

the **checkup**



by
Texas
Children's
Health Plan
Medical
Directors

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A monthly publication of Texas Children's Health Plan

Grand Rounds CME Series – Provided by Texas Children's Hospital and presented by Texas Children's Health Plan

Save the Date!

Hanging in the Balance: Ethics Perspective on Hospice Care & Provider Burnout

Thursday, September 17, 2017

5:30 p.m. Registration and Dinner

6 to 8 p.m. Scientific Session

Event will be broadcasted. For hub locations, CME program details, and to register go to www.TexasChildrensHealthPlan.org/CME

Please note: Registration is free for Texas Children's Health Plan contracted providers.



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PO Box 301011
Houston, Texas 77230



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Effective July 1, 2017

Prior Authorization of Texas Health Steps (THSteps) **dental therapy under general anesthesia for members who are six years of age or younger**

Effective July 1, 2017, Texas Children’s Health Plan will be required to implement prior authorization for Level 4 deep sedation and general anesthesia provided in conjunction with therapeutic dental treatment for Medicaid dental clients from ages 0 through six years. All Level 4 services must be authorized prior to rendering services. Anesthesia services provided by a dentist should use procedure code D9223. Any anesthesia services provided by an anesthesiologist (M.D./D.O.) or certified registered nurse anesthetist (CRNA) should use procedure code 00170, with an EP modifier. Texas Children’s Health Plan will also require prior authorization for facility fees associated with dental therapy under general anesthesia billed with code 41899.

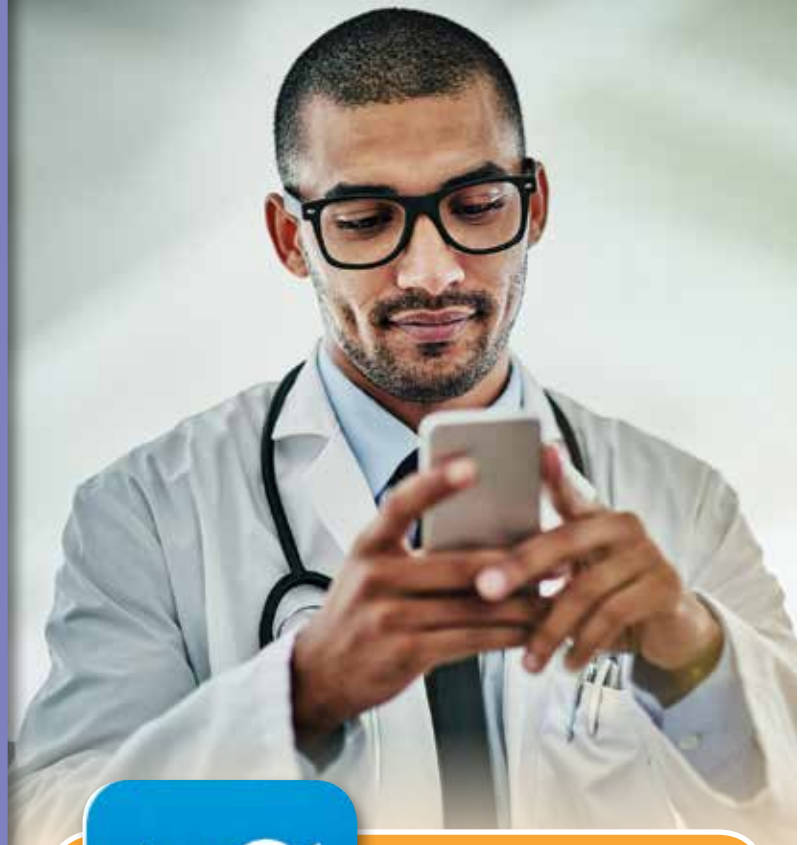
Requests for prior authorization for anesthesiologist/CRNA and facility charges must include:

- Location where the procedure will be performed.
- Narrative detailing the reason for the proposed level of anesthesia.
- Proof of authorization for the dental services from the dental maintenance organization (DMO).

The current process of scoring 22 points on the Criteria for Dental Therapy Under General Anesthesia form does not guarantee authorization or reimbursement for clients who are six years of age and younger.

Emergency Treatment

In cases of an emergency medical condition, accident or trauma, prior authorization is not necessary. A narrative and appropriate pre- and post-treatment radiographs/ photographs must be submitted with the claim. These will be reviewed by the MCO for appropriateness prior to payment.



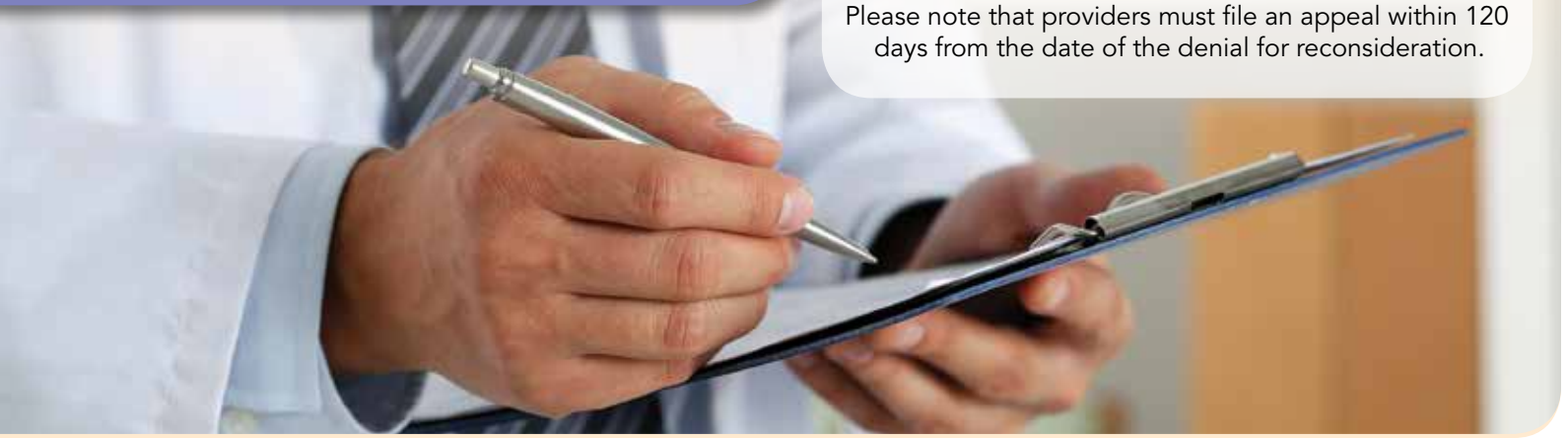
We're social!

Are you a Texas Children’s Health Plan provider?

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

New claim appeal form can be found at <http://tinyurl.com/y7xyktmg>

Please note that providers must file an appeal within 120 days from the date of the denial for reconsideration.





Helping patients access and adhere to **antipsychotic medications**

A common reason for behavioral health readmission is delay to an outpatient supply of antipsychotic medications. You can help avoid this problem by completing prior authorization documentation before a patient is discharged. Texas Children's Health Plan follows Texas Medicaid Guidelines for the use and approval of antipsychotics in children.

Prior authorization documentation for antipsychotic medications can be found here: <http://tinyurl.com/y7uwl9tv>.

Providers can ensure patients receive antipsychotic medications at discharge by using the hospital pharmacy or a community pharmacy delivery service. If a patient does not meet criteria, a medical director at Texas Children's Health Plan can review submitted appeal requests to approve based on medical necessity.

Please contact your Provider Relations representative at 832-828-1008 if you need guidance on the prior authorization and appeal process, or for more information on participating retail pharmacies who can deliver your patient's medications prior to discharge.

Texas Children's Health Plan Case Management staff is also a resource available to work with you and your patients to help remove barriers that may be impacting care. **You can reach Case Management at 832-828-1430.**

Updated **STAR Kids billing matrix**

effective June 5, 2017

Updates include:

- Registered nurse modifier (TD) to the private duty nursing (PDN) billing code, T1000.
- Billing codes for PDN independently enrolled LVNs and RNs are included in the matrix.
- Revenue code 663 was added to the out-of-home respite codes.

Please note that failure to use this billing matrix will result in denials for incorrectly billed services. For more information on this topic, visit www.texaschildrenhealthplan.org/for-providers.

NEW fax number to expedite prior authorization for STAR Kids outpatient private duty nursing. Effective May 22, 2017, providers should fax prior authorization forms to 346-232-4757. The form can be found at <http://tinyurl.com/mh9vk7l>

346-232-4757



Outpatient Authorizations accepted online via Clear Coverage™

Texas Children's Health Plan now accepts Outpatient Authorizations for many services online via Clear Coverage effective June 1, 2017.

What are the benefits?

- Easy, 24/7 online access to Clear Coverage.
- Receive real-time authorization status by viewing your office's home page in Clear Coverage.
- Services are immediately uploaded into Texas Children's Health Plan's authorization system for clinical review.
- Automatic APPROVALS may be obtained for Genetic Testing via online medical necessity review.
- Ability to upload medical records to support authorization requests.
- Verify member eligibility and benefits instantaneously.
- Ability to print proof of authorization.

How does it work?

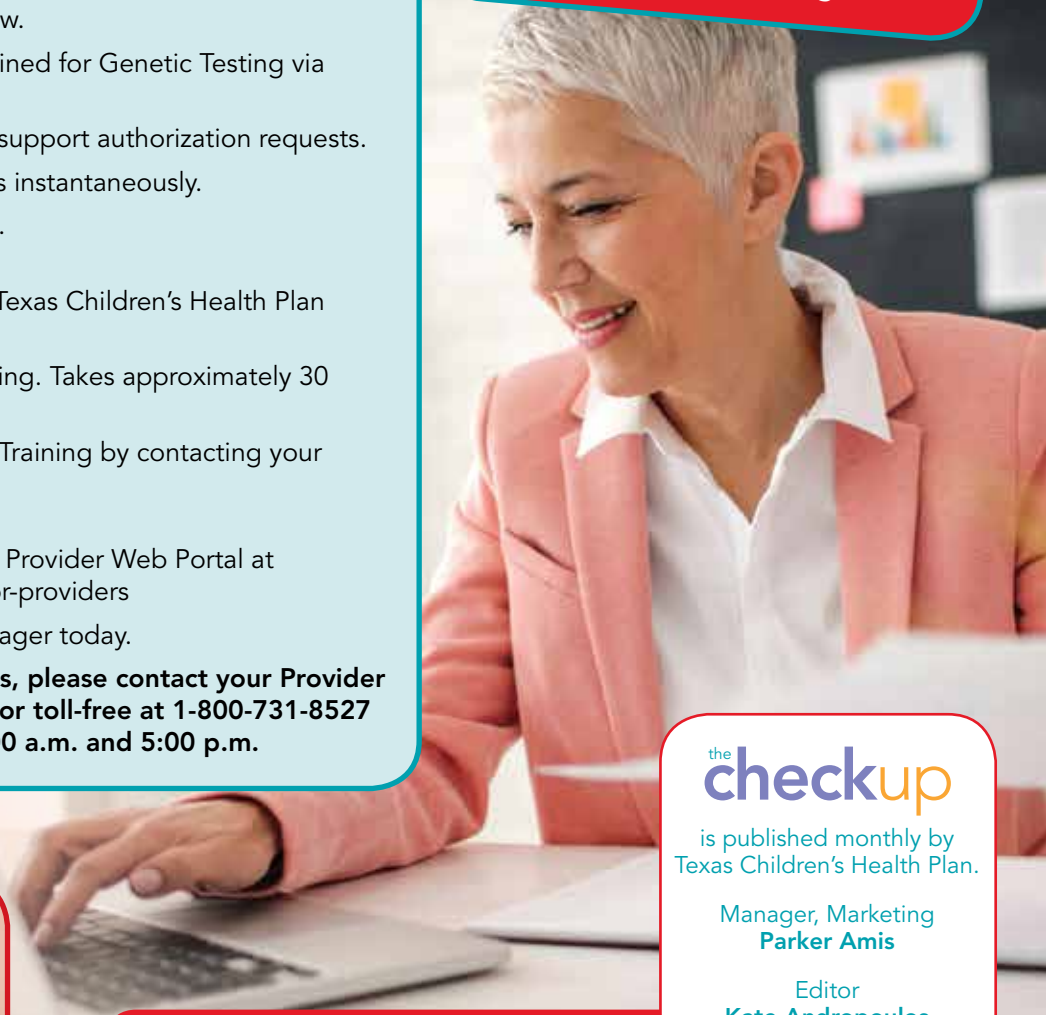
- Access Clear Coverage through the Texas Children's Health Plan Provider Web Portal.
- Take the online Clear Coverage training. Takes approximately 30 minutes to complete.
- Schedule an on-site Clear Coverage Training by contacting your Provider Relations Manager.

Want to learn more?

- Visit the Texas Children's Health Plan Provider Web Portal at www.texaschildrenshealthplan.org/for-providers
- Contact your Provider Relations Manager today.

If you have any questions or concerns, please contact your Provider Relations Manager at 832-828-1008 or toll-free at 1-800-731-8527 Monday through Friday between 8:00 a.m. and 5:00 p.m.

- Tired of faxing authorization requests and medical records?
- Spending too much time on hold waiting to speak to an Authorization Specialist for non-urgent authorization requests?
- Looking for a faster, more efficient way to submit authorizations?
- Why not submit your authorization request through Clear Coverage?



Effective June 19th, Texas Children's Health Plan is pleased to announce **individual claim submission is now available**. Providers now have the option of submitting a claim to the Health Plan via Provider TouchPoint, our gateway to all health plan related information. Please visit Provider Touchpoint and take advantage of this new functionality! For further questions, please contact Provider Relations at **832-828-1008** or toll free at **1-800-731-8527**.

For your information...

Visit TheCheckup.org for more articles like these. For provider manuals, pharmacy directories, and other resources, visit www.TexasChildrensHealthPlan.org/for-providers/provider-resources

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Manager, Marketing
Parker Amis

Editor
Kate Andropoulos

Designer
Scott Redding

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Houston, Texas 77230-1011
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