

# the checkup

by  
Texas  
Children's  
Health Plan  
Medical  
Directors



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## Thank you!

Thanks to our Texas Children's Health Plan providers for a great 2018! Best wishes for a happy and healthy new year.



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# CDC data release shows **STD diagnoses** at record high in U.S

The CDC has released preliminary surveillance data presented at the 2018 STD Prevention Conference in Washington, D.C. Data analysis of the five year trend of sexually transmitted diseases (STDs) showed a sharp increase in STDs for four consecutive years (see chart). In 2017, almost 2.3 million cases of chlamydia, gonorrhea and syphilis were reported to the CDC, an increase of more than 200,000 cases from 2016 (see graph). Young women continue to bear the greatest burden of chlamydia, having nearly half of all diagnosed infections.

In light of this alarming data, Texas Children's Health Plan reminds providers that the CDC recommends annual chlamydia screening for all sexually active adolescents and women under 25, as well as older women with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection. Some physicians choose to screen all adolescents and women under 25 because reporting of sexual history is not always complete.

Nucleic Acid Amplification Tests (NAATs) are the most sensitive tests, and can be performed on easily obtainable specimens such as urine or vaginal swabs (either clinician- or patient-collected). Examples of NAATs include APTIMA® COMBO2 Assay (GEN-PROBE), CT APTIMA®, CT TMA. Texas Children's Health Plan exclusively uses Quest for laboratory testing. The CPT code for the NAAT testing is 87491. Other CPT Codes for chlamydia testing/screening include: 87110 and 87270. Retesting is recommended approximately 3 months after treatment of diagnosed infections.



	2013	2014	2015	2016	2017*
<b>Chlamydia</b>	1,401,906	1,441,789	1,526,658	1,598,354	1,708,569
Among young women (aged 15 to 24)	715,983	709,170	724,709	735,027	771,340
<b>Gonorrhea</b>	333,004	350,062	395,216	468,514	555,608
Among women	163,208	162,608	173,514	197,499	232,587
Among men	169,130	186,943	221,070	270,033	322,169
<b>Primary &amp; secondary syphilis</b>	17,375	19,999	23,872	27,814	30,644
Among MSM**	10,451	12,226	14,229	16,149	17,736
<b>Combined cases</b>	1,752,285	1,811,850	1,945,746	2,094,682	2,294,821

\*Preliminary data  
\*\*Men who have sex with men

For more information, visit [cdc.gov/nchstp/newsroom](http://cdc.gov/nchstp/newsroom)

## 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)

# Dental caries and fluoride varnish: not just for dentists

Dental caries remains the most common chronic disease of childhood in the United States. In fact, **dental caries affects more than half of Texas children.** Primary care providers play a key role in the prevention of dental caries. To help ensure dental health, all children 6 months of age and older should be referred to a dental home. Additionally, periodic oral evaluations and application of fluoride varnish in the medical home during well child or THSteps exams can help combat this widespread problem. In 2014, the American Academy of Pediatrics and the USPSTF recommended fluoride varnish at least once every 6 months – starting at tooth eruption. **Fluoride applied during primary medical care visits can reduce decay rates by one-third.**

**Dental Fluoride Varnish** is a covered benefit for CHIP and Medicaid members who are 6 to 35 months of age. **This quick and effective procedure is reimbursed to the primary care provider in addition to the THSteps checkup reimbursement.** Oral Evaluation and Fluoride Varnish in the Medical Home is coded utilizing CPT code 99429 with U5 modifier in conjunction with an

appropriate CPT code for a Texas Health Steps medical checkup. The documentation of the visit should include:

- Intermediate oral evaluation.
- Fluoride varnish application.
- Dental Anticipatory guidance.
- Referral to a dental home.

To bill for oral evaluations and fluoride varnish, physicians, advanced practice registered nurses and physician assistants must be certified through the Department of State Health Services (DSHS) by completing training. The training is a free one-hour course provided online. You can access it at [https://www.txhealthsteps.com/385-oral-evaluation-and-fluoride-varnish?utm\\_source=courseannouncement&utm\\_medium=email&utm\\_campaign=OEFV-FDH](https://www.txhealthsteps.com/385-oral-evaluation-and-fluoride-varnish?utm_source=courseannouncement&utm_medium=email&utm_campaign=OEFV-FDH).

Once trained, the THSteps medical provider can delegate the fluoride varnish application to nurses and medical assistants.

Please contact your Provider Relations representative if you have questions.

## 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.

# 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.*



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news and updates.

## 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](https://www.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](https://www.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!

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