



the **checkup**

MARCH 2019

A PUBLICATION BY TEXAS CHILDREN'S HEALTH PLAN MEDICAL DIRECTORS

Smoking cessation help available for parents and caregivers

Smoke-free homes lead to better health outcomes and reduced ED admissions for patients with asthma. Texas Children's Health Plan provides free smoking cessation counseling and up to \$75 of nicotine replacement products for the parents and caregivers of members with asthma. As a provider, you can help your patients more by supporting smoking cessation for parents and caregivers. If your practice site is interested in learning how to enroll parents/caregivers in this program, please contact Texas Children's Health Plan's Care Coordination team at 832-828-1008.

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Specialties and Facilities:

Take a look inside!

- 4 Infant botulism and risk of honey pacifiers
- 3 Prior authorization alert
- 3 CHIP Perinatal members
- 3 Tap vaccine coverage for perinatal populations
- 2 Addressing opioid abuse in now available
- 2 Telemedicine support

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Telemedicine support now available

Texas Children's Health Plan supports the delivery of telemedicine, telehealth and telemonitoring services to its members.

Telemedicine and telehealth services should be provided in compliance with standards established by the respective licensing or certifying board of the professional providing the services. Telemedicine and telehealth services do not require authorization when provided by an in-network provider, except in the case of telemonitoring services.

Of note, Texas Children's Health Plan will not cover telemedicine or telehealth services that are provided through only synchronous or asynchronous audio interactions (audio-only telephone consultation), text-only email messages, or facsimile transmission (fax).



Texas Children's Health Plan follows the Medical Policy for Telemedicine and Telehealth Services as written in the current Texas Medicaid Provider Procedures Manual – Telecommunication Services Handbook. Please reference http://www.tmhp.com/manuals_pdf/tmppm/tmppm_living_manual_current/2_Telecommunication_Srvs.pdf for additional information.



Texas Children's Health Plan partners with Baylor College of Medicine to address and prevent opioid abuse in perinatal populations

Women of childbearing age have been disproportionately impacted by the opioid epidemic. Consequently, the rates of in utero drug exposure and Neonatal Abstinence Syndrome have increased dramatically over the last decade. In Texas, overdose is the leading cause of maternal death in the first postpartum year.

To prevent and respond to these issues, faculty from Baylor College of Medicine and Texas Children's Health Plan were recently awarded funding from the Office of

National Drug Control Policy's grant program entitled Combating Opioid Overdose through Community-Level Intervention (COOCLI). The project aims include efforts to:

- Identify high-risk pregnant/postpartum women through the Texas Children's Health Plan medical and prescription claims data and engage these women with care coordination services to assist them in connecting to treatment, finding alternatives for pain management, and accessing services for themselves and their infants.
- Adapt Screening, Brief Intervention, and Referral to Treatment (SBIRT) training materials for obstetrics and gynecology (OB/GYN) providers through online and in-person modules. Training materials will incorporate nationally recognized best practices as well as local data and resources.
- Train OB/GYN providers in the Texas Children's Health Plan network using the adapted modules.

This project builds on previous COOCLI work at Baylor College of Medicine to better understand the policies and practices that dictate how multiple systems (law enforcement, justice, treatment, child welfare, and health care) interact directly with women and infants impacted by perinatal opioid misuse/abuse and interact with one another to form a network of support for these vulnerable families. Dr. Bethanie Van Horne, PhD, Assistant Professor and Director of Research for the Section of Public Health Pediatrics at Baylor College of Medicine, is the project director.

Reminder: Tdap vaccine coverage for CHIP Perinatal members

The Tetanus, Diphtheria, and Acellular Pertussis (Tdap) vaccine is part of routine prenatal care and is a covered benefit for CHIP Perinatal members. Claims are being appropriately reimbursed for this service.

This vaccine is recommended by the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), and American College of Obstetricians and Gynecologists (ACOG) as part of routine prenatal care:

- CDC: <https://www.cdc.gov/pertussis/pregnant/mom/get-vaccinated.html>
- AAP: <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Updates-TDAP-Recommendations.aspx>
- ACOG: <https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Update-on-Immunization-and-Pregnancy-Tetanus-Diphtheria-and-Pertussis-Vaccination>



Resources:
Original Notice: <https://hhs.texas.gov/about-hhs/communications-events/news/2017/12/reminder-chip-p-coverage-tdap-vaccine>
Contact: Shuchita.Madan@hhs.state.tx.us

Prior authorization alert

Effective January 1, 2019, Texas Children's Health Plan updated the prior authorization listing.

Please note there are some key changes for providers.

Removed from the list and will no longer require prior authorization:

- Baclofen Pump

New to the list:

- Home Telemonitoring

Updates:

- Ambulance (non-emergent transport) has been updated to Non-Emergency Ambulance Transport.
- Augmentative Communication Device has been updated to Augmentative Communication Device and Accessories.
- Chemotherapy non-FDA approved has been updated to Non-FDA approved medications.
- Cranial Molding Orthosis (Helmets) has been updated to Cranial Molding Orthosis.
- High cost (>\$50,000) injectable in the outpatient setting has been updated to High cost (>\$50,000) injectable drugs in the outpatient setting.
- Implantable Hearing Device has been updated to Implantable Hearing Device (excluding batteries).
- Nutritional Supplements has been updated to Nutritional Supplements (for oral nutrition and adults).
- Oral Surgery has been updated to Oral Surgery and Medically Necessary Dental Procedures.
- Sleep Studies in Children has been updated to Sleep Studies in Children (under 18 years old).

The new Texas Children's Health Plan prior authorization list will also be posted at: <https://www.texaschildrenshealthplan.org/for-providers/provider-resources>.

If there are further questions, please contact the Provider Relations Department at 1-800-731-8527.

Health risk warning: Infant botulism and risk of honey pacifiers

In November 2018, the Texas Department of State Health services released a health alert regarding infant botulism and the use of honey pacifiers. Because honey can contain spores of *Clostridium botulinum*, which can produce a neurotoxin known to cause serious illness in infants, parents are advised not to feed it to children younger than 12 months old. Consumption of honey is widely recognized as a risk factor for infant botulism by healthcare and public health professionals.

Cases of infant botulism in Texas are rare, averaging 7 to 8 cases per year. But since August 2018, the Texas Department of State Health Services has identified 4 patients who were treated for infant botulism and have a history of using a honey pacifier purchased in Mexico. Investigators noted that these honey pacifiers and other food-containing pacifiers can be purchased at retailer as well as online, and that parents may not be aware of the potential danger of these items.

Due to the risk of contracting infant botulism, it is important to inform parents of patients younger than 12 months not to feed infants honey, or to give them pacifiers containing honey or other food products.

Symptoms of botulism in infants under 12 months of age typically start with constipation and may include poor feeding and/or weak sucking, weakness, drooping eyelids, loss of head control and difficulty breathing. Severity can range from mild illness with gradual onset to paralysis, respiratory failure, and death. Prompt recognition of a suspect case, administration of antitoxin, and initiation of supportive care can halt progression of the disease.

Infant botulism is a serious illness that requires urgent medical attention. All suspect cases should be immediately reported to public health officials. The Texas Department of State Health Services will coordinate confirmatory testing at the DSHS laboratory.

To obtain the antitoxin (Baby BIG) for treatment, physicians can contact the DSHS Emerging and Acute Infectious Disease Branch or the California Infant Botulism Treatment and Prevention Program.

For more information, contact DSHS at **512-776-7676**.

