson Ln., #D
Austin, Texas 78752
Telephone: 512/834-8673
TexAn: 820-1697

REGION 2:

Texas Department of Health, PHR 2
P.O. Box 968, 300 Victory Dr.
West Texas State University Station
Canyon, Texas 79016
Telephone: 806/655-7151
TexAn: 840-1088
Manager: Kathy Thomas

Texas Department of Health, PHR 2
4709 66th St.
Lubbock, Texas 79414
Telephone: 806/797-4331
TexAn: 842-5288
Assistant Program Manager: Bettye Lemon

REGION 3:

Texas Department of Health, PHR 3
P.O. Box 79997, 6090 Surity Dr., #115
El Paso, Texas 79905
Telephone: 915/779-8013
TexAn: 846-8127
Manager: Lydia Aguirre

Texas Department of Health, PHR 3
619 W. Texas St., #300
Midland, Texas 79701-4254
Telephone: 915/683-9492
TexAn: 840-1009
Assistant Program Manager: Lois M. Flynn

REGION 4:

Texas Department of Health, PHR 4
10500 Forum Place Dr., #200
Houston, Texas 77036
Telephone: 713/995-1112
TexAn: 851-3000
Manager: Eileen Moe

REGION 5:

Texas Department of Health, PHR 5
2561 Matlock Rd.
Arlington, Texas 76015-1621
Telephone: 817/460-3032
TexAn: 833-9221
Manager: Bill Creel

Texas Department of Health, PHR 5
Commerce Plaza Office Building
1290 S. Willis, #100
Ablene, Texas 79605
Telephone: 915/695-7170
TexAn: 847-7011

REGION 6:

Texas Department of Health, PHR 6
P.O. Drawer 630, Old Memorial Hospital
Uvalde, Texas 78801
Telephone: 512/278-7173
TexAn: 820-1532
Manager: Alice Garza

*Sub-office:
1015-Jackson Keller, #222
San Antonio, Texas 78213
Telephone: 512/342-3300
TexAn: 254-3300

REGION 7:

Texas Department of Health, PHR 7
1517 W. Front St.
Tyler, Texas 75702
Telephone: 214/595-3585
TexAn: 830-6245
Manager: Charlotte Clarke

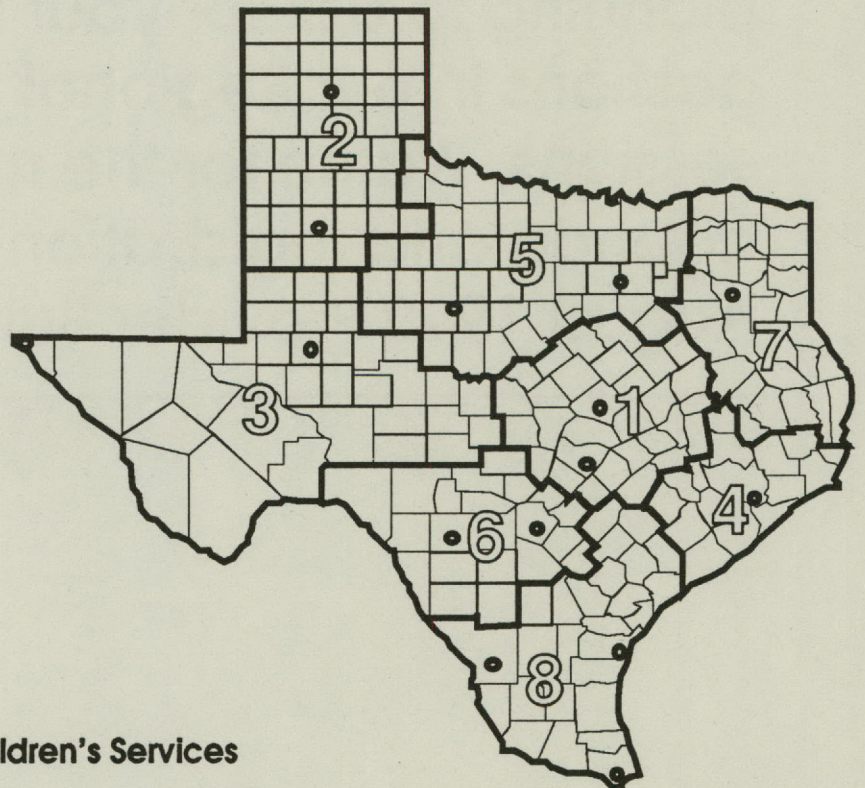
REGION 8:

Texas Department of Health, PHR 8
601 West Sesame Drive
Harlingen, Texas 78550
Telephone: 512/423-0130
TexAn: 820-4567
Manager: Horacio Barrera, Jr.

*Sub-office:
2802 East Stewart, #2 & #4
Laredo, Texas 78043
Telephone: 512/723-6889

*Sub-office:
1233 Agnes Street
Corpus Christi, Texas 78401
Telephone: 512/888-7762
TexAn: 820-1235

*Sub-office:
1502 East Airline Road, #208
Victoria, Texas 77901
Telephone: 512/576-1215



**Chronically Ill and Disabled Children's Services
Field Social Work Staff**



CIDC PROVIDER CONFERENCE OCTOBER 4-5,

Mark your calendar for the fifth CIDC Provider Conference scheduled for October 4-5, 1990, at the Austin DoubleTree Hotel. We are planning an informative program as there are many changes in store for CIDC. We are planning to ask for your ideas/ suggestions in our Regional break-out sessions. Watch for the meeting agenda and registration form in the August 1990 Provider Bulletin.

CALL FOR POSTER PRESENTATIONS

Abstracts are requested for poster presentations during the annual Chronically Ill and Disabled Children's (CIDC) Services Workshop to be held on October 4 - 5, 1990, in Austin, Texas. Abstracts should be related to program services and research of interest in the area of services for children with special health care needs and their families.

Abstracts are limited to 250 typewritten words

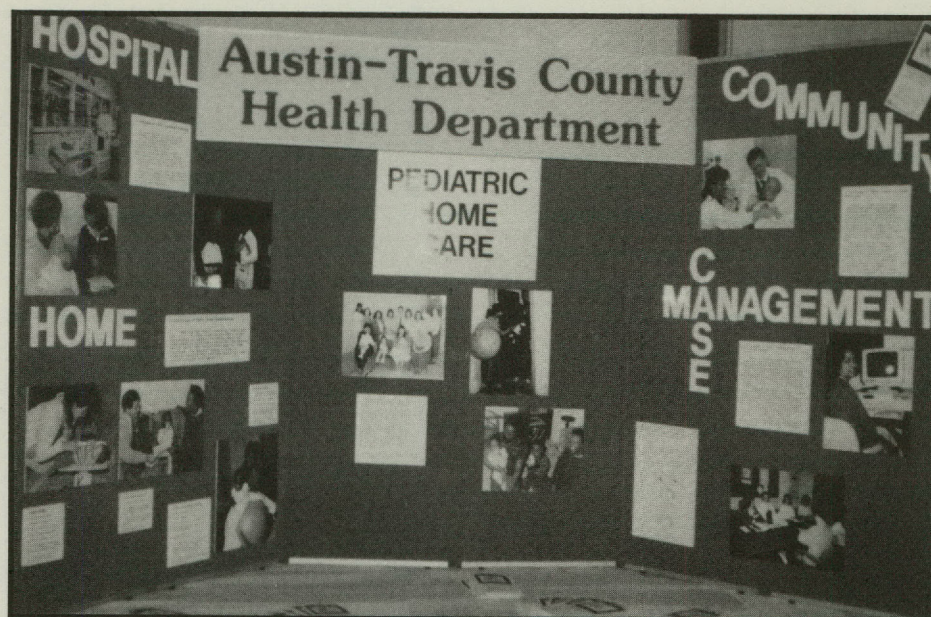
DEADLINE: August 1, 1990

Notification of Acceptance: August 10, 1990

Abstracts should be sent to:

Chronically Ill and Disabled Children's Services
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3179
(512) 458-7355

(OVER)



THIS FORM MAY BE PHOTOCOPIED

OFFICIAL POSTER ABSTRACT FORM

Abstracts must be typed within boxed area, using capital letters.

PRESENTER INFORMATION - (Print or type as you wish it to appear in Symposium Program):

Name of Presenter _____
(Include degrees if you wish)

Institution/Department _____

Mailing Address _____
(Street or P.O. Box)

City, State, County, Zip

Telephone _____ () _____

The ASC facility reimbursement fee includes:

- nursing, technician, and related services;
- use of the facility;
- drugs, biologicals, surgical dressings, supplies, splints, casts, appliances, and equipment directly related to the provision of the covered surgical procedure;
- diagnostic, x-ray, laboratory, or therapeutic services directly related to the covered surgical procedure.

Physician services (surgery and anesthesia) are reimbursed separately under the physician's provider number.

ORTHOTICS AND PROSTHETICS

Effective April 1, 1990, CIDC began authorizing payment for program covered orthotics and prosthetics using the HCFA Common Procedure Coding System (HCPCS).

To receive authorization for orthotic and prosthetic services, including repairs, requests must be submitted on a T-2 Form with an attached Orthotic and Prosthetic Coding Form. All additions to the basic item must also be coded with descriptions and frequencies. Incomplete requests will be returned. Telephone authorizations will only be accepted when there is medical urgency.

Lists of HCPCS for orthotics and prosthetics, with maximum allowable amounts, can be requested from:

Medicare Part B
Blue Cross and Blue Shield of Texas, Inc.
Post Office Box 660156
Dallas, Texas 75266-0156

TRANSPORTATION, MEALS, AND LODGING

A new transportation, meals, and lodging policy is effective May 1, 1990. Travel dates under the existing policy must be completed by April 30, 1990. Travel dates after that date will be authorized under the new policy. Effective May 1, 1990, CIDC will reimburse providers for transportation, meals, and lodging for the child and for only one parent or one responsible adult while the child is receiving services for a Program-covered condition.

For transportation, mileage will continue to be reimbursed at 21 cents/mile for travel in one vehicle. The amount of mileage reimbursed is in accordance with the State Mileage Guide. If authorizations are requested well in advance of need, then airplane or bus tickets can be purchased by CIDC and sent to the patient's family prior to the planned trip. Air travel will be allowed based on the distance and medical necessity for rapid transport. Plan necessary travel as far in advance as possible, as requests may be denied if insufficient notice is given.

Meals will be reimbursed at CIDC rates for the child and one parent or one responsible adult during treatment at a facility more than 50 miles away from the patient's home, and only if the stay is overnight, or if the trip cannot be reasonably made in one day. Meals are limited to \$15/day per person, with a maximum of two persons (i.e., child and parent or responsible adult).

Lodging at CIDC rates will be reimbursed for the child and one parent or responsible adult during treatment at a facility more than 50 miles from the patient's home, and only if the stay is overnight, or if the trip cannot be reasonably made in one day. Lodging is preferred at a Ronald McDonald House at their customary fee, if available. Reimbursement does not include taxes, use of telephone or any restaurant charges beyond the \$15/day/person limit.



For your convenience, CIDC now has 800 numbers for direct access to Eligibility and Claims. Our toll free (800) numbers are as follows:

CLAIMS:	1-800-248-7005
AUTHORIZATIONS:	1-800-252-8023
ELIGIBILITY:	1-800-248-7004

Please use the appropriate number for questions/problems regarding status of claims/eligibility or to request authorization.

Our FAX number is (512) 458-7417.

CIDC OFFICE CLOSED TO TELEPHONE CALLS ON LAST FRIDAY OF EACH MONTH

The Chronically Ill and Disabled Children's Services office will be closed for staff development from Noon to 5:00 p.m. on the last Friday of each month beginning April 27, 1990. Toll free (1-800) numbers will not be operational during those times. EMERGENCY calls should be directed to (512) 458-7355.

NEW INTEGRATED APPLICATION FORM

An integrated application form has been developed which will simplify the eligibility process for persons applying for medical assistance for Texas Department of Health and Texas Department of Human Services programs.

The new Form 1010 is bilingual and gathers basic family information for programs within both agencies.

Forms 1010A, 1010B, and 1010C gather information specific to Texas Department of Health programs. It is hoped to eventually make these forms bilingual.

For CIDC purposes, this packet will be identified as the T-3 form. CIDC will begin distribution of the new form by the end of April. The new form will be used during a pilot phase to determine if any changes need to be made. Instructions for completing the form will be included.

We urge you to use the new form as much as possible and provide us with your comments and any suggestions for changes, preferably by August 1. The current T-3 application form, Parts A and B, will continue to be accepted at this time.

MATERNAL AND CHILD HEALTH INFORMATION AVAILABLE

Single copies of the publication, "Proceedings from the 1988 Tri-Regional Conference on Completed Maternal and Child Health Research" are available at no cost from:

National Maternal and Child Health Clearing House
38th and R Streets, Northwest
Washington, D.C. 20057
(202) 625-8410

ASSISTANCE AVAILABLE FOR CHILDREN WHO HAVE BEEN INJURED AS A RESULT OF VACCINES

There is a program to help children and young people who have been injured as a result of being administered different kinds of vaccines. The injuries may range from seizure disorders to cerebral palsy to severe encephalopathic conditions.

The National Childhood Vaccine Injury Act is a no-fault program through which the children and their parents are able to be compensated for the costs of providing equipment, educational and therapy services, and aide or attendant care services throughout the life span of the child. If the child was administered a vaccine and developed specific reactions within certain time periods, he or she may be entitled to recover the costs for care.

This act was only recently funded, and there have been relatively few claims filed to date. There is, however, a deadline of November 15, 1990, for the filing of claims for those children who were given injections on or before October 1, 1988. For those children who have had severe reactions and permanent injuries from vaccines received after the October 1, 1988 date, there is a three-year limitation for filing such claims. If the child dies, there is a two-year limitation for filing claims.

Information regarding filing a claim may be obtained by contacting:

Helen Woodard, Rehabilitation Counselor
ReEntry Vocational Services, Inc.
1435 Reed Street
Lakewood, Co. 80215
(303) 238-3700

CHANGES IN AUTHORIZATION MAIL-IN FORMS

Please note that the mail-in request forms state that authorization is required within ten working days of the date of service. This should read 45 calendar days. In many cases, authorization is not required at all (refer to Services Which Require Authorization on page 6).

The inpatient mail-in request form should be changed as follows:

() NEW APPLICATION - A COMPLETED PART A MUST BE ATTACHED

continued on next page

continued from page 14
should be changed to:

() NEW APPLICATION - COMPLETED PARTS A & B
MUST BE ATTACHED

Please feel free to contact the Authorization Section to request revised copies of any forms you wish to use.

PHYSICIAN DOCUMENTATION

To expedite authorization and claims payment processing, the primary CIDC-covered condition to which the treatment and/or service is related should be identified on the authorization and/or claim form.

AIDS UPDATE

Bristol-Myers Company, manufacturer of ddl, has been granted permission by the FDA to distribute ddl to AIDS patients:

- whose disease has progressed despite therapy with AZT (open safety protocol);
- who cannot tolerate AZT because of serious drug toxicity (Treatment IND).

ddl is to begin Phase II clinical trials conducted by the AIDS Clinical Trial Group (ACTG) of the National Institute of Allergy and Infectious Diseases (NIAID), in the very near future. These trials are broken down into 3 categories:

1. ddl vs. AZT with stratification based on duration of previous therapy with AZT (2 months - 1 year);
2. ddl vs. AZT for persons on AZT therapy for over one year;
3. ddl at three different doses for persons who are AZT-intolerant.

Physicians interested in obtaining more information about the ddl treatment IND or open safety protocol can call Bristol Myers at 1/800-662-7999 from 8:00 a.m. to 8:00 p.m.

PROGRAMS WHICH PROVIDE AZT

There are currently three programs that provide AZT (Zidovudine or Retovir) to children affected with the HIV virus in Texas. These programs are the Burroughs Wellcome IND Program, the Texas Department of

Health's HIV Medication Program, and the Chronically Ill and Disabled Children's (CIDC) Services Program.

To qualify for the Burroughs Wellcome IND program, the child must be three months through 12 years of age, and have AIDS, ARC or symptomatic HIV positive infection. The AZT is supplied in elixir form. Children must go through their physician to access this program.

To be eligible for the Texas Department of Health's HIV Medical Program, the child must have either AIDS or ARC. There is no age limit and the medication is supplied in tablet form. To access the AZT program through the Texas Department of Health, HIV Division, refer to:

Bureau of Licensing and Certification
Texas Department of Health
ATTENTION: MSJA
1100 West 49th Street
Austin, Texas 78756-3179
(512) 458-7357 or Toll Free: 1/800-255-1090

CIDC covers IV gammaglobulin therapy and aerosolized pentamidine for the treatment of children who are diagnosed with AIDS, ARC or are HIV positive. CIDC covers the respiratory and intravenous equipment and supplies for the administration of these medications.

CIDC also covers AZT (Zidovudine, Retrovir) in the hospital setting (inpatient and outpatient) and oral administration in the home or office setting for those patients who do not qualify for the Texas Department of Health's HIV Medication Program or the Burroughs-Wellcome IND Program.

All authorization requests for CIDC coverage of AZT administered outside of the hospital require medical documentation and will undergo medical review prior to authorization. The provider must pursue other available funding for AZT prior to submitting a request to CIDC for coverage.

CIDC now covers home IV antibiotic therapy for those children with the diagnoses of AIDS, ARC or are HIV positive. This coverage is limited to drugs, IV equipment and supplies.

STATUS OF CLAIMS

CIDC has a toll free number for status of claims; the number is 1-800-248-7005. Before calling in for status of

continued on page 16

continued from page 15

claims, please have the following information available:

- case number or patient's name;
- patient's date of birth;
- type of service provided;
- date of service provided;
- name of approved physician who provided the service or referred the patient for services provided by an unapproved provider/facility;
- date the claim was mailed to CIDC.

FILING DEADLINES FOR CLAIMS

- A claim for services that require authorization and has not been authorized must be received by the program within 45 days.
- Authorized claims or claims that do not require authorization must be received by the program within 90 days. If the patient and service are covered by insurance or Medicaid and the service is a Medicaid service, the claim must be received by the program within 180 days.
- If a claim is returned to you for additional information, you must resubmit the claim within the filing deadline or 30 days from the date that the claim was returned to you, whichever is later.

TAXES ON LODGING

Sales taxes and occupancy taxes are not paid by CIDC due to the Program's tax exempt status.

DURABLE MEDICAL EQUIPMENT (DME)

CIDC awarded exclusive vendor status to successful bidders for durable medical equipment. Contracts are effective from December 1, 1989, through November 30, 1990. An exclusive vendor is responsible for each TDH Region or Sub-region, Regions 3 and 5 are divided into 2 Sub-regions as follows:

Counties in Sub-regions:

Region 3 West: El Paso, Hudspeth, Culberson, Jeff Davis, Presidio, and Brewster

Region 3 East: Reeves, Pecos, Terrell, Loving, Ward, Crane, Crockett, Winkler, Ector, Upton, Andrews, Midland, Reagan, Irion, Schleicher, Sutton, Gaines, Dawson, Borden, Martin, Howard, Glasscock, Sterling, Coke,

Tom Green, Concho, McCulloch, Menard, Kimble, and Mason.

Region 5 West: Cottle, Foard, Knox, Baylor, Archer, Childress, Hardeman, Wilbarger, Wichita, Clay, Montague, Kent, Stonewall, Haskell, Throckmorton, Young, Jack, Scurry, Fisher, Jones, Shackelford, Stephens, Mitchell, Nolan, Taylor, Callahan, Eastland, Runnels, Coleman, Brown, and Comanche.

Region 5 East: Cooke, Grayson, Fannin, Wise, Denton, Collin, Hunt, Palo Pinto, Parker, Tarrant, Dallas, Rockwall, Erath, Hood, Johnson, Ellis, Kaufman, Navarro, and Somervell.

DME vendors are responsible for obtaining authorization from CIDC by submitting a T-2 form (request for equipment). This form is completed by a CIDC-approved physician and the equipment vendor. The vendor is responsible for measuring the child and fitting the equipment at the time of delivery. Vendors are expected to coordinate with the family, physician, therapists, social worker, and other members of the treatment team as appropriate. Please refer to the CIDC Handbook for additional information.

A copy of the terms and conditions included in the 1989/1990 invitation to bid is available from Field and

FIELDS REQUIRED ON THE HCFA 1500 FORM

The following fields must be completed to ensure that you are receiving the most accurate reimbursement.

- name of referring physician if the provider or facility is not approved by CIDC - field 19 on the HCFA 1500 form;
- indicate whether lab work was performed outside your office - field 22 on the HCFA 1500 form;
- place of service code - alpha code located on back of HCFA 1500 form - place the code in field 24B on the HCFA 1500 form;
- current procedural terminology code with modifiers - if using a non-specific code ending in 99, submit an operative report with the claim - field 24C on the HCFA 1500 form;
- type of service code - codes on back of HCFA 1500 form - place the code in field 24G on the HCFA 1500 form;

continued on next page

Listing of Selected Vendor's Retail Outlets for the Durable Medical Equipment Bid Award, December 1, 1989, through November 30, 1990.

REGION 1

Jackson Medical, Inc.
2929 South General Bruce Drive
Post Office Box 4005
Temple, Texas 76505-4005
CONTACT PERSON: Pat Jackson
(817) 778-4290

REGION 2

Abbey Foster
3739 50th Street
Lubbock, Texas 79413
CONTACT PERSON: Nancy Alford
(806) 792-7188

REGION 3 (EAST)

Abbey Foster
117 West Twohig
San Angelo, Texas 76903
CONTACT PERSON: Linda Elstead
(915) 658-5525

REGION 3 (WEST)

Orthopedic Services, Inc.
1302 North Stanton
El Paso, Texas 79902
CONTACT PERSON: Richard Garcia
(915) 532-4444

REGION 4

Abbey Foster
4848 South Main
Houston, Texas 77002
CONTACT PERSON: Linda Golden
Texas 78756-3179, (512) 458-7355.

REGION 5 (EAST)

Abbey Foster
3614 Greenville Avenue
Dallas, Texas 75206
CONTACT PERSON: Bob Swiney
(214) 827-6994

REGION 5 (WEST)

Abbey Foster
2005 108th Street, Suite #50
Grand Prairie, Texas 75206
CONTACT PERSON: Tina Kindred
(817) 640-4314

REGION 6

Abbey Foster
6803 San Pedro Avenue
San Antonio, Texas 78216
CONTACT PERSON: Lucy Rivas
(512) 344-0164

REGION 7

Abbey Foster
601 Spruce Street
Texarkana, Texas 75502
CONTACT PERSON: Margaret Page
(214) 794-3241

REGION 8

Abbey Foster
4848 South Main
Houston, Texas 77002
CONTACT PERSON: Harry Colyar

-
- amount paid by insurance - field 28 on the HCFA 1500 form - amount indicated in this field must be supported by the Explanation of Benefits from the insurance company;
 - provider's correct CIDC Vendor Identification number - field 31 I.D. No. on the HCFA 1500 form;
 - signature of provider or provider representative - field 25 on the HCFA 1500 form;
 - your patient account number to assist you in identification of the payment - field 32 on the HCFA 1500 form.

HOSPITAL APPROVAL DEADLINE NEARS

In June 1989 new criteria for the approval of hospitals to participate in the Chronically Ill and Disabled Children's (CIDC) Services Program were developed and applications distributed to all hospitals currently on the CIDC vendor system. Program-approved hospitals were given one year to reapply under this new criteria. Many currently approved hospitals have not had the Application for Hospital Approval completed and returned. The deadline for these hospitals to continue participation in CIDC without a break in services and payment is June 15, 1990. PLEASE SEND IN THOSE APPLICATIONS!

COMPREHENSIVE INPATIENT REHABILITATION FACILITIES

To continue participation in the Chronically Ill and Disabled Children's (CIDC) Services, all comprehensive inpatient rehabilitation facilities must meet CIDC's approval criteria. An application must be completed for each facility, including those facilities that were approved on the CIDC vendor system prior to the adoption of the criteria by the Texas Board of Health on January 23, 1988. Completed applications must be received by CIDC on/before November 1, 1990, in order to avoid a break in service/payment. For information regarding the approval criteria and/or to request an application, contact Field and Provider Relations, TDH/CIDC, 1100 West 49th Street, Austin, Texas 78756-3179, (512) 458-7355.

CLEFT/CRANIOFACIAL TEAMS

CIDC is currently accepting applications for Cleft/Craniofacial Teams. Implementation of the current Cleft/Craniofacial Team guidelines should begin September 1, 1990. Your suggestions regarding the application and the Team process will be used to determine if rule changes will be necessary. You will be notified if/when rule changes are made. For information regarding Cleft/Craniofacial Team guidelines and/or to request an application, contact Field and Provider Relations, TDH/CIDC, 1100 West 49th Street, Austin, Texas 78756-3179, (512) 458-7355.

A UNIQUE OPPORTUNITY

The Association for the Care of Children's Health, Parent Network Meeting is scheduled for May 26-27, 1990, at the Grand Hyatt Hotel in Washington, D.C. The Parent Network Meeting brings together parents of children with chronic illnesses and disabilities. The meeting is designed to facilitate the active participation of parents in enhancing the quality of care and support for children with special health needs. Parents share their experiences and expertise in developing and implementing successful programs in their own communities and in working together to develop strategies to strengthen community and family support for children with needs.

Please inform the families of your patients of this meet-

ing. Information regarding this meeting may be obtained from:

Josie Thomas
Association for the Care of Children's Health
3615 Wisconsin Avenue, N.W.
Washington, D.C. 20016
(202) 244-1801



IMPORTANT IMPORTANT IMPORTANT IMPORTANT IMPORTANT

PROVIDER HANDBOOK

The CIDC Provider Handbook is available. The Handbook contains step-by-step instructions and vital information about program services. It also contains frequently used provider lists, regional social work information, CIDC forms and instructions, and many other helpful items of interest to providers. To make it easier for you to add and delete pages when you receive revisions, the Handbook will come to you ready to be placed in a three-ring binder. Many of you who work in hospitals and large agencies have told us that you often do not receive the CIDC Bulletin and other information that we distribute in large mailouts. Because we want each of you who receives the Handbook to receive the revisions, we require that you request your copy of the Handbook individually. To request your copy of the CIDC Provider Handbook, complete the request form and mail it to:

Texas Department of Health
Chronically Ill and Disabled Children's Services
1100 West 49th Street
Austin, Texas 78756-3179
ATTENTION: Field and Provider Relations

Copies of the handbook will not be sent to you unless you request one. Only one handbook per request.

NAME: _____
FACILITY: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
TELEPHONE NO.: (_____) _____ - _____

Texas Department of Health
Bureau of Chronically Ill and Disabled
Children's Services
1100 W. 49th Street
Austin, Texas 78756-3179

BULK RATE
U.S. POSTAGE PAID
AUSTIN, TEXAS
PERMIT NO. 28

Please let us know if the spelling of your name or your address is incorrect.