



CSHCN Services Program Quick Reference Guide



Resources for Resolving Children with Special Health Care Needs (CSHCN) Services Program Questions

CSHCN Services Program Provider Manual

For providers that file claims to the Texas Medicaid & Healthcare Partnership (TMHP-CSHCN), this is the first resource for CSHCN information. To enhance usability, this manual is now available on a searchable CD-ROM and on the TMHP website at www.tmhp.com.

Quarterly and Special CSHCN Services Program Bulletins

Supplemental information to the provider manual is published in bulletins mailed to providers' offices throughout the year. Bulletins can also be downloaded from the TMHP website at www.tmhp.com.

Electronic Data Interchange (EDI) Help Desk (1-888-863-3638)

The EDI Help Desk provides technical support for TDHconnect/TexMedConnect and for providers who use a vendor or clearinghouse for electronic claims submission. Contact the EDI Help Desk to enroll for claims status inquiry (CSI), Electronic Remittance and Status (ER&S) reports, and to obtain submitter IDs and passwords for the TMHP EDI Gateway.

Remittance and Status (R&S) Report

The R&S report is the primary resource for checking claim status. This report provides detailed information about pending, paid, denied, adjusted, and incomplete claims, as well as financial notes. Updates to the CSHCN Services Program are listed as banner messages on the R&S reports. Providers may elect to download the ER&S report (835 file type) through TDHconnect, TexMedConnect, or their vendor software. Providers can download a PDF file (exact replica of the paper version) that allows for easy physical storage and the ability to print only the required pages (e.g., copy for an appeal).

TMHP Website (www.tmhp.com)

Visit the TMHP website to view current workshop schedules, TMHP services and programs, publications (e.g., *CSHCN Services Program Provider Manual*, bulletins, etc.)

TMHP-CSHCN Services Program Contact Center and Automated Inquiry System (AIS) (1-800-568-2413)

The TMHP-CSHCN Services Program Contact Center is a good resource for CSHCN Services Program information, enrollment queries, and filing procedure issues. Contact Center representatives are available Monday through Friday, 7 a.m. to 7 p.m., Central Time. The TMHP-CSHCN AIS, accessed via the same number, is the first resource for checking client eligibility, claim status, benefit limitations, and to obtain check status and payment amount. Eligibility access lines are available 24 hours a day, 7 days a week. Other AIS services are available Monday through Friday, 7 a.m. to 7 p.m., Central Time. Callers must provide their Texas Provider Identifier (TPI) and/or National Provider Identifier (NPI), which can be found on the first page of the R&S report. For additional instructions on AIS, see pages 5 - 7 of this Quick Reference Guide or log on to www.tmhp.com/CSHCN/default.aspx, and click on the "CSHCN AIS User Guide" link.

Provider Relations Representatives

Provider relations representatives are the resource for requesting personal visits, comprehensive CSHCN Services Program education, and problem resolution. To locate a local area provider relations representative, visit the TMHP Regional Support website at www.tmhp.com/C11/Regional%20Support/default.aspx.

DSHS-CSHCN Contact Center (1-800-252-8023)

The DSHS-CSHCN Contact Center is another good resource for CSHCN Services Program information, enrollment queries, and filing procedure issues. Contact center representatives are available Monday through Friday, 8 a.m. to 5 p.m., Central Time.

Contact Information

First Time Claims:

TMHP-CSHCN Services Program
PO Box 200855
Austin, Texas 78720-0855

Resubmit all "zero allowed, zero paid" claims. Resubmit claims originally denied as an "Incomplete Claim" on an R&S report.

Appeals/Adjustments:

TMHP
Attn: CSHCN Services Program Appeals, MC-A11
12357-B Riata Trace Parkway, Suite 150
Austin, Texas 78727

Electronic claims and rejected reports that are past the 95-day filing deadline:

TMHP
PO Box 200645
Austin, Texas 78720-0645

TMHP Electronic Data Interchange (EDI):

Telephone: 1-888-863-3638
Fax: 1-512-514-4228

Prior Authorization/Authorization:

TMHP
Attn: CSHCN Services Program Authorizations, MC-A11
12357-B Riata Trace Parkway, Suite 150
Austin, Texas 78727
Fax: 1-512-514-4222

Send claims or authorizations for family support services only to:

CHSCN Services Program
Purchased Health Services Unit, MC1938
Texas Department of State Health Services
PO Box 149347
Austin, Texas 78714-9347

Provider Enrollment:

TMHP-CSHCN Services Program
Provider Enrollment
PO Box 200795
Austin, Texas 78720-0795
Telephone: 1-800-925-9126
Fax: 1-512-514-4214
Provider enrollment on the portal: www.tmhp.com

Third-Party Resource:

TMHP-TPR
PO Box 202948
Austin, Texas 78720-2948
Telephone: 1-800-846-7307
Fax: 1-512-514-4225

Other correspondence must be directed to a specific department or individual and sent to:

TMHP-CSHCN Services Program
Attn: (Individual or Department)
12357-B Riata Trace Parkway, Suite 150
Austin, Texas 78727

CSHCN Services Program Customer Service Phone:

1-800-252-8023

Helpful Websites

Texas Medicaid & Healthcare Partnership/Provider Enrollment on the Portal:
www.tmhp.com

Children with Special Health Care Needs:
www.dshs.state.tx.us/cshcn/default.shtm

Department of State Health Services (DSHS):
www.dshs.state.tx.us

Health and Human Services Commission (HHSC):
www.hhsc.state.tx.us

Program for Amplification for Children of Texas (PACT):
www.dshs.state.tx.us/audio/program.shtm

Child Abuse Reporting:
www.dshs.state.tx.us/childabuserreporting/default.shtm

National Provider Identifier (NPI):
www.NPPES.cms.hhs.gov/nppes/Welcome.do

Medical Transportation Program:
www.dot.state.tx.us/services/public_transportation/medical_transportation/default.htm

Office of Inspector General (OIG), Waste, Abuse, and Fraud:
<http://oig.state.tx.us>

Services Requiring Prior Authorization and Authorization

Follow the guidelines listed below for services that must be prior authorized or authorized. Additional information is available in the *CSHCN Services Program Provider Manual*.

Services Requiring Prior Authorization

Prior authorization must be obtained *before* performing, obtaining, or prescribing these services:

- Anterior temporal lobectomies
- Augmentative communication devices (ACD)
- Bone marrow/stem cell transplants (initial and one subsequent transplant)
- Cleft/craniofacial surgical procedures
- Cranial molding devices (dynamic orthotic cranioplasty only)
- Custom wheelchair (manual or powered) purchases and custom seating systems
- Home health (skilled nursing) services over 200 hours per calendar year
- Inpatient admissions
- Inpatient admissions extensions
- Inpatient rehabilitation admissions
- More than two nutritional assessments per calendar year
- More than four nutritional counseling sessions per calendar year
- Orthodontia
- Pediatric hospital cribs and tops
- Reduction mammoplasties
- Renal transplants
- Rhizotomies
- Select dental procedures (including inpatient admissions for dental surgical procedures)
- Ultrasonic nebulizers (in specific instances)
- Vaccines/toxoids (when the vaccine is not provided by the Texas Vaccines for Children Program)

Services Requiring Authorization

The following services, equipment, and supplies require authorization. Mail authorization requests with claims.

- Blood pressure devices (in specific instances)
- Botulinum Toxin (Type A and B) when provided for diagnoses other than those listed in the manual
- Diapers, liners, pull-ups, and underpads (or any combination of these supplies) when in quantities that exceed 300 per month
- DME (with the exception of custom, manual, or powered wheelchairs, custom seating systems, and pediatric hospital cribs and tops)
- Freestanding ambulatory surgery (not including procedures listed above that require prior authorization)
- Hemophilia supplies and blood factor products
- Home health (skilled nursing only) up to 200 hours per calendar year
- Hospital ambulatory surgery (outpatient hospital day surgery, not including procedures that require prior authorization)
- Medical nutritional or services, in specific instances (see “Authorization Requirements” and “Medical Nutrition Services” in the manual)
- Nebulizers, in specific instances (see “Nebulizers” in the manual)
- Orthotics and prosthetics
- Outpatient dental surgical procedures
- Outpatient physical, occupational, and speech pathology therapies
- Prescription shoes
- Respiratory therapy
- Therapeutic apheresis

DSHS-CSHCN will issue authorizations and process claims for family support services *only* (see previous page for mailing address). Claims and authorizations for all other services are processed by TMHP.

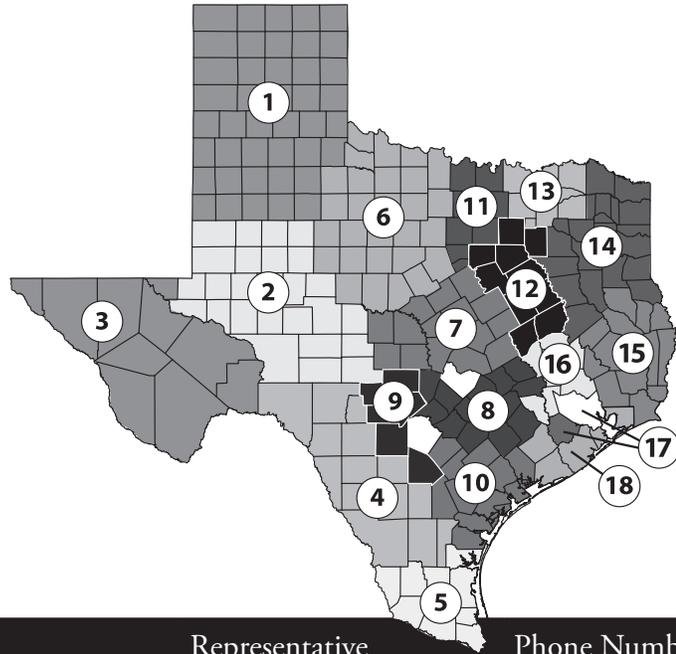
Provider Information Updates

It is the provider’s responsibility to keep TMHP updated with the following information: change of name, change of address, letters of inquiries, W-9 updates, license renewals, Clinical Laboratory Improvement Amendments (CLIA), certified mammography for each provider, and clinical certification updates. Providers should use the Provider Information Change Form located at www.tmhp.com (click on the links for **File Library > Provider Forms > Provider Enrollment**) or designate physical and/or accounting addresses on company letterhead. Include the Texas Provider Identifier(s) and/or National Provider Identifier (NPI) affected by the change. Send notification of changes by fax to:

Provider Enrollment
Texas Medicaid & Healthcare Partnership
Fax: 1-512-514-4214

Provider Relations Representatives

TMHP provider relations representatives provide a variety of services designed to inform and educate the provider community about the CSHCN Services Program policies and claims filing procedures. Technical support and training are also provided for TDHconnect/ TexMedConnect software users. Provider relations representatives assist providers through telephone contact, onsite visits, and scheduled workshops. The table below indicates the TMHP provider relations representatives and the areas they serve. Additional information, including a regional listing by county and workshop information, is available on the TMHP website at www.tmhp.com/Providers/default.aspx. Click on the **TMHP Provider Services Representatives** link listed under *Provider Resources*.



Territory	Regional Area	Representative	Phone Number
1	Amarillo, Childress, and Lubbock	Elizabeth Ramirez	1-512-506-6217
2	Midland, Odessa, and San Angelo	Mindy Wiggins	1-512-506-3423
3	Alpine, El Paso, and Van Horn	Alma Gonzales	1-512-506-3530
4	Del Rio, Eagle Pass, and Laredo	Christina Salinas	1-512-506-7271
5	Brownsville, Harlingen, and McAllen	Cynthia Gonzales	1-512-506-7991
6	Abilene, Brownwood, and Wichita Falls	Matthew Cogburn	1-512-506-7095
7	Brady, North Austin,* Round Rock, and Waco	Rhonda Williams	1-512-506-7600
8	South Austin,* Bastrop, Buda, Guadalupe, and San Marcos	Yvonne Olivo	1-512-506-3526
9	Kerrville and San Antonio*	Kathe Barrett	1-512-506-3422
10	Corpus Christi, San Antonio,* and Victoria	Alan Brown	1-512-506-3554
11	Cleburne, Denton, and Fort Worth	Kathy Dunbar	1-512-506-7990
12	Corsicana, Dallas,* and Groesbeck	Sandra Peterson	1-512-506-3552
13	Dallas,* Paris, and Whitesboro	TBD	1-512-506-3578
14	Texarkana and Tyler	Trilby Foster	1-512-506-7053
15	Beaumont and Lufkin	Gene Allred	1-512-506-3425
16	Bryan/College Station, Conroe, and Houston*	Linda Wood	1-512-506-7682
17	Houston,* Fort Bend	Stephen Hirschfelder	1-512-506-3447
18	Chambers, Galveston, Brazoria, Houston,* Wharton, and Matagorda	TBD	1-512-506-3586

TBD = To be determined

*Austin, Dallas, Houston, and San Antonio territories are shared by two or more provider representatives. These territories are divided by ZIP codes. Refer to the TMHP website at www.tmhp.com for the assigned representative to contact in each ZIP code.

CSHCN Automated Inquiry System (AIS)

1-800-568-2413

The CSHCN Services Program Automated Inquiry System (AIS) provides prompt answers to questions about enrollment, eligibility, claim status inquiries, benefit limitations, and check amounts for CSHCN-enrolled clients and providers.

It is recommended that you prepare for your call by having the information you will need readily accessible before you dial. Depending upon the option selected, AIS may prompt you to enter the CSHCN TPI and/or NPI, the client's nine-digit CSHCN client number, or the 24-digit claim number.

Main Menu Options

The following options are available on the AIS Main Menu:

- To choose the CSHCN Automated Inquiry System, press **1**.
- For enrollment, press **2**.
- For authorization inquiries, press **3**.

If you are calling from a rotary phone, please hold.

When choosing Option 1 (the CSHCN Automated Inquiry System) from the main menu, the caller will hear the following:

- Please enter your nine-digit Texas Provider Identifier number now. (Enter the CSHCN provider identifier number when prompted.) If not available, please wait on the line and you will be transferred to an agent. Please wait while the requested information is being retrieved. (The number will be repeated back for verification.)
 - If this is correct, press **1**.
 - If this is not correct, press **2**. The caller is asked to reenter the provider's nine-digit Texas Provider Identifier (CSHCN provider identifier).

Once AIS has verified the nine-digit TPI that was entered, the caller will hear "Thank you for calling the TMHP CSHCN Automated Inquiry System." The caller will then be prompted to choose from the AIS Menu options listed below.

AIS Menu Options

Option	AIS Response
1	Claim status
2	Eligibility
3	Current check amount
4	Fax-back service
5	AIS appeals
6	To enter a new Texas Provider Identifier number (enter CSHCN provider identifier number)
7	Customer service representative
8	To repeat the AIS main menu

Option 1: (CSHCN) Claim Status

When choosing Option 1 (Claim Status) from the AIS Menu, the caller will hear the following:

- For claim status information, please enter client's nine-digit CSHCN number followed by the # button.
- Please enter the date of service in an eight-digit MM/DD/YYYY format followed by the # button. (The date of service will be repeated for verification.)
 - If this is correct, press **1**.
 - If this is not correct, press **2** (The caller is asked to reenter the date of service).
- Please enter the total billed amount in a dollar and cents format excluding the decimal followed by the # button. Please wait while the requested information is being retrieved.

The CSHCN client number, date of service, and claim billed amount is given. The status of the claim is provided and any of the following applicable details:

- Status date
- Payment amount

Claim status response menu:

- For an explanation of benefit messages, press **1**.
- To research another claim status, press **2**.
- To speak with a customer service representative, press **3**.
- To complete the call, please disconnect.

Option 2: Eligibility

When choosing Option 2 (Eligibility) the caller will hear the following:

- To enter the client's CSHCN number, press **1**. (Please enter the nine-digit CSHCN client number when prompted.) Please wait while the requested information is being retrieved.
- To enter the client's nine-digit Social Security number, press **2**. (Please enter the client's nine-digit Social Security number when prompted.) Please wait while the requested information is being retrieved.

Choose the date of service:

- For current eligibility, press **1**.
- For a prior date of service, press **2**. (Please enter the date of service in an eight-digit MM/DD/YYYY format.)

AIS will provide the CSHCN eligibility status for the client on the dates of service given.

Eligibility response menu:

- To research another client's eligibility, press **1**.
- To speak with a customer service representative, press **2**.
- To complete the call, please disconnect.

CSHCN Automated Inquiry System (AIS)

Option 3: Current Check Amount

When choosing Option 3 (Current Check Amount) the system immediately searches the current week's payment information for the CSHCN provider identifier number entered into AIS at the start of the call. The caller will hear the following:

- Please wait while the requested information is being retrieved. AIS will repeat the Texas Provider Identifier, check amount (if applicable), and payment date.

Check amount response menu:

- To enter a new Texas Provider Identifier number, press **1**. (Enter the CSHCN provider identifier).
- To complete the call, please disconnect.

Option 4: Fax-Back

When choosing Option 4 (Fax-Back) the caller will hear the following:

- To obtain a faxed list of instructions and available documents, press **1**. Please enter a ten-digit fax number beginning with the area code and followed by the # button. (The fax number will be repeated for verification.)
 - If this is correct, press **1**.
 - If this is not correct, press **2** (asked to re-enter).
- If you know the document number, press **2**. Enter the document you would like faxed followed by the # button. You will be limited to a selection of four documents. (The document number will be repeated for verification.)
 - If this is correct, press **1**.
 - If this is not correct, press **2** (asked to re-enter).

Fax-back response menu:

- To request additional documents, press **1**.
- If no other documents are needed, press **2**. Please enter the ten-digit fax number, beginning with the area code, followed by the # button. (The fax number is repeated for verification.)
 - If this is correct, press **1**.
 - If this is not correct, press **2**.

AIS will end the call with the message, "Thank you for calling the fax-back service, your fax will be sent shortly."

CSHCN-specific document numbers are provided below:

CSHCN Document Numbers	
100	Instructions for Using the Fax-Back Server
201	Instructions for Appealing a Claim on the Automated Inquiry System
204	CSHCN Provider Enrollment Application
205	Provider Information Change Form
206	CSHCN Authorization Request for Surgery
207	CSHCN Quick Reference Guide

CSHCN Document Numbers	
208	CSHCN Authorization Request for Hemophilia Blood Factor Products
209	CSHCN Prior Authorization Request for Inpatient Hospital Admission
211	CSHCN Wheelchair Seating Evaluation Form
213	CSHCN Prior Authorization Request for Inpatient Rehabilitation Admission
214	CSHCN Authorization Request for Durable Medical Equipment (DME)
215	CSHCN Request for Dental Authorization or Orthodontia Prior Authorization
216	CSHCN Authorization Form for Diapers or Nutritional Counseling
217	CSHCN Home Health (Skilled Nursing) Plan of Care Form
218	CSHCN Documentation of Receipt for Durable Medical Equipment (DME)
220	CSHCN Authorization Request for Initial Outpatient Therapy (TP1)
221	CSHCN Authorization Request for Extension of Outpatient Therapy (TP2)
222	CSHCN Services Program Physician/Dentist Assessment Form
223	CSHCN Prior Authorization Request for Bone Marrow/Stem Cell or Renal Transplant Form
224	CSHCN Prior Authorization Request for Augmentative Communication Devices
225	CSHCN Authorization Request for Renal Dialysis Treatment
226	CSHCN Authorization Request for Apnea Monitor Rental
227	CSHCN Authorization Request for Chest Physiotherapy Devices
228	CSHCN Authorization Request for Pulse Oximeter Devices
229	CSHCN Authorization Request for Respiratory Care_CRCP
230	CSHCN Authorization Request for Omalizumab
231	CSHCN Reimbursement Request for Transportation of the Remains of Deceased Clients
232	CSHCN Synagis® (Palivizumab) Prior Authorization Request Form
233	Electronic Funds Transfer (EFT) Information and Authorization Agreement
234	Claim Status Inquiry (CSI) Authorization
235	Electronic Remittance and Status (ER&S) Agreement

CSHCN Automated Inquiry System (AIS)

Option 5: AIS Appeals

When choosing Option 5 (AIS Appeals) the caller will hear the following message:

“Thank you for choosing automated appeals. Some limitations apply to performing automated appeals. You may bypass this message by selecting **1**. Only 3 fields may be changed per claim. Only the fields announced on the options menu can be appealed. You are allowed 15 transactions [appeals] per call. The billing TPI on the ICN entered must match the TPI you entered into AIS. Automated appeals instructions can be obtained by selecting **2** from the faxback option. The document number is 201.”

AIS Appeals steps:

- Please enter the 24-digit claim number that you wish to appeal, followed by the # button. The claim number can be found on your R&S report. (The claim number will be repeated for verification.)
 - If this is correct, press **1**.
 - If this is not correct, press **2** (asked to reenter).

Please wait while the requested information is being retrieved. (The caller will be provided with a claim status if the claim cannot be appealed. If the claim can be appealed, the caller will be prompted to choose from one of the options listed below.)

- Please choose one of the following options. If you know your menu option, you may select it at any time:
 - To change a place of service, press **11**.
 - To change a type of service, press **22**.
 - To change an authorization number, press **33**.
 - To change a quantity billed, press **44**.
 - To change a client number, press **55**.
 - To change a beginning date of service, press **66**.
 - To change an ending date of service, press **77**.
 - To change an X-ray date, press **88**.
 - To change a date of onset, press **99**.
 - To change a date of birth, press **00**.

Depending on the item(s) to be changed, the caller may be prompted to choose to correct the same information on all lines of the claim.

- If your claim has multiple line items, press **1**.
- If you wish to change one line item, press **2**.

Depending on the claim type, the caller may be prompted to enter the line item number.

Listen carefully to the messages that follow. AIS guides the caller through the process of making corrections and submitting the appeal for review.

Be sure to write down the ICN of the new claim.

AIS appeals response menu:

- To appeal another claim, press **1**.
- To speak to a customer service representative, press **2**.
- If no further information is needed, please disconnect.

What fields can be changed through AIS Appeals?

Field	Enter
Place of Service	11
Type of Service	22
Authorization Number	33
Quantity Billed	44
Client Number	55
Beginning Date of Service	66
Ending Date of Service	77
X-Ray Date	88
Date of Onset	99
Date of Birth	00

Remember AIS appeal limitations:

- Only 3 fields per claim may be changed through AIS.
- No more than 15 transactions (appeals) are allowed per call.

Option 6: Enter a New TPI Number

When choosing Option 6 (enter a New TPI Number) the caller will hear the following message:

“Please enter a new nine-digit Texas Provider Identifier number now. (Enter the CSHCN provider identifier) If not available, please wait on the line and you will be transferred to an agent.” (The caller is taken back to the CSHCN provider identifier prompt at the beginning of the AIS menu, so that the caller can enter a different CSHCN provider identifier number.)

Option 7: Customer Service Representative

When choosing Option 7 (Customer Service Representative) the caller will hear “please hold, your call is being transferred.” The call is then transferred to a CSHCN customer service representative.

Option 8: Repeat Main Menu

When choosing Option 8 (Repeat Main Menu) the caller will hear the AIS Menu options repeated.

Filing Deadlines

Prior Authorization and Authorization Deadlines

Prior authorization must be obtained before the delivery of the service. However, when the service is provided after hours or on a holiday or weekend, services may be prior authorized when authorization is requested on the next working day. A complete form must be received according to these deadlines for prior authorization to be considered. The program does not grant extensions to these deadlines to allow providers to correct and resubmit incomplete prior authorization requests. Holidays that may extend the deadlines in 2008 are in the *CSHCN Services Program Provider Manual*.

Requests for services requiring authorization must be submitted on a program-approved form, must contain all information necessary to make a determination, and may be submitted to TMHP-CSHCN before the service is provided but must not be received more than 95 days following the date the service was provided (regardless of the claim filing deadline described below).

Claim Filing Deadlines

All claims, except as noted below, must be received by TMHP-CSHCN within 95 days of date of service on the claim. Inpatient hospital claims must be received within 95 days of the date of discharge.

Retroactive Eligibility

- Claims involving clients receiving retroactive eligibility must be received within 95 days of the client's eligibility add date.

Other Insurance

- Claims involving other insurance, including Medicare, must be received within 95 days of the other insurance disposition date.

120-Day Deadline

- Appeals must be received by TMHP-CSHCN within 120 days of the date of the R&S report on which the denial appears.

Denied and Zero Allowed/Zero Paid Claims

- A resubmitted claim must be received within 120 days of the date on the R&S report, unless it is still within the 95-day deadline.

Rejected Electronic Claims

- Rejected electronic claims must be received within 120 days of the date of the rejection report.

Payment Deadlines (Fiscal Agent)

Payment deadlines refer to the maximum amount of time afforded to TMHP-CSHCN to process and pay a claim. Payment deadlines ensure that state and federal financial requirements are met. Payment deadlines should not be confused with filing deadlines for claims and appeals.

The payment deadline for all CSHCN providers is 24 months from the date of service or discharge date on inpatient claims.

DSHS-CSHCN Administrative Review

Before requesting an administrative review by DSHS-CSHCN, providers must exhaust all aspects of the TMHP appeals process for the entire claim.

Appeals must be received by TMHP within 120 days of the date of the R&S report on which the denial appears.

TMHP may be able to assist in reprocessing the claim before requesting an administrative review by DSHS-CSHCN. Call the TMHP-CSHCN Contact Center at 1-800-568-2413 for help with correcting the claim.

Providers may request an administrative review of any claim denied by the CSHCN payment contractor. DSHS-CSHCN must receive a written request for administrative review within 30 days of the date TMHP denied the appeal. Requests for administrative review and all supporting documentation must be submitted by mail or fax to:

Attn: CSHCN Services Program - Administrative Review
Purchased Health Services Unit, MC1938
Texas Department of State Health Services
PO Box 149347
Austin, TX 78714-9347
Fax: 1-800-441-5133

Do's & Don'ts of Filing Paper Claims

Do

- Use the CSHCN NPI, corresponding TPI, and CSN Benefit Code
- Write legibly
- Verify client information (name, client number) with the TMHP system
- Ensure that data is within the defined box on the claim form
- Use only approved standard forms
- Use a 10" X 13" envelope
- Use black ink only; red ink will not be recognized
- Place the claim on top when sending attachments

Don't

- Use less than 8 point type font size
- Use a dot matrix printer to print claim forms. All lines must connect or optical character recognition (OCR) will treat each dot as a separate character
- Use ink jet printers that are low on ink or need alignment
- Use labels or other stickers on claim form
- Use slashes (/) in the date field
- Place dry labels over form data
- Place notes on the top of the claim form, they will not be picked up
- Use impact printers
- Use fancy fonts
- Write signatures in colored ink

Claims Tracking Hints

ICN Number

PPP CCC MMM CCYY JJJ BBBB SSS

PPP Program Type
 CCC Claim Type
 MMM Media Source (Region)
 CCYY Year
 JJJ Julian Date
 BBBB Batch Number
 SSS Sequence Number

Program Type (PPP)

001 Long Term Care
 100 Medicaid
 200 Managed Care
 300 Family Planning
400 Children with Special Health Care Needs
 999 Program type could not be determined based on information on the claim

Claim Type (CCC)

020 Physician Supplier/Genetics
021 Dental
023 Outpatient Hospital/ Home Health Agency (HHA)
 030 Physician Crossover
 031 Outpatient Crossover
040 Inpatient Hospital
 050 Inpatient Crossover
 055 Family Planning Title V
 056 Family Planning Title X
 057 Family Planning Title XX
 058 Family Planning Title XIX (filed on Form H2017)

Media Source (MMM)

010 Paper
011 Paper Adjustment
020 TDHconnect
021 TDHconnect Adjustment
030 Electronic
031 Electronic Adjustment
041 AIS Adjustment
051 Mass Adjustment
 061 Crossover Adjustment
071 Retroactive Eligibility Adjustment
080 New Day State Action Request (SAR)
081 Adjustment SAR
090 Telephone
 091 Referral Identification Monitoring System (RIMS) Items
100 Fax
110 Postal Mail
 120 Encounters
 121 Encounters Adjustments
990 Default Media Type

* Bold print indicates CSHCN Services Program

Place of Service (POS)

Place of Service	2-Digit Code (Electronic)	1-Digit Code (Paper)
Office	11, 65, 71, 72	1
Home	12	2
Inpatient Hospital	21, 51, 52, 55, 56, 61	3
Outpatient Hospital	22, 23, 24, 62	5
Birth Center	25	7
Other Location	26, 34, 53, 99	9
Skilled Nursing	31, 32, 54	4
Extended Care	33	8
Independent Lab	81	6
Destination of Ambulance	Use codes listed above to indicate destination	Use codes listed above to indicate destination

Type of Service (TOS)

Refer to the *CSHCN Services Program Provider Manual* for any of these type of services that require a modifier.

0 Blood
1 Medical Services
2 Surgery
3 Consultation
4 Radiology (Total Component)
5 Laboratory (Total Component)
6 Radiation Therapy
7 Anesthesia
8 Assistant Surgery
9 Other/DME Purchase – Used
A Hospital Accommodation
B Hospital Ancillary
C Home Health Procedure
E Eyeglasses
F Ambulatory Surgical Center
G Genetics
I Professional Component
J DME Purchase – New
K ICD-9-CM Surgery
L DME Rental – Monthly
P Birthing Center
R Hearing Aid
S Texas Health Steps (THSteps) Medical
T Technical Component
W THSteps Dental/Orthodontia
X Medicare Crossovers

Type of Bill (TOB)

111 Inpatient Hospital
131 Outpatient Hospital
141 Non-Patient
331 Home Health
 711 Rural Health Clinic (RHC)
721 Renal Dialysis Facility
 731 Federally Qualified Health Center (FQHC)

Filing Deadline Calendar for 2008

Note: If the 95th or 120th day falls on a weekend or holiday, the filing deadline is extended to the next business day.

Date of Service or Disposition											
95 Days	120 Days										
01/01 (001)	04/30 (121)	03/15 (075)	07/14 (196)	05/28 (149)	09/25 (269)	08/10 (223)	11/13 (318)	10/23 (297)	12/08 (343)	01/26 (026)	02/20 (051)
01/03 (003)	05/01 (122)	03/16 (076)	07/15 (197)	05/29 (150)	09/26 (270)	08/11 (224)	11/14 (319)	10/24 (298)	12/09 (344)	01/27 (027)	02/23 (054)
01/05 (005)	05/02 (123)	03/17 (077)	07/16 (198)	05/30 (151)	09/27 (271)	08/12 (225)	11/15 (320)	10/25 (299)	12/10 (345)	01/28 (028)	02/24 (055)
01/06 (006)	05/03 (124)	03/18 (078)	07/17 (199)	05/31 (152)	09/28 (272)	08/13 (226)	11/16 (321)	10/26 (300)	12/11 (346)	01/29 (029)	02/25 (056)
01/07 (007)	05/04 (125)	03/19 (079)	07/18 (200)	06/01 (153)	09/29 (273)	08/14 (227)	11/17 (322)	10/27 (301)	12/12 (347)	01/30 (030)	02/26 (057)
01/08 (008)	05/05 (126)	03/20 (080)	07/19 (201)	06/02 (154)	09/30 (274)	08/15 (228)	11/18 (323)	10/28 (302)	12/13 (348)	02/02 (033)	02/27 (058)
01/09 (009)	05/06 (127)	03/21 (081)	07/20 (202)	06/03 (155)	10/01 (275)	08/16 (229)	11/19 (324)	10/29 (303)	12/14 (349)	02/03 (034)	03/02 (061)
01/10 (010)	05/07 (128)	03/22 (082)	07/21 (203)	06/04 (156)	10/02 (276)	08/17 (230)	11/20 (325)	10/30 (304)	12/15 (350)	02/04 (035)	03/03 (062)
01/11 (011)	05/08 (129)	03/23 (083)	07/22 (204)	06/05 (157)	10/03 (277)	08/18 (231)	11/21 (326)	11/01 (306)	12/16 (351)	02/05 (036)	03/04 (063)
01/12 (012)	05/09 (130)	03/24 (084)	07/23 (205)	06/06 (158)	10/04 (278)	08/19 (232)	11/22 (327)	11/02 (307)	12/17 (352)	02/06 (037)	03/05 (064)
01/13 (013)	05/10 (131)	03/25 (085)	07/24 (206)	06/07 (159)	10/05 (279)	08/20 (233)	11/23 (328)	11/03 (308)	12/18 (353)	02/07 (038)	03/06 (065)
01/14 (014)	05/11 (132)	03/26 (086)	07/25 (207)	06/08 (160)	10/06 (280)	08/21 (234)	11/24 (329)	11/04 (309)	12/19 (354)	02/08 (040)	03/07 (066)
01/15 (015)	05/12 (133)	03/27 (087)	07/26 (208)	06/09 (161)	10/07 (281)	08/22 (235)	11/25 (330)	11/05 (310)	12/20 (355)	02/09 (041)	03/08 (067)
01/16 (016)	05/13 (134)	03/28 (088)	07/27 (209)	06/10 (162)	10/08 (282)	08/23 (236)	11/26 (331)	11/06 (311)	12/21 (356)	02/10 (042)	03/09 (068)
01/17 (017)	05/14 (135)	03/29 (089)	07/28 (210)	06/11 (163)	10/09 (283)	08/24 (237)	11/27 (332)	11/07 (312)	12/22 (357)	02/11 (043)	03/10 (069)
01/18 (018)	05/15 (136)	03/30 (090)	07/29 (211)	06/12 (164)	10/10 (284)	08/25 (238)	11/28 (333)	11/08 (313)	12/23 (358)	02/12 (044)	03/11 (070)
01/19 (019)	05/16 (137)	03/31 (091)	07/30 (212)	06/13 (165)	10/11 (285)	08/26 (239)	11/29 (334)	11/09 (314)	12/24 (359)	02/13 (045)	03/12 (071)
01/20 (020)	05/17 (138)	04/01 (092)	07/31 (213)	06/14 (166)	10/12 (286)	08/27 (240)	11/30 (335)	11/10 (315)	12/25 (360)	02/14 (046)	03/13 (072)
01/21 (021)	05/18 (139)	04/02 (093)	08/01 (214)	06/15 (167)	10/13 (287)	08/28 (241)	11/31 (336)	11/11 (316)	12/26 (361)	02/15 (047)	03/14 (073)
01/22 (022)	05/19 (140)	04/03 (094)	08/02 (215)	06/16 (168)	10/14 (288)	08/29 (242)	12/01 (337)	11/12 (317)	12/27 (362)	02/16 (048)	03/15 (074)
01/23 (023)	05/20 (141)	04/04 (095)	08/03 (216)	06/17 (169)	10/15 (289)	08/30 (243)	12/02 (338)	11/13 (318)	12/28 (363)	02/17 (049)	03/16 (075)
01/24 (024)	05/21 (142)	04/05 (096)	08/04 (217)	06/18 (170)	10/16 (290)	08/31 (244)	12/03 (339)	11/14 (319)	12/29 (364)	02/18 (050)	03/17 (076)
01/25 (025)	05/22 (143)	04/06 (097)	08/05 (218)	06/19 (171)	10/17 (291)	09/01 (245)	12/04 (340)	11/15 (320)	12/30 (365)	02/19 (051)	03/18 (077)
01/26 (026)	05/23 (144)	04/07 (098)	08/06 (219)	06/20 (172)	10/18 (292)	09/02 (246)	12/05 (341)	11/16 (321)	12/31 (366)	02/20 (052)	03/19 (078)
01/27 (027)	05/24 (145)	04/08 (099)	08/07 (220)	06/21 (173)	10/19 (293)	09/03 (247)	12/06 (342)	11/17 (322)	12/32 (367)	02/21 (053)	03/20 (079)
01/28 (028)	05/25 (146)	04/09 (100)	08/08 (221)	06/22 (174)	10/20 (294)	09/04 (248)	12/07 (343)	11/18 (323)	12/33 (368)	02/22 (054)	03/21 (080)
01/29 (029)	05/26 (147)	04/10 (101)	08/09 (222)	06/23 (175)	10/21 (295)	09/05 (249)	12/08 (344)	11/19 (324)	12/34 (369)	02/23 (055)	03/22 (081)
01/30 (030)	05/27 (148)	04/11 (102)	08/10 (223)	06/24 (176)	10/22 (296)	09/06 (250)	12/09 (345)	11/20 (325)	12/35 (370)	02/24 (056)	03/23 (082)
01/31 (031)	05/28 (149)	04/12 (103)	08/11 (224)	06/25 (177)	10/23 (297)	09/07 (251)	12/10 (346)	11/21 (326)	12/36 (371)	02/25 (057)	03/24 (083)
02/01 (032)	05/29 (150)	04/13 (104)	08/12 (225)	06/26 (178)	10/24 (298)	09/08 (252)	12/11 (347)	11/22 (327)	12/37 (372)	02/26 (058)	03/25 (084)
02/02 (033)	05/30 (151)	04/14 (105)	08/13 (226)	06/27 (179)	10/25 (299)	09/09 (253)	12/12 (348)	11/23 (328)	12/38 (373)	02/27 (059)	03/26 (085)
02/03 (034)	05/31 (152)	04/15 (106)	08/14 (227)	06/28 (180)	10/26 (300)	09/10 (254)	12/13 (349)	11/24 (329)	12/39 (374)	02/28 (060)	03/27 (086)
02/04 (035)	06/01 (153)	04/16 (107)	08/15 (228)	06/29 (181)	10/27 (301)	09/11 (255)	12/14 (350)	11/25 (330)	12/40 (375)	02/29 (061)	03/28 (087)
02/05 (036)	06/02 (154)	04/17 (108)	08/16 (229)	06/30 (182)	10/28 (302)	09/12 (256)	12/15 (351)	11/26 (331)	12/41 (376)	02/30 (062)	03/29 (088)
02/06 (037)	06/03 (155)	04/18 (109)	08/17 (230)	07/01 (183)	10/29 (303)	09/13 (257)	12/16 (352)	11/27 (332)	12/42 (377)	03/02 (063)	03/30 (089)
02/07 (038)	06/04 (156)	04/19 (110)	08/18 (231)	07/02 (184)	10/30 (304)	09/14 (258)	12/17 (353)	11/28 (333)	12/43 (378)	03/03 (064)	03/31 (090)
02/08 (039)	06/05 (157)	04/20 (111)	08/19 (232)	07/03 (185)	10/31 (305)	09/15 (259)	12/18 (354)	11/29 (334)	12/44 (379)	03/04 (065)	04/01 (091)
02/09 (040)	06/06 (158)	04/21 (112)	08/20 (233)	07/04 (186)	11/01 (306)	09/16 (260)	12/19 (355)	11/30 (335)	12/45 (380)	03/05 (066)	04/02 (092)
02/10 (041)	06/07 (159)	04/22 (113)	08/21 (234)	07/05 (187)	11/02 (307)	09/17 (261)	12/20 (356)	12/01 (336)	12/46 (381)	03/06 (067)	04/03 (093)
02/11 (042)	06/08 (160)	04/23 (114)	08/22 (235)	07/06 (188)	11/03 (308)	09/18 (262)	12/21 (357)	12/02 (337)	12/47 (382)	03/07 (068)	04/04 (094)
02/12 (043)	06/09 (161)	04/24 (115)	08/23 (236)	07/07 (189)	11/04 (309)	09/19 (263)	12/22 (358)	12/03 (338)	12/48 (383)	03/08 (069)	04/05 (095)
02/13 (044)	06/10 (162)	04/25 (116)	08/24 (237)	07/08 (190)	11/05 (310)	09/20 (264)	12/23 (359)	12/04 (339)	12/49 (384)	03/09 (070)	04/06 (096)
02/14 (045)	06/11 (163)	04/26 (117)	08/25 (238)	07/09 (191)	11/06 (311)	09/21 (265)	12/24 (360)	12/05 (340)	12/50 (385)	03/10 (071)	04/07 (097)
02/15 (046)	06/12 (164)	04/27 (118)	08/26 (239)	07/10 (192)	11/07 (312)	09/22 (266)	12/25 (361)	12/06 (341)	12/51 (386)	03/11 (072)	04/08 (098)
02/16 (047)	06/13 (165)	04/28 (119)	08/27 (240)	07/11 (193)	11/08 (313)	09/23 (267)	12/26 (362)	12/07 (342)	12/52 (387)	03/12 (073)	04/09 (099)
02/17 (048)	06/14 (166)	04/29 (120)	08/28 (241)	07/12 (194)	11/09 (314)	09/24 (268)	12/27 (363)	12/08 (343)	12/53 (388)	03/13 (074)	04/10 (100)
02/18 (049)	06/15 (167)	04/30 (121)	08/29 (242)	07/13 (195)	11/10 (315)	09/25 (269)	12/28 (364)	12/09 (344)	12/54 (389)	03/14 (075)	04/11 (101)
02/19 (050)	06/16 (168)	05/01 (122)	08/30 (243)	07/14 (196)	11/11 (316)	09/26 (270)	12/29 (365)	12/10 (345)	12/55 (390)	03/15 (076)	04/12 (102)
02/20 (051)	06/17 (169)	05/02 (123)	09/01 (244)	07/15 (197)	11/12 (317)	09/27 (271)	12/30 (366)	12/11 (346)	12/56 (391)	03/16 (077)	04/13 (103)
02/21 (052)	06/18 (170)	05/03 (124)	09/02 (245)	07/16 (198)	11/13 (318)	09/28 (272)	12/31 (367)	12/12 (347)	12/57 (392)	03/17 (078)	04/14 (104)
02/22 (053)	06/19 (171)	05/04 (125)	09/03 (246)	07/17 (199)	11/14 (319)	09/29 (273)	12/01 (368)	12/13 (348)	12/58 (393)	03/18 (079)	04/15 (105)
02/23 (054)	06/20 (172)	05/05 (126)	09/04 (247)	07/18 (200)	11/15 (320)	10/01 (274)	12/02 (369)	12/14 (349)	12/59 (394)	03/19 (080)	04/16 (106)
02/24 (055)	06/21 (173)	05/06 (127)	09/05 (248)	07/19 (201)	11/16 (321)	10/02 (275)	12/03 (370)	12/15 (350)	12/60 (395)	03/20 (081)	04/17 (107)
02/25 (056)	06/22 (174)	05/07 (128)	09/06 (249)	07/20 (202)	11/17 (322)	10/03 (276)	12/04 (371)	12/16 (351)	12/61 (396)	03/21 (082)	04/18 (108)
02/26 (057)	06/23 (175)	05/08 (129)	09/07 (250)	07/21 (203)	11/18 (323)	10/04 (277)	12/05 (372)	12/17 (352)	12/62 (397)	03/22 (083)	04/19 (109)
02/27 (058)	06/24 (176)	05/09 (130)	09/08 (251)	07/22 (204)	11/19 (324)	10/05 (278)	12/06 (373)	12/18 (353)	12/63 (398)	03/23 (084)	04/20 (110)
02/28 (059)	06/25 (177)	05/10 (131)	09/09 (252)	07/23 (205)	11/20 (325)	10/06 (279)	12/07 (374)	12/19 (354)	12/64 (399)	03/24 (085)	04/21 (111)
02/29 (060)	06/26 (178)	05/11 (132)	09/10 (253)	07/24 (206)	11/21 (326)	10/07 (280)	12/08 (375)	12/20 (355)	12/65 (400)	03/25 (086)	04/22 (112)
03/01 (061)	06/27 (179)	05/12 (133)	09/11 (254)	07/25 (207)	11/22 (327)	10/08 (281)	12/09 (376)	12/21 (356)	12/66 (401)	03/26 (087)	04/23 (113)
03/02 (062)	06/28 (180)	05/13 (134)	09/12 (255)	07/26 (208)	11/23 (328)	10/09 (282)	12/10 (377)	12/22 (357)	12/67 (402)	03/27 (088)	04/24 (114)
03/03 (063)	06/29 (181)	05/14 (135)	09/13 (256)	07/27 (209)	11/24 (329)	10/10 (283)	12/11 (378)	12/23 (358)	12/68 (403)	03/28 (089)	04/25 (115)
03/04 (064)	06/30 (182)	05/15 (136)	09/14 (257)	07/28 (210)	11/25 (330)	10/11 (284)	12/12 (379)	12/24 (359)	12/69 (404)	03/29 (090)	04/26 (116)
03/05 (065)	07/01 (183)	05/16 (137)	09/15 (258)	07/29 (211)	11/26 (331)	10/12 (285)	12/13 (380)	12/25 (360)	12/70 (405)	03/30 (091)	04/27 (117)
03/06 (066)	07/02 (184)	05/17 (138)	09/16 (259)	07/30 (212)	11/27 (332)	10/13 (286)	12/14 (381)	12/26 (361)	12/71 (406)	03/31 (092)	04/28 (118)
03/07 (067)	07/03 (185)	05									