

the checkUP

by
Texas
Children's
Health Plan
Medical
Directors



APRIL 2018

A monthly publication of Texas Children's Health Plan



Grand Rounds CME Series

A Healthier Tomorrow Innovations in Well Child Care

Panel presentation by: Cesar Ortega, MD,
Stephanie Marton, MD and Carl Tapia, MD

Thursday, May 10, 2018

5:30 p.m. Registration & Dinner

6:00 p.m. Presentations

Event will be broadcasted.

Online registration, site locations, and more information at:
www.TexasChildrensHealthPlan.org/CME

Save the date

Register online now at TexasChildrensHealthPlan.org/CME
Free registration for Texas Children's Health Plan Contracted Providers

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What is it?

The ADHD Provider Tool Kit is the online Texas Children’s Health Plan resource for a wide range of relevant information to assist the diagnosis, treatment, and management of patients with ADHD and their families. The goal is to provide information sources for providers who frequently see patients with this diagnosis.

Treatment planning

The Tool Kit includes algorithms for providers to help ensure a thoughtful and well-rounded treatment plan for members with ADHD. Interventions for patients and their caregivers as well as for the school setting are discussed. Medication management is reviewed including sequencing of treatment, timing of medication changes, and deciding which adjunctive medications to add if needed. An overview

of behavior therapy and resources for this intervention is also included. Behavior therapy is the first line intervention for most children under the age of 6 at the time of diagnosis.

ADHD Related HEDIS Measure

Don’t forget: follow-up care for children prescribed a new ADHD medication should include at least 1 follow up visit during the first 30 days after a medication was first dispensed and 2 additional visits between 4 weeks and 9 months.

How Do I Find It?

The ADHD Provider Tool Kit is online and can be accessed by participating providers through the Texas Children’s Health Plan Provider Portal. The Tool Kit is also available by contacting Texas Children’s Health Plan Provider Relations.



Substance use and pregnancy

According to a 2017 report by Texas Health and Human Services, the most commonly used substances by Texas women include stimulants, hallucinogens, opioids and synthetics, and alcohol. While use and misuse are an area of clinical concern when seen in any patient, it is of particular concern when seen in the context of pregnancy. Prevention is a key intervention; for patients already using, intervention can occur on many levels including residential and ambulatory detoxification, outpatient and residential treatment settings, and medication-assisted treatment including office-based opioid treatment. After treatment, many benefit from ongoing recovery support services which can include community-based recovery support groups. Pregnant patients and pregnant and injecting patients are a particular priority for intervention. Use the links below for additional resources and to identify resources for patients and families:

- <https://dshs.texas.gov/mhsa-sa-help/>
- <https://dshs.texas.gov/sa/OSAR/>

*Credits: Leah Gonzalez, MSSW, Texas Women’s Healthcare Coalition
Julie Steed, LPC, LCDC, HHSC Program Specialist*



Therapy modifiers

A modifier must be used to indicate when treatment services have been rendered by a licensed therapist/ physician or a therapy assistant under supervision of a licensed therapist.

The following modifiers are not required for evaluation or re-evaluation codes because those services may not be rendered by therapy assistants.

- **UB** – Services delivered by a licensed therapy assistant under supervision of a licensed therapist.
- **U5** – Services delivered by a licensed therapist or physician.

Claims for co-treatment services must be submitted with modifier U3:

- **U3** – Therapy Co-Treatment Modifier

Use of approved modifiers

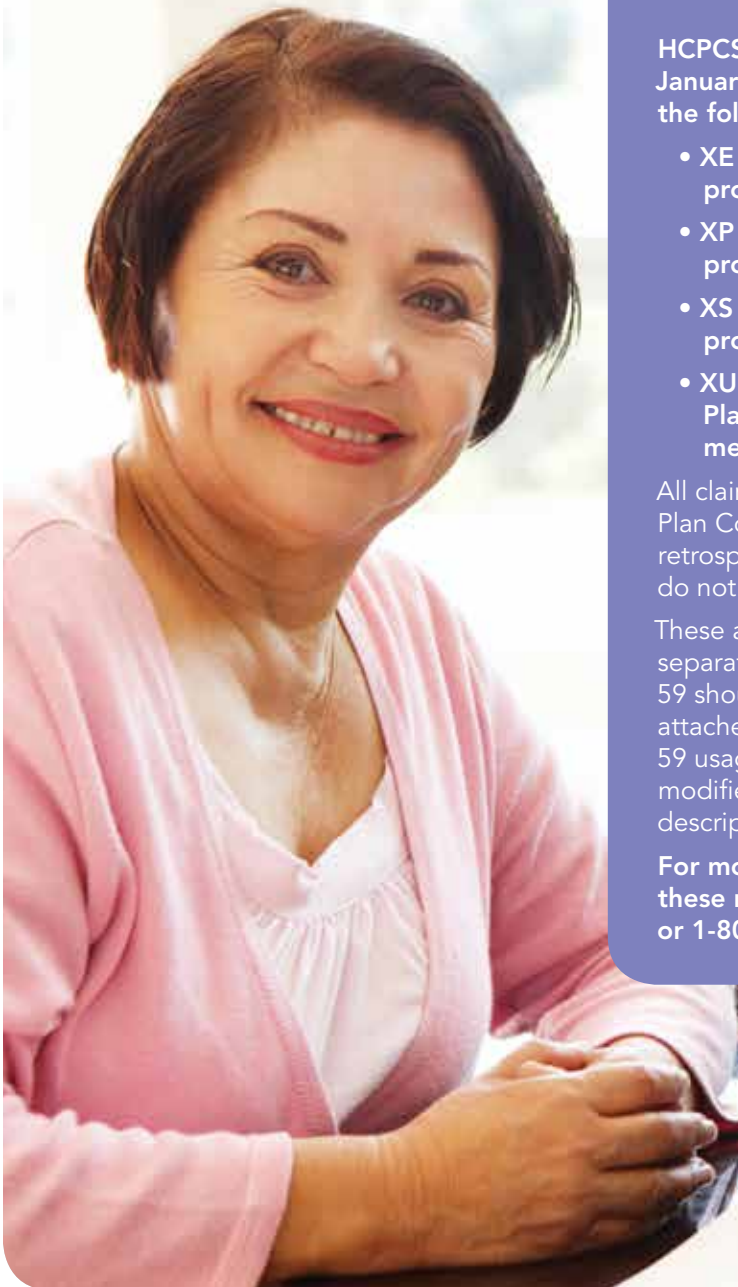
HCPCS modifiers established for dates of service on or after January 1, 2015 will be processed by Texas Children's Health Plan in the following manner:

- **XE** – Separate encounter – Texas Children's Health Plan will process payment for this modifier upon original submission
- **XP** – Separate practitioner – Texas Children's Health Plan will process payment for this modifier upon original submission
- **XS** – Separate structure – Texas Children's Health Plan will process payment for this modifier upon original submission
- **XU** – Unusual non-overlapping service – Texas Children's Health Plan will deny this modifier upon original submission and request medical records to support the use of the modifier

All claims are subject to retrospective review by Texas Children's Health Plan Compliance Department and payment may be amended after this retrospective medical records review if the requested medical records do not support the use of the modifier.

These above modifiers do not replace the approved modifier 59 for separate and distinct service. However, claims submitted with modifier 59 should be filed as a paper claim with supporting medical records attached. Claims will deny unless medical records are attached. Modifier 59 usage should be limited to only those situations where one of the modifiers above does not apply. Providers should always use the most descriptive modifier available.

For more information on Texas Children's Health Plan processing of these modifiers, please contact Provider Relations at 832-828-1008 or 1-800-731-8527.





Practitioner Statement of Need (PSON)

Before an assessment for PAS, PCS, and/or HAB for a Texas Children's Health Plan member can take place, Texas Children's Health Plan must receive a Practitioner Statement of Need (PSON) signed by a practitioner (physician, advanced practice nurse, or physician assistant) who has examined the member in the last 12 months and reviewed all relevant medical records. After the assessment, the provider will receive information regarding the number of provider hours (if any) to be authorized for the member, as well as the opportunity to discuss any related concerns.

This process is meant to facilitate fuller collaboration between the provider and Texas Children's Health Plan's Service Coordination team, with the goals of increased communication related to the member's functional needs and assurance that underlying medical conditions/complications are addressed by suitable medical professionals. It is also intended to maintain consistency and facilitate transitions between Medicaid programs, in agreement with updated contractual requirements set forth by the Texas Health and Human Services Commission (HHSC).

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is published monthly by
Texas Children's Health Plan.

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PO Box 301011
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04/2018

5 steps to a successful authorization

1. Know what requires a prior authorization.

Go to TexasChildrensHealthPlan.org or Navitus.com to check prior authorization requirements for Medical/Behavioral Health services before providing services or sending prescriptions to the pharmacy.

2. Become familiar with the authorization guidelines.

Guidelines are available upon request and on the Texas Children's Health Plan Provider TouCHPoint portal at TexasChildrensHealthPlan.org/for-providers.

3. Submit requests in advance of the scheduled service.

Authorizations for outpatient services can take 3 business days to process. Ensuring that submissions are done in advance will avoid potential claim denials.

4. Be comprehensive in clinical documentation.

Establish a protocol to consistently document data required for prior authorization in the medical record, which can help avoid delays in patient therapy, prevent potential follow-ups with patients for additional information, and minimize time spent on authorization.

5. Submit all required information.

Incomplete documentation can delay the authorization process. Know what documentation is required and submit it with the authorization request.



For your information...



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and updates.

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For provider manuals, pharmacy directories, and other resources, visit:
www.TexasChildrensHealthPlan.org/for-providers/provider-resources

