

the checkup



by
Texas
Children's
Health Plan
Medical
Directors

AUGUST 2017

A monthly publication of Texas Children's Health Plan

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Protect newborns from pertussis: immunize with Tdap today

Tdap vaccination is a covered benefit for all pregnant women who are Texas Children's Health Plan members. Prenatal office visits are the best place for a member to receive this vaccine. It's important to note that Texas Medicaid does not cover Tdap at the pharmacy.

Tdap can be given at any time during pregnancy, but ideally it should be administered between 27 and 36 weeks to maximize maternal antibody response and passive transfer to newborn. CDC surveillance reports that two-month-old infants have the highest pertussis rate. Infants younger than two months accounted for 38.7% of all pertussis cases from 2000 to 2015, so providing Tdap for pregnant women is more important than ever.

Texas Children's Health Plan is now partnering with PedsPal (www.pedspal.org) and Vaxcare (www.vaxcare.com) to make it easier for providers to give Tdap to their patients. Email pharmacy@tchp.us to learn how you can work with these partners to improve vaccination in your practice.



LARCs during the postpartum period

In order to maximize the time before termination of Medicaid coverage for pregnant women, we recommend scheduling the postpartum visit at 3 to 5 weeks after delivery. This allows sufficient time to bring the patient back for Long-acting Reversible Contraception (LARC) insertion before termination of benefits and after the postpartum visit has been completed.

For LARCs, the provider will bill for both insertion of the device and the device itself. The date of the insertion and the date of the device claim do not have to be the same to get reimbursement.

For details regarding the "buy and bill" method versus the "pharmacy" method, please see the Texas LARC Toolkit (p. 21-25): <http://tinyurl.com/yb8fqobx>.

For reference:

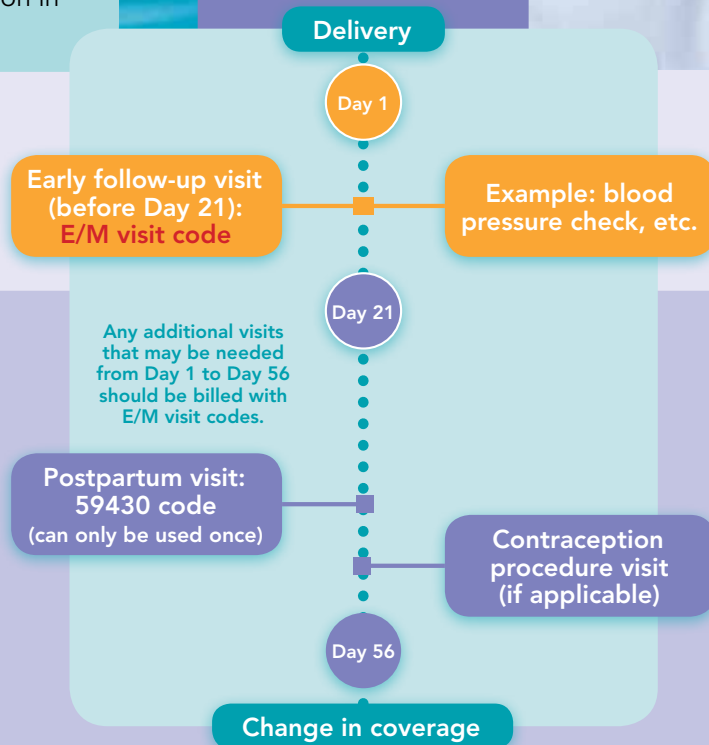
LARC Insertion Codes

Code	Description
58300	IUD Insertion
11981	Implant Insertion

LARC Codes

Code	Description
J7297	Liletta®
J7298	Mirena®
J7300	Paragard®
J7301	Skyla®
J7307	Nexplanon®

Postpartum visit timeline



Don't forget: the postpartum visit can only be billed once and only during the 21 to 56 days after delivery (using CPT code 59430). This measure will not be met if the visit takes place outside of this timeframe.

HEDIS Spotlight: Well-child and well-care visits

HEDIS stands for **Healthcare Effectiveness Data and Information Set**. It is a widely used set of performance measures utilized by the nation's health plans and an essential tool to ensure our members are getting the best healthcare possible. It is extremely important that our providers understand the HEDIS® specifications and guidelines. In this section of *The Checkup*, we will highlight different HEDIS metrics. We will provide a description of the measures, the correct billing codes to support services rendered, and tips to direct you to available resources and tools.

Visit TheCheckup.org for complete article.

MEASURE

Well-child visits in the first 15 months of life

MEASURE DESCRIPTION:

Measures the percentage of children who turned 15 months old and had six or more well-child visits with a PCP during their first 15 months of life.

CODING

CPT codes: 99381, 99382, 99391, 99392
ICD-10: Z00.100, Z00.111, Z00.121, Z00.123, Z00.5, Z00.8, V02.79, Z02.81- Z02.83, Z02.89, Z02.9

MEASURE

Well-child visits in the third, fourth, fifth and sixth years of life

MEASURE DESCRIPTION:

Measures the percentage of children between ages 3-6 years who had one well-child visit during the calendar year.

CODING

CPT codes: 99382, 99383, 99392, 99393
ICD-10: Z00.7-71, Z00.8, Z700.12, Z700.121, Z700.129

MEASURE

Adolescent well-care visit

MEASURE DESCRIPTION:

Measures the percentage of and young adults between ages 12-21 years who had one comprehensive well visit with a PCP or OB/GYN during the calendar year.

CODING

CPT codes: 99383, 99384, 99385, 99393, 99394, 99395
ICD-10: Z700.3, Z70-0.7-71, Z00.8, Z700.12, Z700.121, Z700.129

Reimbursement code for sports and camp physicals

Effective January 1, 2017, Texas Children's Health Plan began reimbursing code 97169 – Athletic Training Evaluation, low complexity, as a value added service to CHIP and STAR Members under 21. This code is only reimbursed for sports and camp physicals when a member has also had a THStep or well child visit within the previous 12 months. Code 97169 will be the only code that is accepted for reimbursement; use of any other Athletic Training Evaluation code (such as 97170-97172) will be denied. This replaces previous code 97005, which was discontinued 12/31/16.

Texas Children's Health Plan will continue to pay \$29.40, which is a flat rate of \$30 less than the 2% reduction that was previously paid for 97005. No other modifier will be required for this service.

If you need further clarification, please contact your Provider Relations Manager or call Provider Relations at 1-800-731-8527.

Enhance your adolescent care with SBIRT

It's back-to-school season, a time when pediatrics offices are busy with well-child checks and sports physicals. Pediatricians are in an excellent position to educate adolescents about their health, including providing guidance about substance use. The AAP advises on universal substance use screening using SBIRT techniques for all adolescents. In lower-risk patients, they can prevent or delay the onset of use. For intermediate-risk patients, they can discourage ongoing use and reduce harm. And they can refer patients who have developed substance use disorders to potentially life-saving treatment.

SBIRT stands for screening, brief intervention, and referral to treatment. Texas Children's Health Plan reimburses for SBIRT services for all patients 10 and older. They can be provided by physicians, registered nurses (RNs), advanced practice nurses (APRN), physician assistants (PA), psychologists, licensed clinical social workers (LCSW), licensed professional counselors (LPC), certified nurse midwives (CNM), outpatient hospitals, federally qualified health centers (FQHC), and rural health clinics. **Visit TheCheckup.org for complete article.**

Reimbursement

Procedure Codes	Description	Limitation
H0049	Alcohol and/or drug screening	2/year
99408	Alcohol and/or substance abuse structured screening and brief intervention services	4/year



Appointment availability standards

- What are appointment availability standards?
- How do you as a provider with Texas Children’s Health Plan play a role?

In 2015 Senate Bill 760 passed, requiring Texas Health and Human Services Commission (HHSC) to monitor the provider networks of managed care organizations. Texas Children’s Health Plan would like to ensure members are able to schedule appointments with providers in accordance with the HHSC’s appointment accessibility guidelines.

Provider Type	Level/Type of Care	Appointment Accessibility Standards
OB/GYN	<ul style="list-style-type: none"> • Low risk pregnancies • High risk pregnancies • New members in the third trimester 	<ul style="list-style-type: none"> → Provided within 14 calendar days → Offered within 5 calendar days → Offered within 5 days
Primary Care	<ul style="list-style-type: none"> • Urgent care • Emergency care visit • Routine primary care • Adult preventive appointment • Initial prenatal care (except for high risk pregnancies) 	<ul style="list-style-type: none"> → Within 24 hours → Immediately or refer to ER → Within 14 days → Within 90 calendar days → Within 14 calendar days (high risk pregnancies within 5 calendar days)

Texas Children’s Health Plan periodically surveys each participating provider to ensure that your patients are able to access medical care within our provider network.

If you any questions regarding the guidelines and/or your ability to meet these standards, please contact your **Provider Relations Manager** at **832-832-1008**.



For your information...

Visit www.TheCheckup.org for more articles like these. For provider manuals, pharmacy directories, and other resources, visit www.TexasChildrensHealthPlan.org/for-providers/provider-resources

the **checkup**

is published monthly by Texas Children’s Health Plan.

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PO Box 301011
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08/2017