

# the **checkup**



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## Reimbursement code for **sports and camp physicals**

As a value-added service to CHIP and STAR Members, Texas Children's Health Plan will reimburse code 97005 – Athletic Training Evaluation and Management. This code is only reimbursed for sports and camp physicals on dates of service when no other services are provided. Payment for this service will be a flat rate of \$30.00 for participating providers only.

If you need further clarification, please contact your Provider Relations Manager or call the Provider Relations telephone line at 832-828-1008.

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# Drying up swimmer's ear: Treating acute otitis externa

Each year, more than 6 million cases of swimmer's ear, or acute otitis externa, will cause kids and teenagers painful infections in the ear canal and interrupt many vacations and days of summer fun. Swimmer's ear is caused primarily by a bacterial infection. *Pseudomonas aeruginosa* and *Staphylococcus aureus* are two of the most common pathogens. Symptoms of acute otitis externa include the rapid onset of ear canal inflammation resulting in pain, itching, ear canal swelling and redness, possible decreased hearing, and there may be purulent discharge.

Patients will complain of tenderness and pain when the earlobe is gently manipulated. Swimmer's ear should be suspected if the patient has been swimming recently, especially in fresh water, or if there is a history of minor trauma to the ear canal, such as the use of cotton swabs or other objects (such as bobby pins) to remove ear wax. Risk factors for acute otitis externa include:

- Anatomic abnormalities
- Use of earplugs, hearing aids
- Dermatological condition such as eczema, psoriasis
- Water in the ear canal from swimming, sweating, humidity, or other prolonged exposure to water.

## Preventing Swimmers Ear

1. Advise against ear cleaning with cotton swabs or other objects (such as bobby pins) that may cause trauma to the ear canal. Ear plugs are controversial due to the potential for trauma to the ear canal.
2. Gently dry the ear with a blow dryer on the low setting after swimming or bathing.
3. Prophylactic ear drops, such as a 1:1 solution of isopropyl alcohol and white vinegar (acetic acid) can be used or a commercial preparation designed to prevent swimmer's ear (not covered on TX VDP PDL) can be considered.

To learn more about treating swimmer's ear visit [TheCheckup.org](http://TheCheckup.org).

by Heidi Schwarzwald, M.D.  
Chief Medical Officer of Pediatrics, Texas Children's Health Plan

## Ensure the continuity of care for your teenage patients

During the transition from adolescence into adulthood, usually between the ages of 18 and 19, many Pediatric Primary Care Physicians inform their patients that they will no longer be able to serve as their physician and ask them to secure a new physician in an adult practice.

At Texas Children's Health Plan, we are always looking ahead to ensure continuity of care for our members. One of the ways we do this is with our Adolescent Transition Program. This program, which is available to both our CHIP and STAR members, is activated when the member reaches 15 years of age. Our team helps adolescent members and their families navigate the processes and responsibilities that come with "growing up." Our goal is for every one of our members to leave Texas Children's Health Plan without a gap in coverage.

Once a member and their healthcare team have decided that the member needs to transition to an adult model of care, our Adolescent Transition Program will work to assist the member in locating adult providers who satisfy their health and geographic needs.

If you have any additional questions about the Adolescent Transition Program, visit [TheCheckup.org](http://TheCheckup.org) or contact the Care Management Department at 832-828-1430.

We are here to help! In addition, a great resource for information on the transition process is the website <http://www.gottransition.org>. It includes valuable tools to implement transition processes in the practice setting.

# Appropriate uses of Tocolytic Therapy

## Preterm birth is the leading cause of neonatal mortality.

Pharmacologic interventions to affect birth outcomes have been proposed. The most valuable intervention for improvement of neonatal outcomes in preterm births is the administration of antenatal corticosteroids. The American College of Obstetricians and Gynecologists reminds us in their 2016 Bulletin on 'Management of Preterm Labor' that tocolytic therapy can be utilized for up to 48 hours to provide short-term prolongation of pregnancy for women at risk of imminent preterm birth between 24 and 34 weeks gestation.

This enables the administration of antenatal corticosteroids and magnesium sulfate for neuroprotection, as well as transport, if indicated, to a tertiary facility. Using any class of tocolytics, including calcium channel blockers like nifedipine, beyond 48 hours for maintenance therapy is ineffective in preventing preterm birth and improving neonatal outcomes and is not recommended. In general, tocolytics are not indicated for use before the fetus is viable.

by Dr. Lisa Hollier, MD MPH  
Chief Medical Officer, Texas Children's Health Plan



The clinical and epidemiologic information about Zika Virus is rapidly evolving. Below you will find a list of websites and resources with the most up-to-date information regarding the infection.

## Zika virus resources

### Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) provide frequent updates regarding Zika virus infections.

### Zika Virus Disease

[www.cdc.gov/zika/about/index.html](http://www.cdc.gov/zika/about/index.html)

### Zika Guidance for Healthcare Providers

[www.cdc.gov/zika/hc-providers/index.html](http://www.cdc.gov/zika/hc-providers/index.html)

### Zika Virus Information for Pregnant Women

[www.cdc.gov/zika/pregnancy/index.html](http://www.cdc.gov/zika/pregnancy/index.html)

### Zika Virus locations

[www.cdc.gov/zika/geo/index.html](http://www.cdc.gov/zika/geo/index.html)

### Zika Transmission

[www.cdc.gov/zika/transmission/index.html](http://www.cdc.gov/zika/transmission/index.html)

### American College of Obstetricians and Gynecologists

<http://immunizationforwomen.org/providers/Zika-Virus-Updates>

### Society for Maternal Fetal Medicine Website:

<https://www.smfm.org/education/zika>

For more Zika Virus resources, visit [TheCheckup.org](http://TheCheckup.org).



## For further reading

You can go to our website and log-in to **Provider TouCHPoint** to learn more on topics like:

- Quality program goals, processes, and outcomes
- Referrals to case management
- Pharmaceutical management procedures
- Disease Management Programs
- Formulary
- How practitioners can access authorization criteria
- Limits/quotas
- Availability of staff to discuss authorization process
- Supporting an exception process
- Availability of TDD/TTY services
- Member rights and responsibilities
- Availability of language assistance for members
- Generic substitution, therapeutic interchange, and step therapy protocol
- Prohibiting financial incentives for utilization management decision makers
- Clinical practice guidelines and preventive health guidelines

# How to appeal a pharmacy appeal denial

If Navitus, the Pharmacy Benefits Manager for Texas Children's Health Plan, denies a prescriber's request for prior authorization for a medication, a prescriber has 30 calendar days to request an appeal. To request an appeal for a denied prior authorization for a medication, please fax the request to 832-825-8796.

To assist Texas Children's Health Plan in your request, please include the following information in your submission:

- The reason for your appeal.
- A copy of the Navitus denial letter.
- A copy of documentation submitted to Navitus for prior authorization.
- Clinical documentation supporting the use of the medication.

You can also contact Texas Children's Health Plan's Utilization Management Department at 832-828-1004, option 5 for further information.

## Claims status made easy

You can utilize the Texas Children's Health Plan Provider Portal for instant, easy, and real-time claim status updates. The Provider Portal allows providers the flexibility of checking claim statuses 24 hours a day, seven days a week!

Access to our user-friendly portal can be found at **tchp.us/for-providers**. Simply enter the Texas Children's Health Plan claim number or minimal patient identifying information to obtain:

- Claims status
- Check number
- Payment date
- Allowed amount

If you have not registered and would like to learn more, call the **Provider Relations Department** at **832-828-1008** or toll-free at **1-800-731-8527**.

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Visit **TheCheckup.org** to learn more about the Texas Children's Health Plan formulary.

## Do you know how to access the Texas Children's Health Plan formulary?

Texas Children's Health Plan follows the State of Texas Medicaid and CHIP formulary that is managed by the Texas Medicaid/CHIP Vendor Drug Program. Prescribers and their staff can easily access the formulary online at: [txvendordrug.com/formulary/index.asp](http://txvendordrug.com/formulary/index.asp).