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# CIDC PROVIDER BULLETIN

No.9 BUREAU OF CHRONICALLY ILL AND DISABLED CHILDREN'S SERVICES January 1989

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**4th ANNUAL CIDC WORKSHOP**

The CIDC Workshop will be March 15, 16, and 17, 1989, at the Doubletree Hotel in Austin, Texas. This year there are several changes in format.

On Wednesday, we will spend the day learning about case management issues from experts in the field. We will begin the day with a poster session and end with a social hour and exhibits.

Thursday, the workshop will be devoted to provider issues and CIDC case management projects. We will begin the morning with a short general session to acquaint you with what the program has been doing in the past year. In the special interest sessions, we will briefly discuss the changes that have occurred within the program since our last workshop. The majority of the time allotted in the individual sessions will be devoted to you so be prepared to discuss your questions and concerns. The case management sessions will include a short discussion of each of the projects in the designated regions. This will provide you with information about services available through the projects and/or give you some creative ideas about programs/services you might like to have implemented in your area. Each of the provider related special interest sessions will be repeated during the day. We will have a luncheon on Thursday so that we can introduce you to a very special child.

Friday will be a "networking day". We will begin by breaking into groups by professions and discussing issues involved in working with the chronically ill child. We will report the results of the networking discussions and other important issues in the closing session.

We want to extend a special invitation to the parents of the children on CIDC. Please plan to come and participate in any areas of the workshop that interest you. We want to hear from you about your problems and concerns so that, together, we can provide quality services to your child.

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**CALL FOR POSTERS**

On Wednesday, March 15, 1989, we will have a case management poster session from 8:00 a.m., to 9:30 a.m. If you would like to present your program or project at this time, please contact Field and Provider Relations (512/458-7355) by March 1.

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**NEW COVERAGE CODES**

As a result of the Newborn Screening Program becoming a section of CIDC, the following diagnoses will be added to the list of coverable conditions:

PKU  
Galactosemia  
Congenital Hypothyroidism

In addition, congenital adrenal hyperplasia will be screened through the Newborn Screening Program.

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PILOT COVERAGE CODES

As of January 15, 1989 CIDC coverage will be extended to the following medical conditions:

Dermatomyositis (ICD-9 code 710.3) - comprehensive coverage  
Scleroderma (ICD-9 code 710.1)  
Crohn's Disease (ICD-9 code 555.1)  
Ulcerative Colitis (ICD-9 code 556)  
Congenital Hereditary and Hereditary Progressive Muscular Dystrophy (ICD-9 codes 359.0 and 359.1)  
Recurrent Laryngeal Papilloma (only) (ICD-9 codes 212.0, 212.1, 212.3, 235.1, 235.6, 235.7, 235.9)

CIDC coverage of the above medical conditions will be piloted through August 31, 1989 to determine fiscal impact on the program. Coverage will continue beyond August 31, 1989, if sufficient funds are available.

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OOPS!! WE GOOFED!

The Provider Bulletin dated December 1988 had several errors. The section entitled "Common Reasons for Returns/Denials, Section 2 "Authorizations are rejected because: (page 2) " should read "Request for authorization was received more than 45 calendar days from the beginning date of service. Requests can be received anytime prior to the requested service date, but no later than 45 calendar days after the beginning service date".

The last paragraph in the same section (page 3) should read "The requested conditional authorization information data was not submitted within the required 45-day period. "Conditional" authorizations are conditional on the patient becoming both medically and financially eligible for the program, and the necessary data for making that determination being provided within 45 days of the service date."

At the bottom of page 9, the paragraph entitled "Original Signature on Claim", should read "The following will be accepted for payment of claims: original signature, stamped signature, initialed typed signature. Stamped "signature on file" is not acceptable. Blank signature blocks are not acceptable.

Please make these corrections in your December Bulletin so that when you refer to it in the future, you will have the correct information.

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PROGRAM POLICIES

EQUIPMENT REQUESTS

When submitting T-2 equipment requests, please include sufficient information to allow the vendor to locate the patient. Name, address and telephone number of the patient and/or family member are necessary.

CIDC guidelines for coverage of strollers limit purchase to instances in which the child has a condition which would make him eligible for a wheelchair but is under 2 years of age and is expected to be ambulatory within 2 years of equipment purchase. This information should be reflected on the T-2 form, or specific medical justification which documents the need for an exception to the guidelines should be included. An explanation of why a stroller would be more beneficial than a wheelchair will facilitate authorization processing.

TREATMENT PLANS REQUIRED

Although the deadline for many authorization requests has been extended to 45 calendar days, the following services still require submission of a treatment plan prior to the authorization of service. If the treatment plan is approved, authorization will be granted back to 45 days from the date of the approval of the treatment plan.

- physical, occupational, and speech therapy
- orthodontic services, except for diagnostic records

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NO AUTHORIZATIONS FOR SOME SERVICES FOR MEDICAID CHILDREN

Effective February 1, 1989, the following services do not require authorizations:

- Office Visits
- Clinic Visits
- Physician Hospital Visits
- Chemotherapy
- Radiology
- Pathology
- Anesthesia
- Consultations
- Assistant Surgeons
- Drugs and Supplies EXCEPT:
  - Blood Products
  - IV Drugs and Supplies
  - Chemotherapy

If a child has Medicaid coverage, CIDC will not process an authorization for the above services. Providers should check for Medicaid coverage and bill Medicaid if coverage is available.

If Medicaid does not pay due to coverage limits, the claim can be sent to CIDC with the Medicaid EOB for payment consideration. For prescriptions, the pharmacy statement that 3 Medicaid claims have been filed for the month can be substituted for a Medicaid EOB.

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## NEWBORN SCREENING PROGRAM

As of October 1, 1988, the Newborn Screening Program (NBS) is part of CIDC. The program presently screens for phenylketonuria (PKU), galactosemia, congenital hypothyroidism and sickle hemoglobin disease. Testing for congenital adrenal hyperplasia will be added June 1, 1989.

As part of CIDC, the NBS Program can now offer needed services to families with low income to assure that critical medical care is available to all persons with the disorders for which the Program screens. In addition, families who wish to receive special dietary supplement for PKU clients through the Texas Department of Health must submit an application to CIDC for eligibility determination. If the family is above CIDC guidelines, the application will be forwarded to the NBS Program for further co-payment evaluation.

If you have any questions, the NBS Program staff can be reached at 512/458-7355.

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## RELATIONSHIP WITH EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM (EPSDT)

Until recently, the only publicly financed orthodontic program for children was through CIDC Services. The Texas EPSDT Program, an element of the State Medicaid Program administered by the Department of Human Services, has expanded EPSDT dental coverage to include orthodontic services for eligible children with severe handicapping malocclusion. CIDC will continue to provide publicly financed orthodontic services to those children not eligible for EPSDT and the EPSDT Program will provide orthodontic services to Medicaid/EPSDT eligible children under 21 years of age. Medicaid eligible children receive services purchased with 60% federal funds while services to children provided by CIDC are financed with 100% state funds.

Effective immediately, the EPSDT Program will serve as the primary resource for payment of orthodontic services for Medicaid/EPSDT eligible children under 21 years of age. We would therefore encourage CIDC orthodontic providers to also enroll in the EPSDT Dental Program since CIDC will no longer be authorizing new requests for orthodontic services on Medicaid/EPSDT eligibles. Within the next few weeks all orthodontic specialists in the state will be receiving EPSDT dental program enrollment applications from the Department of Human Services' health insuring agent, National Heritage Insurance Company. Orthodontic services under the EPSDT Dental Program are provided for severe handicapping malocclusions, which score a minimum of 26 on the handicapping labio-lingual deviation index (HLD). This definition does include cleft palate cases. The provider fees for orthodontic services under EPSDT are the same as the current CIDC orthodontic fees. Additional information on EPSDT Orthodontic Services can be obtained from:

Mitchell Funderburk, D.D.S.  
Associate Dental Director  
National Heritage Insurance Company  
Toll-Free 1/800/252-9705, (ext. 466)  
or 512/343-4900, (ext. 466)

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## MEDICALLY DEPENDENT CHILDREN WAIVER PROGRAM

Some Texas children are so severely disabled that they need medical care around the clock. Some cannot breathe without a respirator; others cannot eat or swallow without special procedures. Their daily routines are often filled with suctioning, tube-feeding, medications, and personal care.

These children are disabled because of birth defects, accidents, and chronic, debilitating diseases or conditions such as cerebral palsy, seizure disorders, spasticity, heart defects, and digestive and respiratory problems. Often, they have survived only because of modern medical technology. They may have trouble learning, speaking, or moving about. These youngsters may never be able to care for themselves or live independently.

Many of these children require life-sustaining care in a hospital or nursing care facility. Others can be cared for at home, but the level of care required can often be greater than the family's capacity or endurance.

Since 1984, the Texas Department of Human Services under the authority of a Medicaid waiver, has administered a home and community-based services program. It gives families the option of caring for the medical needs of their severely disabled children at home as an appropriate, cost-effective alternative to institutional care.

The program provides nursing care services (in addition to regular Medicaid benefits) to supplement, not supplant, the family's primary caregiving role. The waiver permits 120 children under the age of 18 to be served at any one time.

A case manager works with each family to determine exactly what services are needed. The case manager helps the family arrange for supplemental services and ensures that the needed services are provided according to the plan of care and are adequate to meet the needs.

Medically dependent children qualify if they:

- need nursing care and other Medicaid home and community-based services, without which they would require a level of care equivalent to the care provided in an intermediate or skilled nursing facility;
- meet the financial criteria specified by the Social Security Administration for Supplemental Security Income (SSI) benefits when the annual net taxable income of parents (or spouse) is less than \$75,000 and countable resources are less than \$45,000;
- are SSI recipients but require nursing care services as an appropriate, cost-effective alternative to institutional care.

To obtain a pre-application registration form, contact:

- the local Community Care Services unit of the Texas Department of Human Services, or
- Coordinator, Medically Dependent Children Waiver Program, Texas Department of Human Services, P. O. Box 2960, M.C. 330-W, Austin, Texas 78769, (512) 450-3228.

Complete the form and submit it promptly to the coordinator at the above address. The coordinator maintains a waiting list on all medically dependent children seeking enrollment in the program on a first-come, first-served basis. Persons on the waiting list are surveyed periodically to update the list and to determine the registrant's continuing need for the program.

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