

the **checkup**



AUGUST 2016

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UPDATE DEMOGRAPHICS

Update your information

All Texas Children's Health Plan providers are required to verify and update their demographic information on file. Please contact provider relations at **832-828-1008** to verify or update your information as needed.



Join us at our next CME!
Puberty and Adolescence Demystified
 Thursday, September 15
 6-8 p.m.
 Broussard's Centre
 1775 Calder Ave.
 Beaumont, TX 77701
 Go to TexasChildrensHealthPlan.org/CME for further details.

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A validated practice to recognize teens who need help for substance abuse is a benefit of Texas Medicaid

A recent survey of pediatricians found that only a minority of pediatricians used validated screening tools for substance abuse screening, and most relied on clinical impressions. Studies have found that only one-third of adolescents excessively using alcohol were detected when pediatricians relied on clinical impressions. A revised policy statement and a new clinical report from the American Academy of Pediatrics (see additional resources below) contain updated guidance, including screening tools and intervention procedures in support of universal **Screening, Brief Intervention and Referral to Treatment (SBIRT)** practices for adolescent substance abuse in routine health care.

Texas Medicaid covers SBIRT. It has changed benefit criteria for SBIRT effective for dates of service on or after July 1, 2016. Key changes are:

- The initial screening session can occur in the emergency department, office, home, outpatient hospital and other appropriate settings.
- SBIRT is now a benefit for members 10 to 21 years of age AND adults 21 and older.
- Providers will be required to complete four hours of SBIRT training prior to delivering SBIRT.
- Texas Medicaid has identified two new procedure codes, H0049 and 99408, which will be used for delivering SBIRT services.
- Procedure code H0050 will no longer be a benefit other than at Chemical Dependency Treatment Facilities (CDTFs).

Per Texas Medicaid, SBIRT services can be performed by the following providers:

Physicians, registered nurses (RNs), advanced practice nurses (APRN), physician assistants (PA), psychologists, licensed clinical social workers (LCSW), licensed professional counselors (LPC), certified nurse midwives (CNM), outpatient hospitals, federally qualified health centers (FQHC) and rural health clinics.

*Lia Rodriguez MD FAAP
Medical Director*

Training for Providers

Providers that perform SBIRT must be trained in the correct practice method and will be required to complete at least four hours of training. Proof of completion of SBIRT training must be maintained in an accessible manner at the provider's place of service.

Information regarding available trainings and standardized screening tools can be found through the Substance Abuse and Mental Health Services Administration (<http://www.integration.samhsa.gov/clinical-practice/sbirt/training-other-resources>).

Reimbursement

SBIRT is a benefit of Texas Medicaid when billed using the following procedure codes:

Procedure Codes	Description	Limitation
H0049	Alcohol and/or drug screening	2 per year
99408	Alcohol and/or substance abuse structured screening and brief intervention services	4 per year

Additional resources

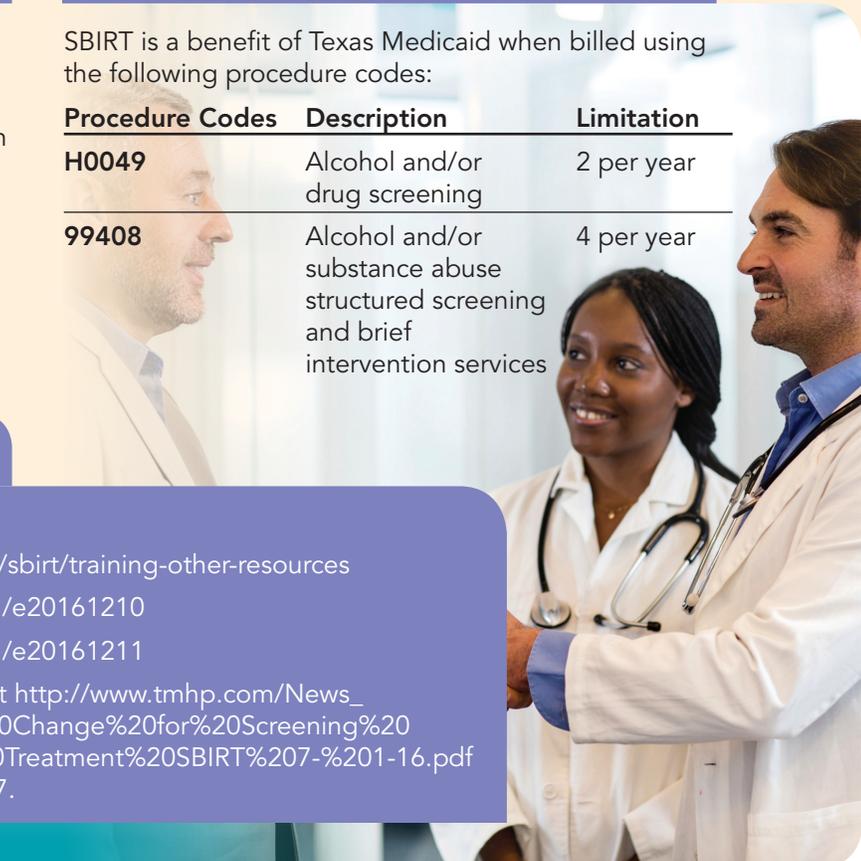
<http://www.txhealthsteps.com/cms/?q=node/209>

<http://www.integration.samhsa.gov/clinical-practice/sbirt/training-other-resources>

<http://pediatrics.aappublications.org/content/138/1/e20161210>

<http://pediatrics.aappublications.org/content/138/1/e20161211>

For more information, view the TMHP message at http://www.tmhp.com/News_Items/2016/05-May/05-24-16%20Benefits%20to%20Change%20for%20Screening%20Brief%20Intervention%20and%20Referral%20to%20Treatment%20SBIRT%207-%201-16.pdf or contact TCHP Provider Relations at 800-731-8527.





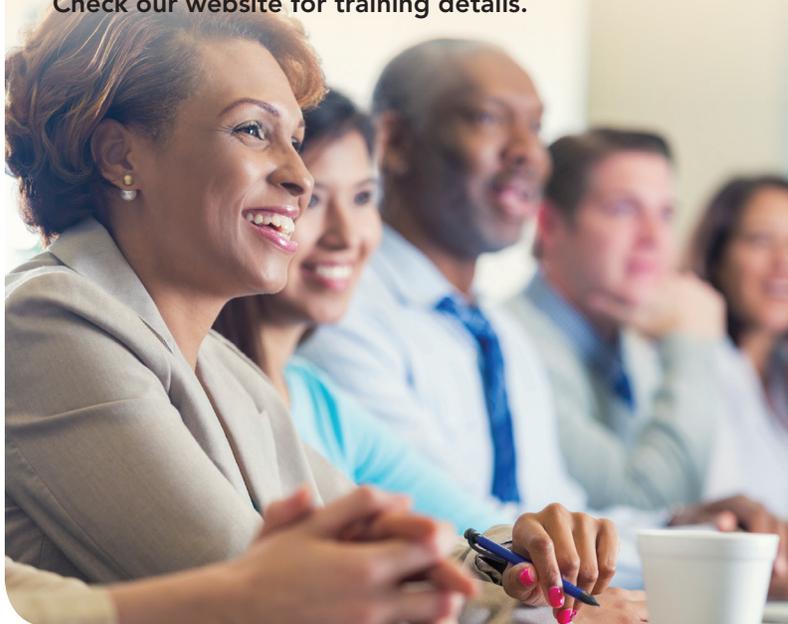
2016 STAR HEDIS Measures for ADHD and Behavioral Health

Measure	Submeasure	Denominator Count	Exclusions	Rate	Percentile	75th Percentile	50th Percentile
ADD	Initiation	1987	-	49.90%	78%	49.07	40.79
ADD	Continuation	1987	-	60.20%	79%	58.36	50.61
AMM	Acute Antidepressant Med Mgt (at least 12 weeks)	125	-	44.00%	15%	56.15	50.51
AMM	Continuation Antidepressant Med Mgt (at least 6 months)	125	-	26.40%	7%	40.48	34.02
APM	Metabolic Monitor Antipsychotics Ages 1-5	40	-	17.50%	61%	20	15.5
APM	Metabolic Monitor Antipsychotics Ages 6-11	556	-	27.20%	63%	30	23.9
APM	Metabolic Monitor Antipsychotics Ages 12-17	670	-	32.00%	79%	34.7	29.9
FUH	7 day	796	-	47.90%	54%	56.78	46.22
FUH	30 day	796	-	71.40%	64%	75.28	66.64
SSD	Diabetes Scrn Schizo bipolar using Antipsychotic	54	-	79.60%	47%	83.84	80.1

STAR Kids Provider Training Schedule coming soon!

Beginning September 1, 2016, STAR Kids Provider Training will be offered in multiple locations, including the Harris, Jefferson and North East Medicaid service areas.

Make your plans today to attend a training near you. Check our website for training details.



For further reading

You can go to our website and log-in to **Provider TouCHPoint** to learn more on topics like:

- Quality program goals, processes, and outcomes
- Referrals to case management
- Pharmaceutical management procedures
- Disease Management Programs
- Formulary
- How practitioners can access authorization criteria
- Limits/quotas
- Availability of staff to discuss authorization process
- Supporting an exception process
- Availability of TDD/TTY services
- Member rights and responsibilities
- Availability of language assistance for members
- Generic substitution, therapeutic interchange, and step therapy protocol
- Prohibiting financial incentives for utilization management decision makers
- Clinical practice guidelines and preventive health guidelines



Facilities

Additional electronic payments offered with **Virtual Credit Card** option

You now have an additional payment option. The Virtual Credit Card (VCC) has been made available through ChangeHealth, previously known as Emdeon. This option is available for all providers. VCC allows providers to accept a virtual payment instead of a paper check or electronic funds transfers. When you use VCC, providers will receive a unique 16-digit credit card number for every payment made by Texas Children's Health Plan. That number is then keyed into your credit card terminal to receive payment transfer.

Texas Children's Health Plan encourages all providers to move to an electronic payment using one of two options: Electronic Funds Transfer or VirtualCredit Card payments.

Providers have the following options once they receive the introduction letter from ChangeHealth:

1. Contact ChangeHealth to opt in to electronic funds transfer or VCC.
2. Contact ChangeHealth to stay with paper checks.

3. No action by the provider will be tacit approval – you will start to receive VCC payments and may contact ChangeHealth at any time to change your choice of payment method.

If you receive a VCC and do not want it, it can be voided by ChangeHealth and a paper check sent.

IMPORTANT!

New guidelines for therapy authorizations changes now in effect

New guidelines went into effect August 1. Here's what you need to know:

In accordance with changes by Texas Medicaid and Healthcare Partnership effective May 1, 2016 – please note the following when billing therapy services:

- **Early Childhood Intervention Services (ECI)** do not require prior authorization for evaluations, reevaluations or treatment.
- **Chronic services** (therapy services without the AT modifier) are NOT a benefit for members who are 21 years of age or older.
 - Providers may not bill for therapy services provided solely by auxiliary personnel.
 - Therapy services must be performed by a licensed occupational therapist, a physician within their scope of practice, or a licensed therapy assistant under the supervision of a licensed therapist of the specific discipline.
 - **All therapy services rendered by a licensed therapy assistant MUST be submitted with the UB modifier.**
- **Acute Therapy**
 - All acute therapy services must be billed with the AT modifier.
 - All Therapy services with AT modifier have a maximum benefit limitation of 120 days.



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• Co-treatment

- **All co-treatment services MUST be submitted with the U3 modifier.**
- Only the primary performing therapist may submit claims for the therapy services that were rendered. The secondary therapist will not be reimbursed for assisting a designated primary performing therapist with co-treatment services.

• Billing of evaluations

- **Initial therapy evaluations are payable once every 3 years to the same provider and require an authorization.**
- Codes: 97001, 97003, 92523, 92522, 92524, 92521, 92610
- Therapy re-evaluations may be reimbursed once every 180 days or more often when prior authorized to the same provider.
- Codes: 97002, 97004, S9152

For additional information on Texas Children's Health Plan Therapy Guidelines please contact the Provider Relations Department at 800-731-8527.