

the **checkUP**

by
Texas
Children's
Health Plan
Medical
Directors



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Texas Children's
Health Plan

Grand Rounds CME Series

All Things Being Equal

Disparities in Pediatric and
Women's Health

Thursday, September 13, 2018

Event will be broadcasted.

Additional event information to come.

Stay up-to-date by checking www.TexasChildrensHealthPlan.org/CME

Save the date

Provided by **Texas Children's Hospital** and
presented by **Texas Children's Health Plan.**

Free registration for Texas Children's Health Plan Contracted Providers.

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PO Box 301011
Houston, Texas 77230



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Upcoming changes to prior authorization for antipsychotic medications

Effective September 1, 2018, the prior authorization for antipsychotic medications will change. At the May 15th Texas Association of Community Health Plans P&T Committee meeting, the Texas Managed Care Organizations, supported by Navitus, voted by majority to modify the Antipsychotic Clinical Prior Authorization Edit in compliance with the guidelines set forth by the Health and Human Services Commission Vendor Drug Program. The health plans opted to remove the requirements for diagnoses, while maintaining criteria for age and duplicate therapy in order to maintain safety standards for members. The question about insomnia will also be removed as this appeared to cause difficulty for some appropriate authorizations. This change will not impact currently approved prior authorizations. All existing prior authorizations must be honored until the prior authorizations are up for renewal. Details of these changes will be forthcoming to Texas Children's Health Plan providers and members.



REMINDER

Authorization requirements and code configuration

As a reminder, Texas Children's Health Plan continues to require authorization for the following service categories:

- Bariatric surgery
- Circumcision in children 1 year of age and older
- General anesthesia for dental procedures for children 6 years and under (STAR and STAR Kids only)
- Cosmetic surgery
- Oral surgery and medically necessary dental procedures
- Therapeutic and reconstructive breast procedures (including breast prosthesis)
- TMJ diagnosis and treatment
- Transplant services

Providers will be able to access a complete list of codes that require an authorization in these categories on the Texas Children's Health Plan Provider Portal after **August 30, 2018**. You can access the Provider Portal at www.TexasChildrensHealthPlan.org/for-providers.

Reconciliation of our system may impact claims payment for the following codes **effective October 30, 2018**.

The codes noted below will require an authorization for payment:

21010	21060	21076	21079	21080	21081	21082	21083	21120	21121	21122
21123	21125	21127	21141	21142	21143	21145	21146	21147	21150	21151
21154	21155	21159	21160	21188	21193	21194	21195	21196	21198	21199
21206	21210	21215	21240	21242	21243	21244	21245	21246	21247	21255
29800	29804	38205	38206	38230	38240	38241	38242	38243	43659	44132
44133	44135	44136	44137	44715	44720	44721	47133	47135	47140	47141
47142	47143	47144	47145	47146	47147	48160	48550	48551	48552	48554
48556	50300	50320	50323	50325	50327	50328	50329	50340	50360	50365
50370	50380	50547	67904	67906	67908					
S2053	S2054	S2055	S2060	S2061	S2065	S2140	S2142	S2150	S2152	



Clarification in limitations of allergen immunotherapy

Based on recommendations of network providers, the immunotherapy preparation (CPT 95165) benefit has been modified to allow 80 units in 6 months. This will facilitate ease of payment for initial preparation of antigen mixture for new patients and is consistent with national guidelines.

Subsequent to the initial preparation claim, Texas Children's Health Plan anticipates immunotherapy preparation (CPT 95165) maintenance claims consistent with national guidelines.

Billing

Use of CPT code 95165, professional services for the supervision and provision of antigens for allergen immunotherapy in excess of 80 units every 6 months will be denied.

Claims appeals

Instances in which units over 80 are billed and denied will need to be appealed with clinical documentation. Documentation must include:

- **Proof avoidance or pharmacologic therapy has been unable to control symptoms.**
- **Information on side effects to pharmacologic therapy if present.**
- **Evidence of response to skin or serology testing.**
- **Documentation of allergy type if determined to be life threatening (bees, fire ants, wasps, etc.).**
- **Confirmation of symptoms of allergic rhinitis after natural exposure to allergen.**

This policy is in accordance with the state limitation of 160 units per year.

If you have any questions regarding the claims appeal process, please contact Texas Children's Health Plan Provider Relations at 832-828-1008.

Medication Synchronization plan

Effective September 1, 2018, Texas Children's Health Plan members can receive the Medication Synchronization benefit that will allow them to pick up all of their prescription medication refills on a single day each month, rather than having to go to the pharmacy multiple times per month. The coordination of refills is proven to lead to better adherence to medication regimens.

Inform your patients about this exciting new option. Taking advantage of the Medication Synchronization benefit is as simple as the patient going to the pharmacy and asking the pharmacist to arrange it. There is no extra cost to the patient.

Providers should note that the Medication Synchronization benefit only involves drugs covered by Medicaid or CHIP and will be in accordance with the Texas Drug Code Index. Drugs identified in a member's Medication Synchronization plan must be used for treatment and management of a chronic illness and meet all prior authorization criteria but exclude Schedule II controlled substances, Schedule III controlled substance containing hydrocodone, and medications for the treatment of acute illnesses.



Modifier change for dental general anesthesia

Note: Texas Medicaid managed care organizations must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.

Pending final approval of the Nov. 16, 2017 rate hearing adjustments, the modifier to be submitted with services related to dental general anesthesia will change for Texas Medicaid. This change will be effective for dates of service **on or after February 1, 2018.**

The required modifier will change from EP to U3 for the following procedure codes:

- **Procedure code 00170 when submitted for dental general anesthesia.**
- **Procedure code 41899 when submitted by a freestanding or hospital-based ambulatory surgical center for dental therapy under general anesthesia in the outpatient hospital setting.**

For additional information about dental general anesthesia, providers may refer to the current Texas Medicaid Provider Procedures Manual, Children's Services Handbook, subsection 4.2.25, "Dental Therapy Under General Anesthesia"

For more information, you can call the TMHP Contact Center at 1-800-925-9126 or Texas Children's Health Plan Provider Relations at 832-828-1008.

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Creative Manager,
Member Engagement
David Barras

Editor
Kate Andropoulos

Designer
Scott Redding

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