

# Provider Network News

## PCHP Policy Update to Claim Rejections: Enrollment Mismatch to TMHP Enrollment Broker

**Effective July 1, 2024**, in adherence to the Texas Medicaid Provider Procedures Manual (TPMMP). Volume 1 Section 6: Claim Filing Rules, Parkland Community Health Plan (PCHP) will reject claims when the required elements does not match the enrollment broker at Texas Medicaid & Healthcare Partnership (TMHP) or when submitting invalid HCPC, CPT codes.

PCHP adheres to Texas Medicaid rules for Claims Adjudication requirements. As such PCHP want to remind providers of the following requirements to ensure proper claim adjudication and encounter reporting. While there are many required elements for a claim to be considered clean, PCHP requires that the following elements submitted on the claim exactly match and are active per TMHP enrollment:

1. Member's name, Medicaid ID and date of birth
2. Rendering, and billing provider taxonomy codes.
3. Rendering, and billing provider NPI
4. Billing provider address (P.O Box are not acceptable)

In addition to the above, all claims must meet the National Correct Coding Initiative (NCCI) guidelines, which include but not limited to submitting active ICD-10, HCPC, and CPT codes.

TMHP updates HCPCS codes on both an annual and quarterly basis. Major updates are made annually, and minor updates are made quarterly.

Annual HCPCS updates apply additions, changes, and deletions that include the program and coding changes related to the annual HCPCS, Current Dental Terminology (CDT), and CPT updates. These updates ensure that the coding structure is up-to-date by using the latest edition of the CPT and the nationally established HCPCS codes that are released by CMS.

Quarterly HCPCS updates apply HCPCS additions, changes, and deletions that are released by CMS.

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### Resources:

Texas Provider Procedural Manual (TMPPM), Vol. 1, Section 6: Claims Filing  
42 CFR § 447.45 - Timely claims payment