

**11/16/2022**

## **Updated: LTC Online Portal Deployment of Corrections to align with LTSS Billing Matrices and Provide**

**Updated: LTC Online Portal Deployment of Corrections to align with LTSS Billing Matrices and Provider Education on LTSS Billing Matrices**

### **Background:**

On June 1, 2022, HHSC comprehensively revised the STAR Kids and STAR+PLUS Long-Term Services and Supports (LTSS) billing matrices and incorporated National Correct Coding Initiative (NCCI) related revisions. Managed care organization (MCO) and Medicare-Medicaid Plan (MMP) system changes must be completed in time to process prior authorizations and claims with new procedure codes and modifier combinations with dates of service on or after December 1, 2022.

On November 4, 2022, the Texas Medicaid & Healthcare Partnership updated the Long-Term Care Online Portal (LTCOP) to align with the revised STAR+PLUS and STAR Kids LTSS billing matrices.

### **Key Details:**

**This notice was revised on November 16, 2022, to include new information regarding the procedure code D9999 Dental Services.**

#### LTCOP Updates

HHSC is notifying STAR+PLUS MCOs and MMPs of additional LTCOP updates planned for deployment Friday, November 11, 2022. In this notice, “new procedure codes and modifiers” refer to the procedure codes and modifiers from the LTSS billing matrices effective December 1, 2022. “Old procedure codes and modifiers” refer to the procedure codes and modifiers from the LTSS billing matrices effective through November 30, 2022.

1. TMHP is in the process of adding several STAR+PLUS Home and Community-based Services (HCBS) codes that were erroneously removed from the LTCOP including:

- D9999 Dental Services
- T2028 Medical Supplies-Specialized Supplies
- T2029 DME-Medical Equipment
- T2039 DME/ADP Aids-Vehicle Modifications
- E0636 DME/ADP Aids-Positioning Device
- E1031 DME/ADP Aids-Rolling Chair
- E1130 DME/ADP Aids-Standard Wheelchair
- E1399 DME/ADP Aids-Miscellaneous (Hospital Beds/Ventilator)
- E1902 DME/ADP Aids-Communication-Other
- E2510 DME/Adaptive Aids-Communication-Electronic Device

Currently, if an MCO submits a STAR+PLUS HCBS Individual Service Plan (ISP) with one of the above codes, the LTCOP will reject the ISP.

2. TMHP will remove STAR+PLUS state plan services added to the LTCOP to minimize error in entering ISP information.

3. TMHP will fix an issue where the LTCOP user interface is not properly displaying the services for the Medically Dependent Children Program (MDCP) and STAR+PLUS HCBS ISPs submitted on November 3, 2022, or earlier. The solution requires a phased approach.

a. The first phase will begin Friday November 11, 2022. During this phase, the LTCOP user interface will display the old and new procedure codes and modifiers so that HHSC can continue to view and process ISPs. In the Service Category field of the ISP, old procedure codes and modifiers will begin with an '\*' asterisk.

•

- Despite the old procedure codes and modifiers being available in the LTCOP, for ISPs submitted on November 4, 2022, and later, MCOs and MMPs must only submit ISPs with the new procedure codes and modifiers through Electronic Data Interchange (EDI) and when entering ISPs through the LTCOP user interface.
- MCOs and MMPs must NOT select the services with an asterisk in the Service Category field of the LTCOP user interface, with the exception of procedure code D9999 Dental Services which erroneously appears with an asterisk in the Service Category field of the ISP. Until further notice from HHSC, MCOs and MMPs may select the D9999 procedure code with asterisk (\*) when entering ISPs through the LTCOP user interface. TMHP will correct this error to remove the asterisk from the D9999 procedure code in a future deployment. MCOs and MMPs may also submit ISPs with the D9999 procedure code through EDI.

b. The second phase with the permanent solution has a targeted deployment date of December 2022, at which point the user interface will be date driven as follows:

- for ISPs submitted on or before November 3, 2022, the LTCOP user interface will display the old procedure codes and modifiers; and
- for ISPs submitted on or after November 4, 2022, the LTCOP user interface will display the new procedure codes and modifiers.

### Provider Education

HHSC has received concerns and questions from providers about how the LTSS billing matrix updates will impact the MDCP and STAR+PLUS HCBS prior authorization and claims submission processes. MCOs and MMPs are contractually required to ensure providers are informed of the LTSS billing matrix updates. HHSC strongly encourages that MCOs and MMPs ensure adequate communication and education to providers about these upcoming changes.

Specifically, some providers are concerned they will not know if a member is in MDCP or STAR+PLUS HCBS to be able to include the appropriate modifier on the claim. Through service coordination MCOs and MMPs must make providers aware of the members in MDCP and STAR+PLUS HCBS. MCOs and MMPs should also ensure the prior authorization letters contain MDCP and STAR+PLUS HCBS information for services where the provider must add an MDCP or STAR+PLUS HCBS modifier.

### **Action Needed:**

### LTCOP Updates

1. MCOs and MMPs are requested to not submit to the LTCOP any STAR+PLUS HCBS ISPs that have the following services until TMHP deploys the updates on Friday, November 11, 2022.

- D9999 Dental Services
- T2028 Medical Supplies-Specialized Supplies
- T2029 DME-Medical Equipment
- T2039 DME/ADP Aids-Vehicle Modifications
- E0636 DME/ADP Aids-Positioning Device
- E1031 DME/ADP Aids-Rolling Chair
- E1130 DME/ADP Aids-Standard Wheelchair
- E1399 DME/ADP Aids-Miscellaneous (Hospital Beds/Ventilator)
- E1902 DME/ADP Aids-Communication-Other
- E2510 DME/Adaptive Aids-Communication-Electronic Device

Beginning Friday November 11, 2022, MCOs and MMPs must submit to the LTCOP these STAR+PLUS HCBS ISPs, including any reassessment and upgrade ISPs that were rejected between November 4, 2022, and November 10, 2022, because they had one of the above services. For the STAR+PLUS HCBS ISPs affected by this issue that were due for LTCOP submission between November 4, 2022, and November 10, 2022, MCOs can have a one-week grace period to submit them to the LTCOP by November 17, 2022.

2. Beginning Friday November 11, 2022, the LTCOP user interface will display old and new procedure codes and modifiers. Despite the old procedure codes and modifiers being available in the LTCOP, for ISPs submitted on November 4, 2022, and later, MCOs and MMPs must only submit ISPs with the new procedure codes and modifiers through EDI and when entering ISPs through the LTCOP user interface.

a. MCOs and MMPs must NOT select the services with an asterisk in the Service Category field of the LTCOP user interface, with the exception of procedure code D9999 Dental Services which erroneously appears with an asterisk in the Service Category field of the ISP. Until further notice from HHSC, MCOs and MMPs may select the D9999 procedure code with asterisk (\*) when entering ISPs through the LTCOP user interface. TMHP will correct this error to remove the asterisk from the D9999 procedure code in a future deployment. MCOs and MMPs may also submit ISPs with the D9999 procedure code through EDI.

3. MCOs and MMPs are requested to continue to submit to the LTCOP all other STAR+PLUS HCBS reassessment and upgrade ISPs that do not contain the services listed above in #1.

4. MCOs and MMPs must continue to submit to the LTCOP all MDCP reassessments, interest list release, and Money Follows the Person ISPs.

5. Additionally, until further notice from HHSC, MCOs and MMPs must upload to HHSC Program Support Unit via TexMedCentral a backup copy of the following ISPs submitted to the LTCOP on November 4, 2022, or later:

- a. MDCP reassessment, interest list release and Money Follows the Person ISPs, and
- b. STAR+PLUS HCBS reassessment and upgrade ISPs.

Provider Education

MCOs and MMPs must ensure their providers are informed about the changes to the LTSS billing matrices and how that will impact provider requirements for prior authorizations and claims submissions. In accordance with the Medicaid managed care contracts, MCOs and MMPs must inform their network providers of the:

- general information about the upcoming changes to the LTSS billing matrices, including a link to the new LTSS billing matrices;
- how the updates to the LTSS billing matrices will impact the providers' prior authorization and claims submission requirements;
- the process through which providers will receive updated prior authorizations that contain the new procedure codes and modifiers; and
- the steps providers need to follow to avoid EVV issues and claim rejections related to the new procedure codes and modifiers.

Through service coordination, providers should be aware of the members in MDCP and STAR+PLUS HCBS. As a best practice, HHSC encourages MCOs and MMPs to ensure the prior authorization letters contain MDCP and STAR+PLUS HCBS information for services where the provider must add an MDCP or STAR+PLUS HCBS modifier, including for private duty nursing and prescribed pediatric extended care centers services.

**Resources:**

STAR Kids Handbook Appendix III, STAR Kids LTSS Billing Matrix and Crosswalk: <https://www.hhs.texas.gov/handbooks/star-kids-handbook/appendix-iii-ltss-billing-matrix-crosswalk>

STAR+PLUS Handbook Appendix XVI, Long Term Services and Supports Codes and Modifiers: <https://www.hhs.texas.gov/handbooks/starplus-handbook/appendix-xvi-long-term-services-supports-codes-modifiers>

**Contact:**

[Managed\\_Care\\_Initiatives@hhs.texas.gov](mailto:Managed_Care_Initiatives@hhs.texas.gov)

**Type:** Action Required

**To:** MMP; STAR+PLUS; STARHEALTH; STAR\_KIDS

**From:** Policy