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## Claim denial update—We are listening!

With your help we have identified several codes and code combinations that were denied incorrectly following our claims payment system upgrade in May 2008. This affected claims with dates of service after May 1, 2008 and processed prior to July 25, 2008 with the following codes:

- 81002, 81003, 81005, 81015, 81020, 81025 urinalysis codes denied as incidental to office visit
- 99000 specimen handling and/or conveyance denied as incidental to office visit
- 99211 for THSteps follow up visits denied as incidental to vaccine administration

The incorrectly denied claims will be reprocessed and no action is needed from you. Our Claims Department is diligently working to get these claims reprocessed. Please look for these adjustments on future EOPs.

As always, please contact your Provider Relations Manager at 832-828-1008 if you have any questions regarding your reimbursements.

## TCHP expands Teen Talk program

Texas Children's Health Plan is expanding our adolescent program Teen Talk. TCHP health educators are giving classes at area schools on self-esteem, peer pressure and risky behaviors. TCHP also dedicated the October *Kids First* newsletter to teen issues. To further care for our teen members, we have dedicated a case manager to focus on teen issues. If you have an adolescent that needs help with transition to adult care or needs education on identifying and avoiding risky behaviors you can call 832-828-1004 and choose the option for maternal child care coordination.



## Safety concerns over the use of nonprescription cough and cold medicine

Questions have been raised about the safety of cough and cold drug products for children and whether the benefits justify any potential risks, especially in children under 4 years of age. Some reports of serious adverse events associated with the use of these products appear to be the result of giving too much of these medicines to children. An over-the-counter cough and cold medicine can be harmful if more than the recommended amount is used, if it is given too often or if more than one cough and cold medicine containing the same active ingredient are being used. To avoid giving a child too much medicine, parents must carefully follow the directions for use of the product in the “Drug Facts” box on the package label.

What should parents know about using cough and cold products in children?

- Do not use cough and cold products in children under 4 years of age unless given specific directions to do so by a health care provider.
- Do not give children medicine that is packaged and made for adults. Use only products marked for use in babies, infants or children (sometimes called “pediatric” use).
- Cough and cold medicines come in many different strengths. If a parent is unsure about the right product for a child, ask a health care provider.
- If other medicines (over-the-counter or prescription) are being given to a child, the child’s health care provider should review and approve their combined use.
- Advise parents to read all of the information in the “Drug Facts” box on the package label so that they know the active ingredients and the warnings.
- Follow the directions in the “Drug Facts” box. Do not give a child medicine more often or in greater amounts than is stated on the package.

- Too much medicine may lead to serious and life-threatening side effects, particularly in children aged 4 years and younger.
- For liquid products, parents should use the measuring device (dropper, dosing cup or dosing spoon) that is packaged with each different medicine formulation and that is marked to deliver the recommended dose. A kitchen teaspoon or tablespoon is not an appropriate measuring device for giving medicines to children.
- If a measuring device is not included with the product, parents should purchase one at the pharmacy. Make sure that the dropper, dosing cup or dosing spoon has markings on it that match the dosing that is in the directions in the “Drug Facts” box on the package

- label, or is recommended by the child’s health care provider.
- If parents do not understand the instructions on the product, or how to use the dosing device (dropper, dosing cup or dosing spoon), they should not use the medicine. Parents should consult their health care provider if they have questions or are confused.
- Cough and cold medicines only treat the symptoms of the common cold such as runny nose, congestion, fever, aches and irritability. They do not cure the common cold. Children get better with time.
- If a child’s condition worsens or does not improve, parents should stop using the product and immediately take the child to a health care provider for evaluation.





## Diabetes minimum practice recommendations

State law requires HMOs to report measures related to diabetes to the Health Plan Employer Data and Information Set (HEDIS). According to information provided by Texas Department of State Health Services, Texas falls behind the US 2000 (of 270 health plans and called Quality Compass) nationwide average. This information can be found at [www.dshs.state.tx.us/diabetes/ihedis.shtm](http://www.dshs.state.tx.us/diabetes/ihedis.shtm).

The Texas Diabetes Council, [www.texasdiabetescouncil.org](http://www.texasdiabetescouncil.org), provides the following diabetic minimum practice recommendations:

- Complete history and physical—Initial visit and at clinician’s discretion (including risk factors, exercise and diet).
- Diabetes education—Initial visit and at clinician’s discretion.
- Medical nutrition therapy—Initial visit and at clinician’s discretion.
- Exercise counseling—Initial visit and at clinician’s discretion.
- Psychosocial counseling—Initial visit and at clinician’s discretion.
- Lifestyle/behavior changes counseling—Initial visit and at clinician’s discretion. Include smoking and alcohol cessation.
- Weight/height/BMI at every visit.
- Blood pressure at every visit.
- Foot inspection at every visit—Visual inspection for skin and nail lesions, calluses, infections.
- Oral/dental inspection every visit—Refer for dental care annually or as needed. Remember that STAR/Medicaid and CHIP members do have some amount of dental coverage in their plan.
- Growth and development (including height) in children done at every visit.
- Aspirin/Antiplatelet Prophylaxis (if no contraindications)—Every visit for those members with Type 1 or Type 2 Diabetes age 30 or older.
- A1c to be done every 3 to 6 months.
- Kidney Evaluation—Type 1 should have this annually beginning five years from diagnosis and Type 2 should have this at the first visit and then annually.
- Dilated funduscopic eye exam by an ophthalmologist or therapeutic optometrist. Remember STAR/Medicaid and CHIP members do have coverage for this in their plan. Type 1 should have this annually beginning five years from diagnosis and Type 2 should have an initial exam done and then annually.
- Oral/dental exam annually or as needed.
- Foot exam (complete foot exam and neurologic assessment) should be done annually or as needed.
- Lipid profile should be done annually if at goal. Otherwise, every 3 to 6 months for those over 18 years of age.
- Immunizations per CDC schedule.

Texas Children’s Health Plan has observed that many members do not see an eye doctor and yet have coverage available. As a TCHP provider, encourage your patients to have this exam completed.

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## The physician’s role in therapy programs

Texas Children’s Health Plan’s commitment to continual process improvement in all areas of the member’s care recognizes that children with a variety of chronic health care problems may need physical, speech and/or occupational therapy. TCHP has developed the “THSteps Therapy Management for Children” policy defining the authorization and management of therapy services.

The therapy policy includes a physician component which is designed to keep the member connected with his or her medical home as well as to include the physician in the continued therapy plan of treatment. TCHP feels that the referring physician involvement in the therapy program is an essential part of the member achieving a positive therapy outcome. The physician role in the therapy plan, includes:

- The member is required to have a physician assessment every six months while he or she is in a therapy program.
- TCHP will pay the physician assessment as an office visit.
- The physician assessment can be in the form of a developmental delay tool or a narrative note which would include:
  - Family involvement with the therapy program.
  - ECI or SHARS discussion with the parent/guardian.
  - Presenting problems related to the need for therapy.
  - Need for continuation of therapy.
- Assessment is to be sent to the therapy facility to be included with their authorization request for continuation of therapy.
- The physician is also required to sign the therapist Plan of Treatment or TP-1/TP-2.

## New asthma guidelines released

The National Asthma Education and Prevention Program of the National Institutes of Health recently released its third edition to the Expert Panel Guidelines for the Diagnosis and Management of Asthma. However, at 440 pages, careful perusal of this document is not practical for the busy pediatrician. Even the 74 page summary report is daunting. Fortunately, the basics of asthma care have not changed and focus on a few simple things can lead to dramatic improvements in asthma outcomes.

Perhaps the most important change to the new guidelines is that, besides day-to-day control,  $\geq 2$  flares in 12 months ( $\geq 2$  flares in 6 months if age is from 0 to 4 years) requiring oral corticosteroids qualifies for persistent asthma treatment. This makes sense and fits with the experience of most pediatricians. Many patients will clear perfectly between flares, but then a virus or other trigger hits and they are in the emergency room or worse. Reducing risk of bad things happening is part of our mission as pediatric health care providers.

Below are a few simple things that can help get more of our kids consistent care:

- Find out about their level of asthma control. Parents may not disclose problems if they are not asked. Have parents fill out the Asthma Control Test (available in English and Spanish) or the Asthma Therapy Assessment Questionnaire while waiting to be seen.
- Ask about asthma triggers. Asthma medicines, especially the inhaled corticosteroids don't work as well for smoke exposed children. The national smokers quit line, 1-800-QUIT-NOW, provides FREE help with smoking cessation and can connect smokers with local resources.

- Discuss therapy goals. If your patients don't know where they are going, they won't get there.
- Discuss the role of medications. Make sure your patients know the difference between daily controller and as-needed reliever medications.
- Evaluate their inhaler technique. If the medicine does not get to the lungs it won't help their asthma. If the patient does not bring their inhaler to the visit, it would be helpful to have them demonstrate with a "pretend" inhaler.
- Give written asthma treatment plans. Good asthma doctors give written asthma plans.
- Be stingy with short acting beta agonists. The more albuterol or levalbuterol they go through, the worse their asthma control and the higher their risk for emergency room visits, hospitalizations and death from asthma.
- Schedule "well asthma" visits. A patient whose asthma is not well controlled should be seen before the six weeks are up. If they have persistent asthma that is in good control, check on them every three to six months.

### Important asthma resources

- [www.nhlbi.nih.gov/guidelines/asthma](http://www.nhlbi.nih.gov/guidelines/asthma). You can download the latest National Asthma Education and Prevention Program asthma guidelines here.
- [www.asthmacontrol.com](http://www.asthmacontrol.com). You can download the Asthma Control Test here.
- [www.asthmacontrolcheck.com](http://www.asthmacontrolcheck.com). You can download the Asthma Therapy Assessment Questionnaire here.
- [www.whatsasthma.org](http://www.whatsasthma.org). This site has an excellent interactive flash video on asthma in English and Spanish.

## STAR Babies Program now includes incentives for doctor visits

Texas Children's Health Plan's (TCHP) STAR Babies Program continues to grow to better serve our members. Our Health Educators hold parenting and childbirth education classes throughout Houston. TCHP has a member incentive program for trimester prenatal and postpartum visits, allowing the member to receive a gift card with proof of a visit. Members also receive a movie gift card for returning their STAR Babies health risk assessment.

For more information you can call 832-828-1004 and choose the option for maternal child care coordination.



## Ensure correct billing for THSteps visits

As TCHP's Medical Home Quality Improvement Marathon continues we are amazed at the dedication and commitment of the physicians, nurses and office staff who work so hard to ensure our members receive quality care. Because offices are so busy caring for patients and their families, billing can get overlooked. However, it is important to bill for services as accurately as possible.

In the first group of charts audited, the Quality Improvement staff found approximately 13% of the Texas Healthy Steps (Early Periodic Screening Diagnosis and Treatment) visits were coded with a lower paying code. The **993XX** codes pay the higher preventive care rate. When state and accreditation agencies review the performance of providers within a health plan, the measurements are usually based on claims. Furthermore, the Peer Comparison reports distributed by Texas Children's Health Plan this summer were based on coding of claims.

For STAR members, the Preventive Medicine Services Evaluation and Management codes must be used for Texas Healthy Steps (Early Periodic Screening Diagnosis and Treatment) to be identified and paid at the increased rate:

Preventive Service Evaluation and Management

- 99381 - 99385 for a new patient
- 99391 - 99395 for an established patient

The V20.2 routine infant or child health diagnosis code must be included on the claim and a provider modifier AM, SA, TD or U7 is required.

For CHIP members the Preventive Medicine Services Evaluation and Management codes may be used as well as the General Evaluation and Management codes. For CHIP, the following codes are accepted:

Preventive Service Evaluation and Management

- 99381 - 99385 for a new patient
- 99391 - 99395 for an established patient

or

General Evaluation and Management

- 99201 - 99205 for a new patient
- 99211 - 99215 for an established patient

Any well diagnosis is accepted and a performing provider modifier is not required.

The Provider Relations Managers and Quality Improvement staff are available to answer questions regarding preventive care requirements and how they have been affected by the Frew lawsuit.

If you would like to schedule a visit with our Quality Improvement staff, please call Chris Reynolds, Quality Department Secretary, at 832-828-1285.

## Upcoming events for TCHP members

### Coming soon to a Theater Near You: *Bolt*

We will be hosting a movie day for our members at the AMC Gulf Pointe 30, 11801 South Sam Houston Parkway East, on Saturday, November 22 at 11:00 a.m. This is a free, private screening of the new movie *Bolt* for members and their families. Members must reserve tickets to attend. For reservations call 832-828-1303. Movie day is just another way of letting our members know that Texas Children's Health Plan values their membership.

### Community Fairs—Keeping Your Community Safe and Healthy

We are hosting community fairs at apartment complexes in the Houston area. Community fairs provide food, fun and important information to help keep families safe and healthy. Call 832-828-1303 for more information.



## Preventing childhood injury

Each year, injuries kill or disable more children over one year old than all childhood diseases combined. Texas Children's Center for Childhood Injury Prevention is committed to teaching parents and children how to protect themselves from injuries and accidents. Since most accidents are preventable, we believe our efforts can help reduce injuries and deaths due to accidents. However, physicians can help educate parents about how to keep their children safe.

This year in the Houston/Harris County area, the number of children who have died as a result of drowning is on the rise. While there were a total of 22 child drowning deaths in 2007, we have already seen 27 children drown as of August 2008. All of these deaths could have been prevented, and neglectful supervision was the primary reason that the majority of these children drowned. Remind parents of these key messages during office visits:

- Drowning is quick and silent.
- It is important for the whole family to learn to swim.
- Children can drown in as little as one inch of water.
- Being with children near water is not the same thing as supervising children near water.
- Pools are not babysitters!



In addition to the high number of drownings this year, there is also an increase in the number of children who have died as a result of being left in a hot car or as a result of being backed over by a vehicle. In the majority of cases where children died as a result of being left alone in a hot car, the parents or caregivers forgot that the child was in the car. In cases where children were injured or killed as a result of being backed over by a vehicle, one commonality is that it often happened in a driveway. This is primarily because the driver could not see the child sitting behind the vehicle. To ensure this doesn't happen to one of your families, please remind parents of the following:

- When outside temperatures exceed 86°F, the temperature inside a vehicle can quickly reach 134°F to 154°F.
- A young child's core body temperature may increase three to five times as fast as an adult, which could lead to permanent injury or even death.
- Texas law states that children under the age of 7 years should not be left unattended in a vehicle. This is an offense punishable by a fine of up to \$500.
- Firmly hold the hand of a child when in driveways, parking lots and sidewalks.
- Drivers should walk all the way around parked vehicles to check for kids, toys and pets before entering the car and starting the motor.

For questions or more information pertaining to the topics mentioned above, please contact Seema Patel at the Texas Children's Center for Childhood Injury Prevention at 832-828-1308.

## Diaper rash campaign aims to decrease MRSA in our community

To help decrease the incidence of MRSA in the community, TCHP has initiated an educational campaign surrounding diaper rash.

Several area pediatricians have agreed to participate. The outreach involves the physician identifying TCHP members that recently had an office visit for a diaper rash. TCHP will give the physician an information sheet about proper diapering, diapers and diaper rash cream to give to the member at the time of the appointment. The member is then tracked by a newborn case manager for further evaluation and education.

If you are interested in participating in TCHP's diaper rash initiative please call 832-828-1004 and choose the option for maternal child care coordination.

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## Nurse Family Partnership grant awarded to TCHP

TCHP has been awarded the Nurse Family Partnership (NFP) grant in collaboration with several other Houston entities. The NFP is an evidenced-based program designed by Dr. David Olds which follows first-time, low socioeconomic pregnant women prior to 28 weeks gestation through the child's second birthday. The families will be followed by a registered nurse by making home visits with the member. Each nurse will be responsible for following 25 families, totaling 100 families for the TCHP component of the program throughout the course of the grant period. Physicians can refer patients to this program. To refer a patient please call 832-828-1274.

## TCHP reminds providers of guidelines for preventive RSV care

Texas Children's Health Plan has guidelines for the administration of Synagis and RespiGam, two immunizations that can prevent the serious respiratory disease caused by respiratory syncytial virus. All providers should be aware of, and adhere to, the guidelines in this article. The American Academy of Pediatrics (AAP) updated its guidelines in December 2003 (PEDIATRICS Vol. 112 No. 6 December 2003, pp. 1442-1446) and TCHP will follow those guidelines. The guidelines can be found on AAP's public Web site.

Synagis is a monoclonal antibody that is given intramuscularly. A primary care physician or a specialist may administer Synagis in the office. A primary care physician should not refer patients to a specialist for the sole purpose of having a Synagis injection administered. RespiGam is also administered for the prevention of RSV; however, it is administered in an outpatient setting or at an infusion facility.

Both Synagis and RespiGam require authorization from Texas Children's Health Plan prior to administration of medications. To obtain authorization, fax a Prior Authorization Request form to TCHP Medical Management three to five days prior to the scheduled date of service. Requests for authorization will be reviewed in accordance with the guidelines established by the AAP and TCHP. In addition, the following clinical information is required for an authorization request to be considered:

- Birth date and gestational age at birth.
- Current clinical information (for example, risk factors such as lung problems smoking or attending day care).
- Presence of siblings at home.

The CPT codes for Synagis and RespiGam are as follows:

- Synagis-90378 (per 50mg)
- RespiGam-90379
- Administration-90782

Providers who elect to subcontract the administration of Synagis, or any other medical service, should take special care to educate subcontractors about TCHP's authorization requirements and to ensure billing is submitted under the appropriate vendor name and tax identification number. Services that are not properly authorized or billed by a subcontracted provider will not be eligible for payment.

## TCHP needs your help to identify migrant farm working families

Texas Children's Health Plan is working hard to identify children of migrant farm workers. Due to their constant mobility, the children often go without their regular checkups. Annual checkups are crucial for this population who are exposed to pesticides on plants and dirt while children are present in the fields their parents work.

How can a provider help Texas Children's Health Plan?

- Upon identification of Texas Children's Health Plan members whose parents are migrant farm workers, please inform them that TCHP will provide health risk assessments and case management to their family to assist with their medical care.
- If possible, a provider can accelerate a child's visit so that the child can be seen before migrating with their parents.
- Communicate with patients that TCHP can assist families with transportation to their doctor's appointments.

If you would like to know more about the services TCHP has to offer, please contact your Provider Relations Manager.

## Temporary telephone, car seat assistance available to new moms

If a pregnant member or parent of a newborn needs a cell phone for medical needs, TCHP provides those members with temporary phones.

A senior certified car seat safety technician within TCHP's Maternal Child Program is available to help members with correct placement of their infant car seat. The technician can also assist the member in locating a new car seat for their infant.

For more information call 832-828-1004 and choose the option for maternal child care coordination.

## Texas Immunization Summit 2008: Executing the Mission of Public Health and Sound Business

Friday, November 14–Saturday, November 15, 2008  
Holiday Inn Town Lake in Austin, TX

Please join The Houston Area Immunization Partnership for a lively discussion on how to address factors that impact immunizations our community. The Houston Area Immunization Partnership's mission is to advance our shared vision of a community protected from vaccine preventable diseases by providing a forum for exchanging ideas, promoting innovation and galvanizing partnerships.

### Topics for discussion:

- Immunization registries
- Vaccine financing and reimbursement
- Parental concerns about vaccine safety

### Keynote speaker:

Dr. Paul Offit, Director, Vaccine  
Education Center, Children's  
Hospital of Philadelphia

### Register early! Space is limited.

To register visit, <http://www.immunizehouston.org/en/cev/reg/6/>

For room reservations contact, the Holiday Inn Town Lake by Friday, October 24, to receive the special conference rate of \$119.00 per night.

Phone: 1-877-863-4780

Web: [http://www.ichotelsgroup.com/h/d/hi/1/en/hotel/austl?\\_requestid=474421](http://www.ichotelsgroup.com/h/d/hi/1/en/hotel/austl?_requestid=474421)

For more information, contact Jennifer Curtiss at [jcurtiss@jba-cht.com](mailto:jcurtiss@jba-cht.com) or call 512-474-2166.

Continuing Education units will be available. This activity has been approved for AMA PRA Category 1 Credit™ through Joint Sponsorship of St. David's Medical Center and the following sponsors: St. David's Community Health Foundation, Texas Pediatric Society, Houston Area Immunization Partnership, and Center for Health Training

## MARK YOUR CALENDARS!

### TCHP offers CME series on genetics and ethics

On November 6, 2008, Texas Children's Health Plan will jointly sponsor a Grand Rounds CME program with Baylor College of Medicine.

The CME will focus on proteinuria and hematuria. TCHP-contracted primary care providers practicing in the areas of pediatrics, family medicine, internal medicine and general practice are invited to attend this FREE CME program.

Dinner and a \$100 honorarium will be provided to participating providers.

For more information about the event, call TCHP Network Development at 832-828-1008.



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## Thank you for choosing Texas Children's Health Plan!



### PROVIDER NEWS

Provider News is published quarterly by Texas Children's Health Plan.

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P.O. Box 301011, NB 8360  
Houston, Texas 77230-1011. v1:11/08