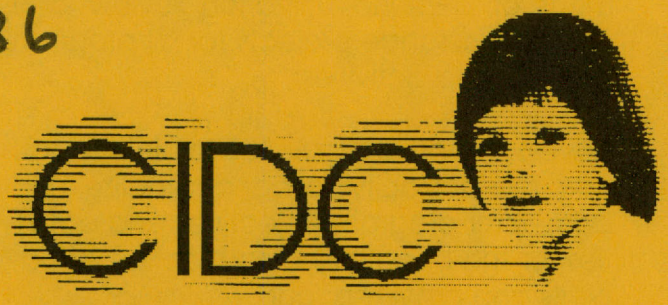

PROVIDER BULLETIN

NO. 11 OCTOBER, 1989

CONTENTS

Behind the Scenes

CIDC HAS A NEW BUREAU CHIEF

John E. Evans, who joined the staff at CIDC as Bureau Chief on July 5, has over twenty years experience in increasingly responsible positions in clinic and hospital settings specializing in administrative and personnel services, conference planning, resource management, training and information systems management. He has a Bachelor of Science degree in Business Administration from Wright State University in Ohio and a Master of Science degree in Health Services Administration from Trinity University in San Antonio. He completed 30 years of military service including assignments as: Assistant Chief of the Biometrics Division and Chief of the Biostatistics Branch, Office of the Surgeon General, Brooks Air Force Base, Texas; Administrator, USAF Hospital, Kunsan, South Korea; Administrator, USAF Clinic, Kelly Air Force Base, Texas; and Associate Administrator for

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The Chief's Concerns & Reflections

As of this writing, it has been exactly six weeks since I assumed the responsibilities for providing leadership in planning, implementing, supervising, and monitoring statewide health services to chronically ill and disabled children. While I have yet to meet many of our clients, providers, contractors, and regional staff members, you can be sure that I have been made aware of your expanding health care needs, reimbursement deficits, funding problems, and increasing functional activities, (e.g., case management) respectively.

If the preceding sounds like I've gotten my "feet wet", let me tell you that I "waded into the water" the very first day on the job, and by the end of week three I'd been "dunked, drenched, and wrung out". In spite of my "dampening" orientation, I feel that I've been placed on the right "line" to address our mutual problems and challenges in meeting the needs of chronically ill and disabled children throughout the state of Texas. However, I will never "dry out" as long as we are believed to be "wet and full of wrinkles".

I perceive some of the most "pressing" concerns of the CIDC Program to be:

consistency and stabilization in terms of defining goals and objectives based upon the program's philosophy, legislative mandates, and budget authorizations; a concomitant reduction in the number of rules and policy changes, and standardization of application, eligibility, authorization, claim, reimbursement, and appeal procedures;

establishment of prompt and efficient functional activities by eliminating manual procedures and implementing computerized and automated processes; the reduction of backlogs and response times to client services and provider claims; establishment of ongoing utilization review and quality assurance projects for all program services and activities;

development of a service oriented staff with the capacity to conceptualize and administer program objectives and activities for the benefit and satisfaction of patients and providers; and

establishment of an information-sharing system that links the program with client-patient families, providers, facilities and organizations, advisory committees, task forces, and legislators; restoration of credence and confidence in CIDC objectives and services.

You can be certain that many of these perceptions are shared by the Commissioner here at Texas Department of Health, members of the Senate Committee on Health and Human Services, and the Texas Board of Health. With your support, we can "iron out the wrinkles" in the CIDC Program together.

CLEFT/CRANIOFACIAL TEAMS

The Board of Health approved guidelines for cleft/craniofacial teams at its August meeting. Both comprehensive teams and affiliated teams will be approved by CIDC.

After February 1, 1990, the CIDC Program will provide reimbursement for children with cleft palate or craniofacial disorders only if care is coordinated by an approved team. Invasive procedures must be performed with an approved cleft/craniofacial team. Teams that obtain CIDC approval after February 1,1990, and prior to September 1, 1990, may appeal denied claims for invasive procedures performed within the transition period (February 1, 1990 to September 1, 1990.) After September 1, 1990, the special appeals provision will be removed and only approved cleft/craniofacial teams will be reimbursed for invasive procedures. Corresponding members may be reimbursed for non-invasive follow-up and interim care only.

Application materials for cleft/craniofacial teams are available from Field and Provider Relations, 1100 West 49th Street, Austin, Texas 78756, 512/458-7355.

FROM THE FIELD

Social workers in the field sometimes face complicated and unrewarding situations in the course of their duties as case managers. The coordination of services between federal, state and local governments to meet the needs of a sick child and his family is usually one of those situations.

Ed Spiller, Social Worker from Public Health Region 6, gives the following account of his experience:

The word coordination has always been a very important term in the vocabulary of most professions. Webster defines coordination as "harmonious functioning of parts for most effective results". For the purpose of this discussion, coordination will be defined as "whenever two or more entities combine their efforts to pursue a common goal".

Throughout the years, much discussion has been generated among professionals on the differences and similarities between the federal, state and local governments. Sometimes it is extremely difficult to find any differences between these entities whenever certain mutual goals are pursued. This case typifies such an occurrence.

The initial involvement of CIDC (state "entity") in this particular case began when the central office was first notified by the hospital staff at Brackenridge Hospital in Austin of the following:

Two brothers, age 1 1/2 and 3, and their 15-year old babysitter were brought in for emergency treatment for body burns suffered as a result of an accidental TV explosion while at home. The burns were diagnosed respectively as 12% total body surface; 28% total body surface; and 45% total body surface with severe inhalation injury.

Treatment for their burns was initiated at Brackenridge Hospital (local "entity") in Austin, but it was later determined that the Burn Unit at Brooke Army Medical Center - Ft. Sam Houston (BAMC) (federal "entity") would be more appropriate for the children's treatment. The decision to transport the children to BAMC was chiefly due to the hospital's world-wide recognition as a Burn Center. All parties involved were fully aware of the special needs that would develop as a result of this transfer.

CIDC Central Office staff requested that Region 6 social work staff intervene with this family. The Region 6 social workers were asked to assess the needs of the family and assist in locating resources to meet those needs.

The primary need was funding for the treatment of the children since neither family had insurance and neither family was military. Both Region 6 CIDC social work staff and BAMC were able to combine forces within a 24-hour period, and complete all the necessary steps to obtain CIDC funding.

CIDC approval was a tremendous relief for all the professionals involved. The family expressed much relief when they learned that the hospital bill was going to be paid. They were already overwhelmed with other burdens that resulted from the accident and this was one less burden to contend with.

It is common knowledge among professionals that whenever separate entities such as federal, state and local governments are grouped together for a particular purpose, turbulence or obstacles are often present. In this particular situation, the cooperation of federal, state, and local governments seems to have resulted in a much smoother course in accomplishing the task at hand. This can be attributed to the coordinated efforts of the professionals in each agency.

In essence, this effort became a realization due to the common goal at hand (for the best interest of the children). We all worked together to provide the best services available for these children and were pleasantly surprised to realize how quickly and easily we reached our goal.

Coordination between federal, state and local government "entities" can be a rewarding experience.

BONE MARROW TRANSPLANTS

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CIDC has a legislative mandate to cover bone marrow transplants. A physician task force has met with CIDC staff to develop standards for bone marrow transplant centers that will go before the CIDC General Advisory Committee and the Texas Board of Health for approval. Once the standards are approved by the Board, CIDC will begin coverage of bone marrow transplants. The task force input will help determine the program's coverage criteria. The date for coverage to begin will be announced later.

AIDS

The 71st Texas Legislature mandated that CIDC cover AIDS. The CIDC Program is developing the coverage methodology that best accommodates both the needs of the CIDC eligible AIDS population and the limitations of the CIDC budget. The coverage of AIDS as a complication of the CIDC coverable conditions will continue. More information will be published later.

DURABLE MEDICAL EQUIPMENT EXCLUSIVE VENDOR AWARDS

Invitations to bid on the exclusive vendor award for durable medical equipment (DME) will be mailed to interested vendors in October. The current awards, made on a Texas Department of Health regional basis to Glasrock Home Health Care and Abbey Foster, extend through November 1989.

The DME Exclusive Vendor Awards allow CIDC to purchase medically needed equipment, such as wheelchairs, walkers, and hygiene items at a discounted price.

To effectively monitor these awards, CIDC needs written information about your experiences in obtaining equipment in terms of successes, problems, and recommendations. Send correspondence to Pam Farley, CIDC Services, 1100 West 49th. Street, Austin, Texas 78756

Special Actions, USAF Regional Hospital, Elgin Air Force Base, Florida.

Mr. Evans and his wife, Christi, have three daughters. He likes to do woodwork and gardening when he has the time. He teaches a Sunday School class and enjoys working with children in this capacity.
WELCOME TO CIDC, MR. EVANS!

This is the 11th 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

ELIGIBILITY COMPUTER SYSTEM

The June 1989 CIDC Provider Bulletin contained information regarding the changes in the eligibility computer system. One result of the computer changes is the way a patient's eligibility dates are determined. The following information is provided to help clarify some confusion that has resulted from these changes.

The effective date of CIDC eligibility can be no more than 45 days prior to the date a completed, written application is received by CIDC. A completed application is one on which all questions shaded in gray (representing required information) are answered; required attachments (example: income tax return) are included with the application; and the guardian and physician have signed where appropriate. Any application that does not meet these requirements will not be considered a completed application until all deficiencies are corrected. The effective date of CIDC eligibility will be 45 days prior to the date the CIDC Program receives the information needed to correct the deficiencies. Requesting a case number and/or conditional authorization by telephone WILL NOT allow retroactive eligibility beyond this 45-day limit. For example, any conditional authorization request made 43 days after services are rendered will eventually be denied if the completed, written application is not delivered to the CIDC offices within the next two (2) days.

REMINDER: ORIGINAL SIGNATURE ON APPLICATION

Part A of the application for assistance must have the original signature of the person responsible for the patient/child. The application is not complete without the signature and it cannot be processed. The original signature attests that all the information given is true and correct and authorizes the release of medical information to the Texas Department of Health.

TELEPHONE APPLICATIONS DISCONTINUED

Applications for CIDC eligibility and associated conditional authorizations will not be accepted by telephone. Written application must be made to the program. Authorizations will be issued in accordance with program rules once eligibility has been determined. Requests for authorization should be submitted with the required application — the authorization request will be detached and processed when the application is processed.

ELIGIBILITY FOR VENTILATOR DEPENDENT AND/OR COMATOSE PATIENTS

Children who are ventilator dependent and/or comatose when they apply for CIDC coverage will not be considered eligible until they are no longer ventilator dependent and/or no longer comatose. Written notification by the physician which states the date the child came out of the coma is necessary to establish eligibility. Program benefits will commence on that date if all other eligibility requirements are met.

CIDC will no longer use the Glasgow Coma Scale to determine eligibility. CIDC is currently revising the application to ask, "Is this child comatose?". Until the new applications are available, disregard the request for Glasgow Coma score; however, if you indicate that the child is not alert and oriented, you must indicate that the child is not comatose. If you do not do so, it will be interpreted that the child is comatose. This information is required for an application to be processed.

PILOT PROJECTS

Medical Condition Coverage:

Pilot coverage of the following medical conditions will continue from September 1, 1989 through August 31, 1990:
Insulin Dependent Diabetes Mellitus (IDDM)

•As of September 1, 1989, pilot coverage of

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IDDM will be limited to insulin, supplies and equipment (glucose monitoring) only.

Neonatal Screening Conditions
(coordinating coverage with other programs in TDH to fill gaps in coverage)

- P.K.U.
- Congenital Hypothyroidism
- Galactosemia

Acute Renal Failure (as a complication of conditions currently covered by CIDC)

Mixed Connective Tissue Disorders

- Dermatomyositis (comprehensive coverage)
- Scleroderma

Inflammatory Bowel Disease

- Crohn's - large intestine
- Colitis - ulcerative

Congenital Hereditary and Hereditary Progressive Muscular Dystrophy

Recurrent Laryngeal Papilloma (only)

Equipment Coverage:

Pilot coverage of Dynasplints ended August 31, 1989. Review of pilot data and CIDC budget limitations will determine the possibility of future coverage.

BILLING PROCEDURES

Claims for services provided by physicians must be submitted on the HCFA 1500 Form and must include the following:

- Diagnosis - Description and Code
- Referring physician, if patient was referred
- Current Procedural Terminology Code
- Type of Service Code
- Place of Service Code
- Date of Service

Pharmacy claims should include the National Drug Code for each prescription billed.

Claims submitted to CIDC must be signed by the provider of the service or the providers representative. The following will be accepted for payment of claims: original signature, stamped signature, initialed typed signature. Stamped "signature on file" is not acceptable. Claims with a blank signature block will be returned for signature.

For complete instructions on billing CIDC, refer to the CIDC Provider Handbook, Appendix 8, CIDC Universal Claim Filing Instructions.

ANTIBIOTIC DESENSITIZATION

CIDC will reimburse an allergist to provide antibiotic desensitization evaluation and treatment for some CIDC coverable conditions. Requests for antibiotic desensitization therapy for children with the diagnosis of cystic fibrosis may be authorized without medical review. All other requests for antibiotic desensitization for children with CID-coverable conditions must be reviewed by medical staff prior to authorization.

EYE PROSTHETICS

CIDC covers eye prostheses for congenital and acquired CIDC covered conditions. For acquired conditions (e.g., acquired anophthalmia), the limit for eye prostheses is one for each eye per lifetime without medical justification. For congenital conditions (e.g., congenital anophthalmia), CIDC will cover expansion therapy. The limit on numbers of eye prostheses in expansion therapy is 6 per year up to age two years. Additional prostheses require medical review and supporting documentation. All associated services for expansion therapy are coverable.

ANESTHESIOLOGY REIMBURSEMENT

CIDC has revised the reimbursement rates for anesthesiologists. Effective July 15, 1989, CIDC will pay a base of $60 for ages 0-2 years; $30 for ages 3-20 years. The payment for the 15-minute intervals will increase to $30. One consult prior to surgery and one consult after anesthesia for each surgical event will be allowed. However, CIDC will not reimburse anesthesiologists for additional services performed in preparation or follow-up to the surgery, such as line insertion, IV therapy, monitoring, critical care, etc.

An anesthesiologist may be reimbursed for surgical procedures not performed in conjunction with anesthesia at the surgical fee rate. One consult prior to the surgery and one consult after surgery will be allowed. Additional services performed in conjunction with the surgical procedure are considered part of the surgical service and payment will be denied.

NUTRITIONAL SUPPLEMENTATION

Children with the diagnosis of cystic fibrosis or cancer do not need written medical justification for nutritional supplementation.

PRIVATE PHYSICAL/OCCUPATIONAL THERAPISTS

CIDC covers private physical and occupational therapists in their private offices or in the child's home to monitor a home program or treat a medically fragile child. The therapist may be reimbursed for out of town transportation.

PREMATURITY

The CIDC interpretation of prematurity has been changed to consider only the gestational age of the infant, not the weight. CIDC considers an infant premature if the infant has a gestational age of less than 36 weeks.

MAGNETIC RESONANCE IMAGING (MRI)

CIDC does not cover MRI's for the diagnosis of epilepsy.

RHIZOTOMY/MOTOR POINT BLOCK

CIDC now covers the surgical procedure of rhizotomy for those children, ages 3-17, who have pure spastic cerebral palsy without athetosis, who do not have underlying fluctuating tone, but do have underlying muscle strength.

CIDC covers the chemical procedure of Motor Point Block.

Requests for either rhizotomy or motor point block must go through medical review before authorization is issued.

Providers must indicate on their claims the number of nerves involved in neuro-electrical testing and the number of nerves or levels for motor point block.

COMPLEX PARTIAL SEIZURES

CIDC will cover anterior temporal lobectomy as surgical treatment for complex partial seizures with a documented temporal focus. Intraoperative EEG monitoring and interpretation are coverable for those patients undergoing anterior temporal lobectomy. All requests for such coverage require medical review.

CIDC will also cover inpatient closed circuit TV EEG monitoring and interpretation for diagnostic work up of patients with uncontrolled complex partial seizures. No more than 10 hospital days may be authorized for EEG monitoring; however, the complete diagnostic work up may last longer. All requests for such coverage require medical review.

For medical review, the provider must document the specific medical treatment regimens that have been tried to date. The physician must verify that anticonvulsant drug regimens have been utilized to the level of toxicity without the ability to control seizure activity. The intent of the EEG monitoring must be to locate a seizure focus in preparation for a possible anterior temporal lobectomy.

CLINICAL PATHOLOGY CONSULTS

Clinical pathology consultation is defined as a service, including a written report, rendered by the pathologist in response to a request from an attending physician in relation to the results requiring additional medical interpretive judgement.

Effective November 1, 1989, a copy of the consultation report must be included with the billing form to obtain reimbursement for the following CPT codes:

1. 80500 - Clinical pathology consultation: limited, without review of patient's history and medical records.

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2. 80502 - Comprehensive, for a complex diagnostic problem, with review of patient's history and medical records.

AUTHORIZATION REQUESTS FOR BUS/AIRLINE TICKETS

Please request bus or airplane tickets TWO WEEKS in advance of the travel. We have had many tickets requested one week in advance which have not arrived in time. We will deny requests if we believe the tickets may not arrive before the departure date.

CUSTOM SEATING

CIDC has received several requests from providers for specialized custom seating. Currently CIDC covers custom seating when needed equipment and accessories are available through our DME Exclusive Vendor Award. The items must carry a warranty from the manufacturer.

If these manufactured items will not meet the medical needs of the patient, medical justification and budgetary limitations will determine CIDC coverage of alternative equipment.

CHANGES TO PROVIDER RECORDS

CIDC now requires that all requests for information changes to provider records be made in writing by the provider or an authorized representative. Provider records (name, address, phone number, comptroller vendor identification number, etc.) on the CIDC computer system reflect the billing information for the provider and must match the State Comptroller's records in order for payment to be made. Field and Provider Relations has received a number of telephone requests for address changes that do not reflect an actual change in the provider's billing information (i.e., the admissions department of a hospital wants all correspondence sent to that section). This can result in the misdirection of claims information and payment. Address all requests for changes to the attention of Teri Rodriguez, Field and Provider Relations.

CIDC REIMBURSEMENT CHANGES

CIDC is establishing fee schedules in the following areas:

- chemotherapy and radiation therapy
- orthotics and prosthetics
- pathology and radiology

Notification about the specific details will be made in the near future.

FREESTANDING AMBULATORY SURGICAL CENTERS

Approval criteria and applications for CIDC approval for Freestanding Ambulatory Surgical Centers may be obtained by contacting Field and Provider Relations, CIDC Services, 1100 West 49th Street, Austin, Texas 78756, 512/458-7355

CHANGES IN CIDC COVERAGE OF DIAPERS

CIDC will consider coverage of diapers for program eligible children four (4) years of age or older who are incontinent as a direct complication of their CIDC coverable medical condition. Diapers are considered supplies. The CIDC coverage of supplies, including diapers, is limited to $150.00/month.

IMPORTANT • IMPORTANT • IMPORTANT • IMPORTANT • IMPORTANT • IMPORTANT

PROVIDER HANDBOOK

The long-awaited CIDC Provider Handbook is now 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 our quarterly 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 quarterly 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: Judy Tovar

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
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
Abilene, 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

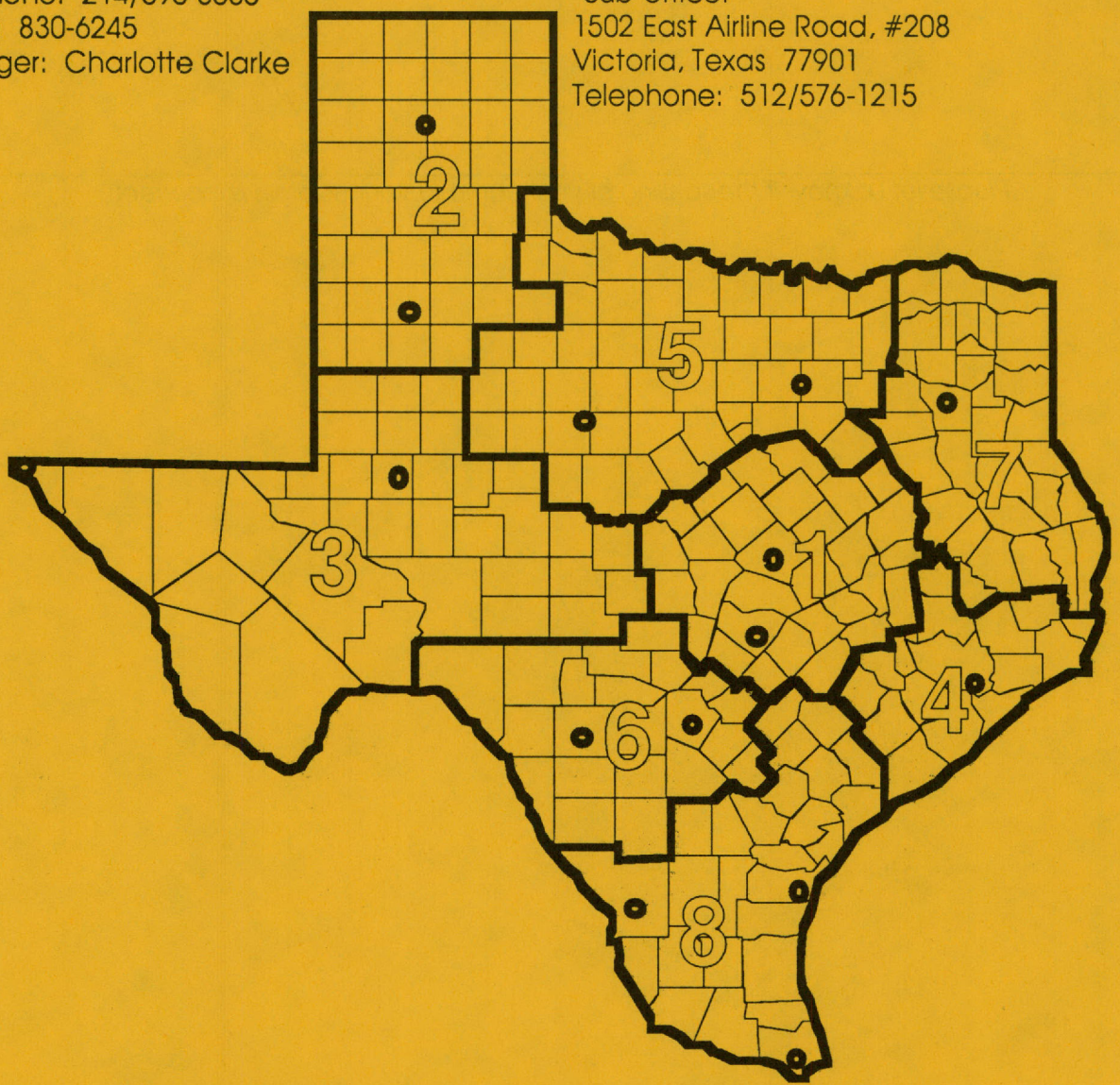
REGION 8:

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

Texas Department of Health
Bureau of Chronically Ill and Disabled
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