



# Texas Medicaid 2021 Policy Updates for Cotiviti - Effective Aug. 31, 2021

## What's happening

Effective Aug. 31, 2021, Cotiviti is updating their codes and policies for 2021. Below is a list of policies that will be affected once the new edits go into effect.

Medicaid – Inpatient Hospital Repeat Admissions	
Topic	Description
<b>Inpatient Hospital Repeat Admissions</b>	Deny the inpatient hospital claim (bill type 0110-011Z) when another inpatient hospital claim from the same facility (same tax ID and same provider ID) is billed and the admission date on the second claim is less than two weeks from the discharge date on the first claim and the primary diagnosis. Bill type and Diagnosis Related Group (DRG) are the same on both claims.

Medicaid – Co-Surgeon Policy	
Topic	Description
<b>Co-surgeons Payment Restriction May Apply</b>	Deny procedures billed with modifier 62 when designated as co-surgeons payment, restrictions may apply. (CMS)

Medicaid – Durable Medical Equipment (DME) and Supplies Policy	
Topic	Description
<b>Oxygen and Oxygen Equipment</b>	Deny oxygen contents (E0441-E0444, E0447, S8120, S8121) when billed the same day or within the same month of an oxygen system rental (E0424, E0439, E1390, E1391) by any provider.
<b>DME Repair</b>	Deny DME repair when billed the same day as a rental or purchase of a new or used piece of equipment.
<b>DME Repair</b>	Deny DME repair when billed with a frequently serviced rental item appended with modifier RR.
<b>Durable Medical Equipment and Supplies – Diabetic Equipment and Supplies</b>	Deny certain diabetic equipment and supplies when billed without an approved diagnosis on the claim.

Medicaid – Texas State Policy	
Topic	Description
<b>Clinician-Administered Drugs - National Drug Code (NDC)</b>	Deny certain clinician administered drugs when billed without a National Drug Code (NDC).
<b>Evaluation and Management - Oral Evaluation and Fluoride Varnish</b>	Deny 99429 (Oral evaluation and fluoride varnish) when billed with modifier U5 (Intermediate oral examination with dental varnish) and the patient is less than six months of age.
<b>Evaluation and Management - Oral Evaluation and Fluoride Varnish</b>	Deny 99429 (Oral evaluation and fluoride varnish) when billed with modifier U5 (Intermediate oral examination with dental varnish) and the patient is 36 months of age or older.

<b>Medicaid – Texas State Policy</b>	
<b>Topic</b>	<b>Description</b>
<b>Evaluation and Management - Oral Evaluation and Fluoride Varnish</b>	Deny 99429 (Oral evaluation and fluoride varnish) when billed without modifier U5 (Intermediate oral examination with dental varnish) by any provider and a diagnosis of routine child health examination is present on the claim.
<b>Hospital-Based Rural Health Clinic Services</b>	Deny T1015 (Clinic visit) when billed without an appropriate modifier and the place of service is 72 (Rural health clinic). (CMS-1500- HCFA)
<b>Hospital-Based Rural Health Clinic Services</b>	Deny T1015 (Clinic visit) when billed without an appropriate modifier and the bill type is 0711-071P (Rural health clinic). (CMS-1450 – UB-04)
<b>Neurology - Electromyography and Nerve Conduction Studies</b>	Deny 51784-51785 (Electromyography studies), 95860-95870, 95872, 95875, 95885-95887 (Needle electromyography), 95905, 95907-95913, 95933 (Nerve conduction studies) or 95937 (Neuromuscular junction testing) when billed without an approved diagnosis on the claim.
<b>Obstetrics and Gynecology - Early Intrauterine Failed Pregnancy</b>	Deny 59812, 59820 or 59821 (Surgical treatment of early intrauterine failed pregnancy) when billed without an approved diagnosis on the claim.
<b>Obstetrics and Gynecology - Family Planning Services</b>	Deny 99202-99215 (Office/outpatient services) billed with modifier FP (Annual family planning examination) when billed without an approved diagnosis on the claim.
<b>Behavioral Health Services - Outpatient Mental Health Services</b>	Limit any combination of 90791 or 90792 (Psychiatric diagnostic evaluation) to one unit per rolling year when billed by the same provider ID.

## Have questions

Contact our BCBSTX Medicaid Provider Service Center at 1-877-560-8055 or contact your BCBSTX Medicaid Provider Network Representative via email at [TexasMedicaidNetworkDepartment@bcbstx.com](mailto:TexasMedicaidNetworkDepartment@bcbstx.com).

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