

the checkUP

by
Texas
Children's
Health Plan
Medical
Directors



SEPTEMBER 2018

A monthly publication of **Texas Children's Health Plan**



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

Save the date

Provided by **Texas Children's Hospital** and
presented by **Texas Children's Health Plan**.

Free registration for Texas Children's Health Plan Contracted Providers.

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Office Managers**

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PO Box 301011
Houston, Texas 77230



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Flu protection starts now

Flu season is on its way and vaccinating continues to be the best way to protect ourselves and our patients against serious complications from the flu. Patients under the age of 18 should be offered the flu vaccine during office visits, while those over the age of 18 also have the option of receiving it at pharmacies.

While the AAP and CDC each support the use of LAIV4 for the 2018-2019 influenza season with the goal of accomplishing adequate vaccination coverage and optimal protection in children of all ages, the AAP is making the following recommendations.

- Annual influenza vaccination is recommended for everyone 6 months and older.
- For the 2018-19 season, the AAP recommends inactivated influenza vaccine (IIV3/4) as the primary choice for all children because the effectiveness of LAIV4:
 - was inferior against A/H1N1 during past seasons; and
 - is unknown against A/H1N1 for this upcoming season.
- **LAIV4 may be offered for children who would not otherwise receive an influenza vaccine (and for whom it is appropriate by age and health status).**

Influenza vaccines are available free-of-charge to enrolled providers through the Texas Vaccines for Children (TVFC) program for STAR, STAR Kids, and CHIP members birth through 18 years of age. Members who are 18 years or older can receive the influenza vaccine at a participating pharmacy. For a list of pharmacies, please visit <http://www.texaschildrenshealthplan.org/for-members/star/pharmacy-directories>.



Protection for two

Influenza vaccination is an essential element of pre-pregnancy, prenatal, and postpartum care because influenza can result in serious illness, including a higher chance of progressing to pneumonia, when it occurs during the antepartum or postpartum period. In addition to hospitalization, pregnant women with influenza are at increased risk of intensive care unit admission and adverse perinatal and neonatal outcomes.

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices and the American College of Obstetricians and Gynecologists recommend that all adults receive an annual influenza vaccine and that women who are or will be pregnant during influenza season receive an inactivated influenza vaccine as soon as it is available.

In the United States, the influenza season typically occurs from October to May. Ideally, an influenza vaccination should be given before the end of October, but vaccination throughout the influenza season is encouraged to ensure protection during the period of circulation. Any of the licensed, recommended, age-appropriate, inactivated influenza vaccines can be given safely during any trimester. Therefore, it is critically important that obstetrician-gynecologists and other obstetric care providers recommend and advocate for the influenza vaccine. Obstetrician-gynecologists are encouraged to stock and administer the influenza vaccine to their pregnant patients in their offices, and should get the influenza vaccine themselves every season. If the influenza vaccine cannot be offered in a practice, obstetrician-gynecologists and obstetric care providers should refer patients to another healthcare provider, pharmacy, or community vaccination center.

Influenza vaccines are available free-of-charge to enrolled providers through the Texas Vaccines for Children (TVFC) program for STAR, STAR Kids, and CHIP members birth through 18 years of age. Members who are 18 years or older can receive the influenza vaccine at a participating pharmacy. For a list of pharmacies, please visit <http://www.texaschildrenshealthplan.org/for-members/star/pharmacy-directories>.

Excerpt from ACOG Committee Opinion from April 2018 (<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Influenza-Vaccination-During-Pregnancy>)

What are Personal Care Services (PCS)?



Personal Care Services (PCS) is a Medicaid benefit to help clients with everyday tasks. These tasks are called activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

Examples of ADLs are:

- Bathing
- Eating
- Going to the toilet
- Dressing
- Walking

Examples of IADLs are:

- Laundry
- Light housework
- Fixing meals

To get PCS, a patient must:

- Be 0 years to 20 years and receive Medicaid.
- Have a disability, physical or mental illness, or a health problem that lasts for a long time.
- Have a reason why his or her guardian cannot help with ADLs and IADLs.
- Have a Practitioner Statement of Need signed by a practitioner (physician, advanced practice nurse, or physician assistant) who has examined the patient in the last 12 months.
- Need help with ADLs and IADLs based on the Personal Care Assessment Form (PCAF).

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 allergen immunotherapy in excess of 80 units every 6 months, will be denied.

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 on the claims appeal process, please contact Texas Children's Health Plan Provider Relations at 832-828-1008





We're social!

Follow **@TheCheckupTCHP** on Twitter for the latest news and updates.

Key changes to Texas Children's Health Plan therapy authorization guidelines

For therapy **evaluation** requests:

- For children with chronic underlying medical conditions associated with developmental delay, the visit note identifying the need for services should be dated within the last 12 months. A note from a subspecialist will be accepted.
- For developmental delays or isolated speech/communication/language disorders, the visit note identifying the reason for evaluation must be the most recent age-appropriate well child exam including results of the age-appropriate developmental screening tool required by THSteps (PEDS or ASQ) periodicity schedule conducted at the well child visit. The well child exam must be current per the THSteps periodicity schedule.
- Screening for hearing loss in children with speech, language or communication delays is considered a best practice.
 - When hearing screen results or audiology consult note is not available at time of initial evaluation request, an authorization for evaluation may be granted, but results of the hearing screen or audiology consult should be submitted with the initial request for treatment.
 - For children with chronic underlying medical conditions associated with developmental delay (Autism, Autism Spectrum Disorder, Pervasive Developmental Disorder, Down Syndrome, Cerebral Palsy, etc.), the request for hearing screen may be waived if the initial evaluation request is due to a change in provider or for a referral after service interruption.

For therapy **treatment**:

- Initial treatment will be honored for 6 months.
- When hearing screen results or audiology consult note were not available at the time of the initial evaluation request for speech therapy, but the evaluation was authorized, the request for initial speech therapy treatment will need to include results of the hearing screen or audiology consult. If there is a documented barrier to obtaining those results, initial treatment will only be approved for 3 months. Extension of the initial treatment may only be granted with results of the hearing screen or audiology consult.

For the full version of this article, visit TheCheckup.org/blog.

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.

Creative Manager,
Member Engagement
David Barras

Editor
Kate Andropoulos

Designer
Scott Redding

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PO Box 301011
Houston, Texas 77230-1011
09/2018