

<b>Office Reference Manual (ORM) – Texas HHSC Medicaid and CHIP CHANGE CONTROL LOG</b>			
<b>DQ CHANGE DATE</b>	<b>SECTION</b>	<b>DOCUMENT REVISION</b>	<b>DESCRIPTION</b>
5/26/2021	<b>Pg. 8, 53, 54 27, 51 &amp; 75</b>	7.5	Updated broken website links.
3/18/2021	<b>Page 147-148, Exhibit A</b>	7.4	Effective 2/1/2021 <ul style="list-style-type: none"> <li>- D3110 &amp; D3120 Benefit limitation language needed to be updated to match HHSC and TMPPM Requirements.</li> </ul>
2/11/2021	<b>Page 16-17 Front End</b>	7.3.1	Effective 2/12/2021 <ul style="list-style-type: none"> <li>- Addition of Network Management Program and Procedures</li> </ul>
1/28/2021	<b>Page 145, Exhibit A</b>	7.3	Effective 2/1/2021 <ul style="list-style-type: none"> <li>- D3110 &amp; D3120 Benefit limitation has been updated to match HHSC Requirements.</li> </ul>
1/14/2021	<b>Pages 172, 173 Exhibit A</b>	7.2	Effective 1/1/2021 <ul style="list-style-type: none"> <li>- Deleted termed code D7960, replaced with replacement codes D7961 and D7962</li> </ul>
9/25/2020	<b>Page 79  Exhibit A</b>	7.1	Effective 10/1/2020 <ul style="list-style-type: none"> <li>- Additional criteria language added for third molar extractions.</li> <li>- Corrected language to match TMPPM for D9310.</li> </ul>
8/13/2020	<b>Exhibit A</b>	6.1.9	Effective 9/1/20 Addition of EPSDT language in each narrative of the benefit tables for TX Medicaid.
8/5/2020	<b>Exhibits A and B - Pgs 121-198</b>	6.1.9	Changes per readiness review throughout all benefit tables – Effective 9/1/20 Exhibit A Codes affected: D0150, D3220, D3220, D3999 D4249, D9610, D9974 Exhibit B Codes affected: D0602 D0603 D1351 D3220 D4210 D4341 D4355 D8010
6/25/2020	<b>Pg 20 &amp; 119</b>	6.1.8	Per PE: ICT forms are to be submitted via provider portal – Language was added on page 20 to reflect this and Copy of ICT Form has been removed from page 119.
6/22/2020	<b>Exhibit A and B</b>	6.1.8	Effective changes 7/1/2020 Per ADA descriptors have been updated for codes D1510, D2794, D5213, D5214.
5/1/2020	<b>Front End</b>	6.1.7	Effective changes 5/1/2020 Per compliance: <ul style="list-style-type: none"> <li>• Added to pg. 22. <b>“Non-Urgent Specialty care should be provided within 60 days of</b></li> </ul>

			<p><b>authorization”</b></p> <ul style="list-style-type: none"> <li>Replaced on pg 33. <b>Routine—30 calendar days</b> with <b>Preventive – 14 calendar days</b></li> </ul>
3/19/2020	<b>Front End</b>	6.1.6	<p>Per HHSC Readiness Review, the following items were added or amended in the front end by Mary Hale:</p> <ul style="list-style-type: none"> <li>Approval of prior authorization does not guarantee payment.</li> <li>Medicaid Provider complaints, appeals - submitted documentation must specify the relevant subject; All documentation regarding an appeal/complaint must be submitted for processing; Submission copies must be retained for the provider's record.</li> <li>Medicaid Member Complaints- added phone hours, and relay for heard of hearing</li> <li>Updated member appeal from 10 calendar days to business days</li> <li>Medicaid Member must exhaust DentaQuest internal appeal process prior to requesting a Fair Hearing</li> <li>HHSC will give the Member a final decision within 90 days</li> <li>Updated IRO process with MAXIMUS info replacing TDI info.</li> </ul> <p>Updated VAS to reflect new parameters</p>
3/11/2020	<b>Exhibit A, Orthodontics Pg. 172</b>	6.1.6	<p>Effective 4/1/2020: Added ortho language to benefit table intro paragraph: “Comprehensive orthodontic services include all of the following:</p> <ul style="list-style-type: none"> <li>Diagnostic workups</li> <li>Banding</li> <li>Initial brackets</li> <li>Replacement brackets</li> <li>Monthly visits</li> <li>Initial retainers</li> <li>Special orthodontic treatment appliance(s)”</li> </ul>
2/18/2020	<b>Pg. 117, C-3</b>	6.1.6	<p>Updated language to match benefit tables. Changed “Authorization Required” to “Review Required”</p>
1/28/2020	<b>Footer</b>	6.1.5	<p>Updated Copyright year to 2020</p>
1/9/2020	<b>Exhibit A, Endodontics</b>	6.1.6	<p>Effective 4/1/2020 - Added missing restorative codes to benefit limitations of D3120.</p>
1/8/2020	<b>Front End Pg. 22 Pg. 70-71 Exhibit A, Diagnostic and Preventative Services</b>	6.1.5	<p>*Added Authorization Expiration Timeframe Language. Regular Auths expire after 180 days and Ortho Auths expire after 3 years.</p> <p>*Added Pre-Payment Review Language to “Identical Restoration” Criteria. (Effective 02/01/2020)</p>

Last Updated: May 26, 2021

	<b>Exhibit A &amp; B, Orthodontics</b>		*Added 2020 CDT Codes: D1551, D1552, D1553, D1556, D1557, D1558. Deleted CDT Codes: D1550, D1555, D8691, D8692, D8693 ( <b>Effective 01/01/2020</b> )
1/1/2020	<b>Front End Pg19</b>	6.1.5	Updated ICT Approval Valid Time frame from 210 days to "270 days."
1/1/2020	<b>Front End, Pg. 93 Changed ADA Form From 2012 to 2019</b>	6.1.4	Updated document "copyright" from 2019 to 2020.  Replaced 2012 ADA Claim Form example with 2019 ADA Claim form and mentions of "2012 or later" ADA Claim Form with "2018, 2019, or later".