

**AUGUST 2018** 

A monthly publication of Texas Children's Health Plan



**Grand Rounds CME Series** 

### **All Things Being Equal**

Disparities in Pediatric and Women's Health

### Thursday, September 13, 2018

Event will be broadcasted.

Additional event information to come.

Stay up-to-date by checking www.TexasChildrensHealthPlan.org/CME

Provided by Texas Children's Hospital and presented by Texas Children's Health Plan. Free registration for Texas Children's Health Plan Contracted Providers.

Save the date

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#### Specialties and Facilities

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Upcoming changes to prior authorization for antipsychotic medications

Effective September 1, 2018, the prior authorization for antipsychotic medications will change. At the May 15th Texas Association of Community Health Plans P&T Committee meeting, the Texas Managed Care Organizations, supported by Navitus, voted by majority to modify the Antipsychotic Clinical Prior Authorization Edit in compliance with the guidelines set forth by the Health and Human Services Commission Vendor Drug Program. The health plans opted to remove the requirements for diagnoses, while maintaining criteria for age and duplicate therapy in order to maintain safety standards for members. The question about insomnia will also be removed as this appeared to cause difficulty for some appropriate authorizations. This change will not impact currently approved prior authorizations. All existing prior authorizations must be honored until the prior authorizations are up for renewal. Details of these changes will be forthcoming to Texas Children's Health Plan providers and members.



### **Authorization requirements** and code configuration

As a reminder, Texas Children's Health Plan continues to require authorization for the following service categories:

- Bariatric surgery
- Circumcision in children I year of age and older
- General anesthesia for dental procedures for children 6 years and under (STAR and STAR Kids only)
- Cosmetic surgery
- Oral surgery and medically necessary dental procedures
- Therapeutic and reconstructive breast procedures (including breast prosthesis)
- TMI diagnosis and treatment
- Transplant services

Providers will be able to access a complete list of codes that require an authorization in these categories on the Texas Children's Health Plan Provider Portal after August 30, 2018. You can access the Provider Portal at www.TexasChildrensHealthPlan.org/for-providers.

Reconciliation of our system may impact claims payment for the following codes effective October 30, 2018.

#### The codes noted below will require an authorization for payment:

21060 21076 21079 21080 21081 21082 21083 21120 21121 21122 21127 21141 21142 21143 21145 21146 21147 21150 21151 21160 21188 21193 21194 21195 21196 21198 21199 21206 21210 21215 21240 21242 21243 21244 21245 21246 21247 21255 38241 38242 38243 43659 29800 29804 38205 38206 38230 38240 47133 47135 47140 47141 47|42 47|43 47|44 47|45 47|46 47|47 48|60 48550 4855| 48552 48554 48556 50300 50320 50323 50325 50327 50328 50329 50340 50360 50365 50370 50380 50547 67904 67906 67908 S2053 S2054 S2055 S2060 S2061 S2065 S2140 S2142 S2150 S2152





### Clarification in limitations of allergen immunotherapy

Based on recommendations of network providers, the immunotherapy preparation (CPT 95165) benefit has been modified to allow 80 units in 6 months. This will facilitate ease of payment for initial preparation of antigen mixture for new patients and is consistent with national guidelines.

Subsequent to the initial preparation claim, Texas Children's Health Plan anticipates immunotherapy preparation (CPT 95165) maintenance claims consistent with national guidelines.

#### **Billing**

Use of CPT code 95165, professional services for the supervision and provision of antigens for

#### Claims appeals

Instances in which units over 80 are billed and denied will need to be appealed with clinical documentation. Documentation must include:

- Proof avoidance or pharmacologic therapy has been unable to control symptoms.
- Information on side effects to pharmacologic therapy if present.
- Evidence of response to skin or serology testing.
- Documentation of allergy type if determined to be life threatening (bees, fire ants, wasps, etc.).
- Confirmation of symptoms of allergic rhinitis after natural exposure to allergen.

This policy is in accordance with the state limitation of 160 units per year.

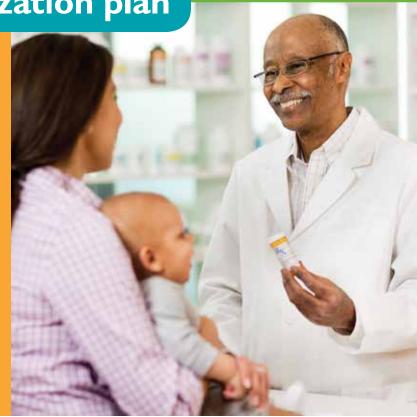
If you have any questions regarding the claims appeal process, please contact Texas Children's Health Plan Provider Relations at 832-828-1008.

**Medication Synchronization plan** 

Effective September 1, 2018, Texas Children's Health Plan members can receive the Medication Synchronization benefit that will allow them to pick up all of their prescription medication refills on a single day each month, rather than having to go to the pharmacy multiple times per month. The coordination of refills is proven to lead to better adherence to medication regimens.

Inform your patients about this exciting new option. Taking advantage of the Medication Synchronization benefit is as simple as the patient going to the pharmacy and asking the pharmacist to arrange it. There is no extra cost to the patient.

Providers should note that the Medication Synchronization benefit only involves drugs covered by Medicaid or CHIP and will be in accordance with the Texas Drug Code Index. Drugs identified in a member's Medication Synchronization plan must be used for treatment and management of a chronic illness and meet all prior authorization criteria but exclude Schedule II controlled substances, Schedule III controlled substance containing hydrocodone, and medications for the treatment of acute illnesses.



## Modifier change for dental general anesthesia

Note: Texas Medicaid managed care organizations must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.

Pending final approval of the Nov. 16, 2017 rate hearing adjustments, the modifier to be submitted with services related to dental general anesthesia will change for Texas Medicaid. This change will be effective for dates of service on or after February 1, 2018.

The required modifier will change from EP to U3 for the following procedure codes:

- Procedure code 00170 when submitted for dental general anesthesia.
- Procedure code 41899 when submitted by a freestanding or hospital-based ambulatory surgical center for dental therapy under general anesthesia in the outpatient hospital setting.

For additional information about dental general anesthesia, providers may refer to the current Texas Medicaid Provider Procedures Manual, Children's Services Handbook, subsection 4.2.25, "Dental Therapy Under General Anesthesia"

For more information, you can call the TMHP Contact Center at 1-800-925-9126 or Texas Children's Health Plan Provider Relations at 832-828-1008.

# checkup

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