

# the checkUP

by  
Texas  
Children's  
Health Plan  
Medical  
Directors



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Texas Children's  
Health Plan

Grand Rounds CME Series

## Tackling the Opioid Crisis:

Clinical Implications and Strategies

**Saturday, November 17, 2018**

8:30 a.m. to 12 p.m.

UT Health-Cooley Center

7440 Cambridge St., Houston, TX 77030

Stay up-to-date by checking [www.TexasChildrensHealthPlan.org/CME](http://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.

### Specialties and Facilities

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PO Box 301011  
Houston, Texas 77230



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# Authorization and Verification Process Updates

Texas Children's Health Plan has made updates to the authorization process.

## Individual Member Fax Requests

To ensure Health Insurance Portability and Accountability Act (HIPAA) compliance, providers must send one fax request per member with each fax having its own cover sheet.

Requests received with multiple members per fax will be returned to the provider and not processed.

## Minimum Information Required to Process a Request

Providers must use the Texas Standard Prior Authorization Request Form\*, which can be found at <https://www.texaschildrenshealthplan.org/for-providers>. Click on Downloadable Forms on the left-hand side, then click Standard Prior Authorization Form or Behavioral Health Authorization Form to download.

The following essential information is required to start the authorization process:

- Member Name, Member Date of Birth, and Member Medicaid/CHIP ID
- Requesting Provider's Name and Requesting Provider's NPI Number
- Rendering Provider's Name and Rendering Provider's NPI Number
- Service Requested CPT code, Number of Units Requested, and Dates of Service Requested

Texas Children's Health Plan may return an incomplete prior authorization request when the form does not contain all of the essential information listed above and request that the provider resubmit the request with all of the appropriate information included. Processing of the authorization will not begin until all essential information is received.

## Duplicate Authorization Requests

All prior authorization requests are subject to a duplicate review.

Prior authorization requests that are a duplicate of a previously submitted authorization request will be returned to the provider. The request will be closed as a duplicate request.

If applicable, for denied service requests, the Texas Children's Health Plan internal appeal process and appropriate external review processes are available to members and providers.

## Requests to Close a Pending Authorization

If a provider or member requests to close/withdraw a prior authorization request that is in process and Texas Children's Health Plan has not made a determination, the provider or member must submit the request to Texas Children's Health Plan in writing and include the following information:

- Date of the withdrawal request
- Person's name and contact information making the request
- Reason for the withdrawal of the request

## Transition Process

Texas Children's Health Plan will allow providers a 30-day grace period to comply with these procedures.

*\*Texas Children's Health Plan will allow a 90-day grace period to comply with exclusive use of the Texas Standard Prior Authorization Request Form.*

## Updating Texas Children's Health Plan member change of address information

**All address changes must be reported to HHSC.** Members can contact HHSC by calling 2-1-1 or by updating their account on [YourTexasBenefits.com](http://YourTexasBenefits.com). It is important to make sure address information is updated in a timely manner to ensure families continue to receive information from Texas Children's Health Plan and HHSC. If a member has moved to an area that is not covered by Texas Children's Health Plan, they will need to select a new health plan. If a family is unsure if they have moved to an area that is outside of Texas Children's Health Plan's service area, we can help them by connecting them to HHSC so the address change can be made. Members will continue to have access to care through Texas Children's Health Plan until HHSC changes their address.

If a member needs help, direct them to call Texas Children's Health Plan Member Services toll-free at 1-866-959-2555 (STAR), 1-866-959-6555 (CHIP), or 1-800-659-5764 (STAR Kids).

# Nutritional supplement guideline change

Effective 10/1/2018, Texas Children's Health Plan will no longer require prior authorization for nutritional products for members 20 years and younger who:

- receive all or part of their nutritional intake through a tube as documented by ICD-10 codes (z43.1; z93.1, z93.4), OR
- have a metabolic disorder that has been documented with one of the diagnosis codes listed in the current TMPPM Section 2.2.17.2.2.

Providers will retain the responsibility of maintaining appropriate documentation for the nutritional products supplied. A retrospective review may be performed to ensure that the documentation included in the client's medical record supports the medical necessity of the requested service.

Documentation should include:

- **Accurate diagnostic information pertaining to the underlying diagnosis or condition that resulted in the requirement for a nutritional product, as well as any other medical diagnoses or conditions, including:**
  - The client's overall health status.
  - Height and weight.
  - Growth history and growth charts.
  - Why the client cannot be maintained on an age-appropriate diet.

- Other formulas tried and why they did not meet the client's needs.
- Diagnosis or condition.
- The goals and timelines on the medical plan of care.
- Total caloric intake prescribed by the physician.
- Acknowledgement that the client has a feeding tube in place when applicable.

Prior authorization will be required for all members who are 21 and over and for any member who does not meet the criteria stated above.

As a reminder:

- **Texas Children's Health Plan and the Comprehensive Children's Program does not cover nutritional products that are traditionally used for infant feeding, including infant formula.**
- **Nutritional products for the primary diagnosis of failure to thrive, failure to gain weight, or lack of growth are not considered medically necessary. The underlying cause of failure to thrive, gain weight, and lack of growth must be identified and documentation provided to certify that adequate nutrition is not possible by dietary adjustment using age appropriate foods.**

## Antivirals and the flu: know when the time is right

Antiviral medications play a role in treating influenza, but they are not a substitute for vaccination. According to CDC recommendations, **all patients at high risk for complications who appear to have influenza should be considered for early antiviral treatment**, independent of laboratory confirmation or influenza vaccine status. This approach can help reduce morbidity and mortality, particularly in young children and those who have underlying co-morbidities. Clinical trials and observational data show that early antiviral treatment can shorten the duration of fever and illness symptoms and reduce the risk of complications such as otitis media, pneumonia, and respiratory failure.

Although **clinical benefit is greatest when treatment is started within 48 hours of influenza illness onset**, antiviral treatment may still be beneficial in patients with severe, complicated or progressive illness, hospitalized patients, and pregnant women when initiated after 48 hours of illness onset.

Oseltamivir is the only oral formulation currently recommended by the U.S. FDA with activity against both influenza A and B viruses. It can be used for treatment of influenza illness at any age and for chemoprophylaxis in anyone 3 months and older. It is also safe for use in pregnant women. The most common side effects for oseltamivir are nausea and vomiting.

Persons at high risk for complications who should receive oseltamivir in the outpatient setting include:

- Pregnant and postpartum women
- Children aged younger than 2 years
- Persons with chronic illness such as asthma, diabetes, sickle cell disease, seizure disorders, etc.
- Persons with neurodevelopmental disorders such as cerebral palsy and intellectual disability
- Persons with immunosuppression
- Children on long-term aspirin therapy

To read the full article, go to [TheCheckup.com/blog](http://TheCheckup.com/blog).

# October 11 is National Depression Screening Day

National Depression Screening Day is held annually in October. Depression is the leading cause of disability in the U.S. for ages 15-44. It is estimated that up to 64% of youth with major depressive disorder do not receive mental health treatment. Depression in youth has been linked to school and behavioral problems, self-injury and suicide, and poor social functioning. The incidence of perinatal depression ranges from 5 to 25 percent of pregnant and postpartum women, and studies of low-income and teenage mothers report depressive symptoms at rates of 40 to 60 percent.

Texas Health Steps benefits now cover screening for postpartum depression and adolescent (ages 12-18) mental health. Providers can receive reimbursement for screening using an approved screening tool. This reimbursement is available annually and is in addition to reimbursement for the office visit. Mothers of covered infants can be screened at the child's office visit in the first year following delivery, regardless of the mother's coverage status. Approved screens for adolescents include the PSC 17,

PSC-35, Y-PSC, PHQ-9, PHQ-A (depression screen), CRAFFT, and PHQ-A (Anxiety, mood, substance use) Approved screens for postpartum depression are the Edinburgh Postnatal Depression Scale, PHQ-9 or Postpartum Depression Screening Scale.

For adolescent screenings, CPT code 96160 is used for approved tools completed by the adolescent and 96161 for screening tools completed by the parent or caregiver of an adolescent. Postpartum screening of mothers during an infant visit the first year of life are G8341 for positive screens and G8510 for negative screens. Related documentation should include screening tool used, results, referrals, education, and guidance, as well as when to return for the next visit.

#### References:

- *National Depression Screening Day*  
<https://mentalhealthscreening.org/programs/ndsd>
- *Texas Health Steps*  
<http://www.dshs.texas.gov/thsteps/providers.shtm>
- *Texas Medicaid Provider Procedures Manual*  
<http://www.tmhp.com/Pages/default.aspx>



## Texas Children's Health Plan provider and member portals

As a Texas Children's Health Plan provider, you have access to the Texas Children's Health Plan provider portal, called **TouCHPoint**. This portal can be used to check member eligibility, benefits, primary care provider selection, and claims status. To access Provider TouCHPoint, just log on to [TexasChildrensHealthPlan.org/for-providers](http://TexasChildrensHealthPlan.org/for-providers) and find the TouCHPoint log-in on the right-hand side of the web page.

Texas Children's Health Plan members can access their own portal at [TexasChildrensHealthPlan.org/for-members](http://TexasChildrensHealthPlan.org/for-members). The Member Portal allows your patients to play an active role in their health care. They can log on and change PCPs, track and access health records, and more. Be sure to tell your patients about it today!

Visit [www.TheCheckup.org](http://www.TheCheckup.org) for more articles like these.

For provider manuals, pharmacy directories, and other resources, visit [www.TexasChildrensHealthPlan.org/for-providers/provider-resources](http://www.TexasChildrensHealthPlan.org/for-providers/provider-resources)

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Creative Manager,  
Member Engagement  
**David Barras**

Editor  
**Kate Andropoulos**

Designer  
**Scott Redding**

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PO Box 301011  
Houston, Texas 77230-1011  
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