CERTIFIED RESPIRATORY CARE PRACTITIONER (CRCP)

CSHCN SERVICES PROGRAM PROVIDER MANUAL

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TEXAS
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CERTIFIED RESPIRATORY CARE PRACTITIONER (CRCP)

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13.1 Enrollment

To enroll in the CSHCN Services Program, a provider must be licensed in the State of Texas as a CRCP and actively enrolled in Texas Medicaid. A provider must be enrolled individually and assigned a National Provider Identifier (NPI) by the National Plan and Provider Enumeration System (NPPES), whether practicing independently or contracting with a home health agency or other outpatient organization.

CRCPs may enroll as a CSHCN Services Program provider by completing the provider enrollment application available online through the Provider Enrollment and Management System (PEMS). Out-of-state CRCPs must be located in the United States, within 50 miles of the Texas state border.

Important: *CSHCN Services Program providers are responsible for knowing, understanding, and complying with the laws, administrative rules, and policies of the CSHCN Services Program and Texas Medicaid.*

By enrolling in the CSHCN Services Program, providers are charged not only with knowledge of the adopted CSHCN Services Program agency rules published in Title 26 Texas Administrative Code (TAC), but also with knowledge of the adopted Medicaid agency rules published in 1 TAC, Part 15, and specifically including the fraud and abuse provisions contained in Chapter 371.

CSHCN Services Program providers also are required to comply with all applicable laws, administrative rules, and policies that apply to their professions or to their facilities. Specifically, it is a violation of program rules when a provider fails to provide health-care services or items to recipients in accordance with accepted medical community standards and standards that govern occupations, as explained in 1 TAC §371.1659 for Medicaid providers, which also applies to CSHCN Services Program providers as set forth in 26 TAC §351.6(b)(1). Accordingly, CSHCN Services Program providers can be subject to sanctions for failure to deliver, at all times, health-care items and services to recipients in full accordance with all applicable licensure and certification requirements. These include, without limitation, requirements related to documentation and record maintenance, such that a CSHCN Services Program provider can be subject to sanctions for failure to create and maintain all records required by his/her profession, as well as those required by the CSHCN Services Program and Texas Medicaid.

Refer to: Section 2.1, "Provider Enrollment" in Chapter 2, "Provider Enrollment and Responsibilities" for more detailed information about CSHCN Services Program enrollment procedures.

13.2 Benefits, Limitations, and Authorization Requirements

Services performed by CRCPs are a benefit of the CSHCN Services Program if the client meets one of the following criteria:

- Has a respiratory or cardiorespiratory diagnosis requiring CRCP services
- Requires mechanical ventilation or depends on other medical technology to aid respiration

If a client meets the criteria listed above, the client may receive up to 30 visits for respiratory care services provided by a CRCP, per calendar year.

Services that are a benefit include, but are not limited to:

- CRCP services and treatments prescribed by a physician.
- Educating the client or appropriate family members about the in-home respiratory care.

Procedure codes 99503 and 99504 must be used when requesting prior authorization or billing for services. Procedure code 99503 is limited to 30 per calendar year, by any provider.

Expendable supplies are not a benefit for CRCPs.

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Refer to: Chapter 36, "Respiratory Equipment and Supplies" for more information about obtaining supplies.

13.2.1 Prior Authorization Requirements

CRCP services must be prior authorized. Before services are performed, requests for CRCP services must be submitted in writing using the CSHCN Services Program Prior Authorization Request for Respiratory Care—Certified Respiratory Care Practitioner (CRCP) form. Services may be prior authorized for a maximum of 2 months at a time.

Refer to: Section 4.4, "Prior Authorizations" in Chapter 4, "Prior Authorizations and Authorizations" for detailed information about prior authorization requirements.

13.3 Claims Information

All CRCP services must be billed with the CRCP's individual provider identifier whether practicing independently or contracting with a home health agency or other outpatient organization. Claims for CRCP services must include pertinent diagnosis codes.

CRCP services must be submitted to TMHP in an approved electronic format or on the CMS-1500 paper claim form. Providers may purchase CMS-1500 paper claim forms from the vendor of their choice. TMHP does not supply the forms.

When completing a CMS-1500 paper claim form, all required information must be included on the claim, as TMHP does not key any information from claim attachments. Superbills, or itemized statements, are not accepted as claim supplements.

The Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes included in policy are subject to National Correct Coding Initiative (NCCI) relationships. Exceptions to NCCI code relationships that may be noted in CSHCN Services Program medical policy are no longer valid. Providers should refer to the Centers for Medicare & Medicaid Services (CMS) NCCI web page for correct coding guidelines and specific applicable code combinations. In instances when CSHCN Services Program medical policy quantity limitations are more restrictive than NCCI Medically Unlikely Edits (MUE) guidance, medical policy prevails.

Refer to: Chapter 41, "TMHP Electronic Data Interchange (EDI)" for information about electronic claims submissions.

Chapter 5, "Claims Filing, Third-Party Resources, and Reimbursement" for general information about claims filing.

Section 5.7.2.4, "CMS-1500 Paper Claim Form Instructions" in Chapter 5, "Claims Filing, Third-Party Resources, and Reimbursement" for instructions on completing paper claims. Blocks that are not referenced are not required for processing by TMHP and may be left blank.

13.4 Reimbursement

CRCPs may be reimbursed the lower of the billed amount or the amount allowed by Texas Medicaid.

For fee information, providers can refer to the Online Fee Lookup (OFL) on the TMHP website at www.tmhp.com.

The CSHCN Services Program implemented rate reductions for certain services. The OFL includes a column titled "Adjusted Fee" to display the individual fees with all percentage reductions applied. Additional information about rate changes is available on the TMHP website at www.tmhp.com/resources/rate-and-code-updates/rate-changes.

Note: *Certain rate reductions including, but not limited to, reductions by place of service, client type program, or provider specialty may not be reflected in the Adjusted Fee column.*

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13.5 TMHP-CSHCN Services Program Contact Center

The TMHP-CSHCN Services Program Contact Center at 1-800-568-2413 is available Monday through Friday from 7 a.m. to 7 p.m., Central Time, and is the main point of contact for the CSHCN Services Program provider community.

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