



**Texas Children's  
Health Plan**

*The best decision a family can make.*

April 2009

# Provider NEWS



## TCHP receives grant for online educational materials to help providers detect Methicillin-Resistant Staphylococcus Aureus (MRSA)

Texas Children's Health Plan and Baylor College of Medicine were awarded a \$391,450 grant from Pfizer Pharmaceuticals Corporation to develop materials that can be used in live and online educational programs to assist providers and other medical personnel in identifying and treating patients with Methicillin-Resistant Staphylococcus Aureus (MRSA).

The award will fund the first phase of a three-part study to address documented problems in the management of community-based MRSA in pediatric patients in the Houston area. TCHP and Baylor College of Medicine will utilize the grant proceeds to support training of clinical professionals in the early identification and appropriate management of MRSA. The materials will also be used for Baylor College of Medicine's continuing medical education program.

In the early phases of the project, this training will include live sessions to providers and other clinical staff in the Houston area. The live sessions will include training on skill building related to proper incision and drainage of suspected MRSA lesions as the critical first step in controlling spread of the infection.

The information developed through live training sessions will be used in creating online educational materials on MRSA management that might be delivered through virtual meetings, case-based interactive learning and performance feedback. Part of the developmental process will involve convening focus groups comprised of clinicians, clinical office staff and parents of pediatric patients diagnosed with MRSA to determine how to better ensure that proper care measures are being followed with every patient at risk from MRSA. Phase one of the project is estimated to last 12 to 18 months.

# From the Medical Director: CA-MRSA and how it affects our population

Skin and soft tissue infections continue to be a significant problem among our patients and consistently appearing among the top ten diagnoses seen in the emergency department or accounting for admission to the hospital. Of course, Community Associated-Methicillin resistant *S. aureus* (CA-MRSA) causes a large number of these skin and soft tissue infections. Drs. Feigin, Kaplan and Baker have summarized their thoughts on empirical therapy of various suspected *S. aureus* infections including the increasingly common CA-MRSA and these recommendations offer a useful guide in terms of how to categorize and begin empiric treatment of these infections pending final culture and sensitivity lab results.

Looking at TCH laboratory data, they found that over 70% of *S. aureus* isolates from inpatients and outpatients with community infections are resistant to oxacillin (MRSA). While nearly 9% of *S. aureus* isolates from otherwise healthy children are resistant to clindamycin, approximately 15% of community *S. aureus* isolates recovered from children who had been hospitalized in the previous

12 months, or with an underlying condition other than asthma or eczema, are resistant to clindamycin. Thus, a hospitalization within the past year is a very important historical piece of information that may impact your antibiotic selection. Among these *S. aureus* isolates, they were uniformly susceptible to vancomycin, gentamicin, trimethoprim/sulfamethoxazole (TMP/SXT) and, almost always, doxycycline.

According to the current recommendations, when a child presents with signs of skin or soft tissue infection such as cellulitis, insect and/or spider bite, folliculitis/pustular lesions, furuncle/carbuncle or an abscess, if possible, an incision and drainage (I & D) should be the first step, along with specimen collection for culture and susceptibility testing. The next step is to classify the infection as mild, moderate, severe or critically ill and then implement the appropriate therapy.

The current classifications are briefly summarized below:

- Mild–Afebrile and previously healthy with no hospitalizations within the past 12 months.
- Moderate–Febrile, appearing ill and previously healthy with no hospitalizations within the past 12 months.
- Severe–Toxic appearance, or presence of any chronic illness except asthma or eczema, or limb-threatening infection
- Critically ill–Toxic appearance and physiologic instability (clinical scenario such as might be seen with children suffering from septic shock, endocarditis, necrotizing pneumonia ± pleural empyema, or osteomyelitis, septic arthritis or pyomyositis).

The mild and most moderate infections, if seen early can be typically treated with I & D (where possible), oral antibiotics

such as TMP/SXT (if group A streptococcus unlikely), clindamycin, or doxycycline (if over 7 years old) with follow-up in the next two days. Cases with extensive involvement, clinically concerning systemic symptoms, or where the physician has significant concerns about compliance and follow-up as well as severe cases will require hospitalization, I & D where possible, and empiric vancomycin therapy until the culture and sensitivities are available. The critically ill children will require intensive care and their empiric vancomycin therapy should be broadened with nafcillin and possibly gentamicin.

Once the microbiology tests come back and the infection etiology is established, therapy should be modified as appropriate. Consultation with an infectious diseases specialist is always an option to guide your care decisions since this is an evolving field. It should be noted however that for those patients with oxacillin-susceptible *S. aureus* (MSSA) infections, nafcillin or cefazolin is recommended and that clindamycin should not be used for therapy of MSSA infections unless there has been a life-threatening reaction to penicillin or cephalosporins.

Over the summer, TCHP will be working to provide you with patient education materials directed at helping parents and other caregivers recognize the signs and symptoms of skin and soft tissue infections early and alerting them to good first aid, wound cleansing and when to seek your help in assessing a possible skin infection. TCHP Quality Improvement nurses will also be a visiting a number of physicians in certain targeted areas to provide additional materials and academic detailing. Our goal is to either prevent these infections or to get them treated as early as possible in the mild to moderate categories and hopefully avoid the progression to the severe and critically ill situations.

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## Changes in Provider Relations to support you

TCHP has always valued its relationships with our contracted providers. As the Health Plan surpassed the 200,000 membership mark, TCHP recognized the need for a closer working relationship with our providers to take care to our member's health care needs. In order to make this possible, Provider Relations has split Houston and surrounding counties into three regional territories—East, West and Central. Each region has a manager assigned to that region. The territories are split as follows:

| East territory                          | West territory                              | Central territory                         |
|---|---|---|
| <b>Ninfa Cruz,<br/>Regional Manager</b> | <b>Candace Hebert,<br/>Regional Manager</b> | <b>Trish Malone,<br/>Regional Manager</b> |
| Rudy Perez                              | Erica Thomas                                | Juanita Alanis                            |
| Maria Perez                             | Tanya Jones                                 | Monica Martinez                           |
| Rebecca Richard                         | Shelly Chandler                             | Issel Rivera                              |
| Lystra Bartholomew                      | Javier Valdez                               | Bertha Ford                               |
| Cyndi Hannah                            | Chris Ombrog                                | Colleen Carpenter                         |
| Leslie Appleby                          | Julie Merritt                               |   |

If your Provider Relations Manager has not stopped by and introduced himself or herself, please contact Provider Relations at 832-828-1008 and ask to be connected with your manager.

## Medical Home Marathon news

Quality Improvement nurses have provided 461 Medical Home educational visits to primary care providers since the Medical Home Marathon started in 2007. The Medical Home team applauds TCHP physicians for providing quality medical homes to the indigent and low-income population. Our focus is on well child preventive care or EPSDT. The conclusion of the 14-year long Frew lawsuit against the state of Texas has resulted in some modifications of Texas Medicaid program expectations of EPSDT visits.

The largest impact is the change in timeliness criteria for EPSDT visits:

- EPSDT visits must occur within one week of birth for newborns and at the two week checkup.
- EPSDT visits must occur within 60 days following the anniversary of the birth date for two month and older checkups.
- The second major change is the expectation that each new STAR member must receive an EPSDT visit within 90 days of enrollment in a health plan.

TCHP understands the challenges these timeframes pose. Our Members Services Department reaches out to new members and members due for an EPSDT visit to remind them to schedule their visit with their primary care physician. Our Member Services Department is also available to provide member education regarding missed appointments and the importance of preventive care. The referral form to Member Services for the educational outreach is located in the TCHP Provider Handbook.

The Quality Improvement Medical Home Marathon team is available to answer questions regarding preventive care requirements and how they have been affected by the Frew lawsuit during their visits in your office. If you would like to schedule a visit, please call Chris Reynolds at 832-828-1285 and she will make arrangements for you.

## Dental services added to Texas Health Steps checkups

Medicaid now requires primary care physicians, physician assistants and advanced practice nurses to provide and be paid for an oral health evaluation and application of fluoride varnish during Texas Health Steps checkups. The new change applies to TCHP members 6 to 35 months old.

Following the initial visit, providers must refer TCHP members to a dental home for a dental checkup every six months. TCHP members may also choose any STAR Medicaid dental provider. TCHP will reimburse certified providers for the oral evaluation and fluoride varnish.

For more information about these changes, contact your Provider Relations Manager at 832-828-1008.

# TCHP wants to identify children of migrant farm workers

Texas Children's Health Plan is working hard to identify children of migrant farm workers in order to get these children, as with all of our children, the best health care possible. Upon identification, children of migrant farm workers will quickly receive new member materials, health risk assessments, case management and well-child visits to their primary care providers.

## Who might qualify as a migrant farm worker?

The migrant population is diverse, and its composition varies from region to region. However, it is estimated that 85% of all migrant workers are minorities, of whom most are Hispanic (including Mexican-Americans as well as Mexicans, Puerto Ricans, Cubans and workers from Central and South America).

Without the efforts of farm workers, it would not be possible to support the multi-billion dollar fruit and vegetable industry in this nation. Agricultural production depends on the influx of seasonal labor at critical periods in crop development.

Migrant and seasonal farm workers provide this labor. Farm workers may be needed to hand-pick apples or peaches, harvest asparagus or chilies, stake up tomatoes, dig potatoes or beets or work in a packing plant.

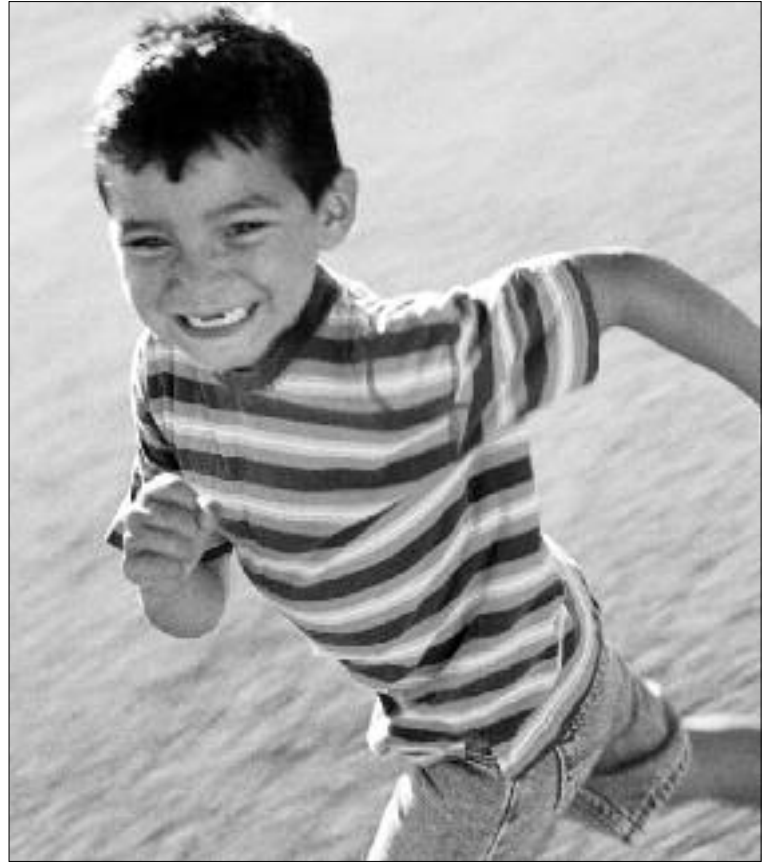
The circumstances of farm worker children are particularly poignant. Constant mobility makes it hard for farm worker children to complete their education. Even when children do not work, they may be at risk. Because child care facilities are rarely available, many farm worker children are present in the fields and thus are exposed to pesticides on plants and in the dirt. It is thought that the consequences of pesticide exposure may be more severe for children.

Migrant workers don't generally have health insurance. They may also lack transportation to the clinic or, since they don't receive sick leave, be afraid of losing wages or even losing their jobs if they take time off to seek health care. The U.S. Public Health Service funds some migrant health centers to help provide care to farm workers, but not nearly enough to meet the need.

## How TCHP is helping

Currently, we are working with other community resources to identify these children, but we need your help.

Some of the community partners we are working with include, Children's Defense Fund, Community Family Center, La Marque Teen Health Center, Spring Branch Family Development Center, Galena Park ISD Migrant Program and Consulates of Central America and Mexico.



TCHP has case workers that will assist families in any way possible to ensure their medical office visits are done in a timely manner. If needed, transportation for doctor's appointments can also be arranged. TCHP also added spotlights in our member newsletters, *Kids First* and *Manage your Health*. Health Risk Assessment questionnaires were sent to members to help identify children of migrant farm workers.

EPSDT timely visits will be important. As new interventions are coordinated to improve the rate of compliance for this population, the Provider Relations Managers and Quality Improvement Specialists will be educating you and your staff. The Provider Relations Department will also publish upcoming events through our newsletter so you can share this information with your members.

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 you have a patient that is a migrant farm worker, encourage them to call our toll free Member Services line at 1-866-959-2555.

Source: [www.nch.org](http://www.nch.org) National Center for Farm Worker Health

## The appropriate use of 99050 and 99051

Office hours matter! Under CPT guidelines the use of 99050 is defined as services provided in the office at times other than regularly scheduled office hours or days when the office is normally closed (for example, holidays, Saturday or Sunday). The key here is your posted hours. Make sure that your signage, brochures and Web site clearly denote the hours of operation. For example, if your office has normal business hours of 9 am to 5 p.m. and you provide services after 5 p.m., which is when the office is normally closed, you are justified in using 99050.

CPT code 99051 is somewhat different. If your practice provides services on evenings, weekends or holidays you should consider using code 99051. For instance, if your practice posts regular office hours from 9 a.m. to 1 p.m. on Saturdays, you would be justified in reporting 99051 in addition to all Saturday services provided, according to American Medical Association (AMA) in *CPT Changes 2006: An Insider's View*.

99050 and 99051 are add-on codes. They do not replace evaluation and management (E/M) codes or other codes such as CPT, HCPCS and ICD-9 that you would code for the services rendered. Just remember to be consistent with the use of 99050 and 99051—your practice should post office hours. 99050 is for services provided outside posted hours and 99051 is for services that fall within posted office hours but outside “normal” business hours.

*References: AABC Coding Edge; Journal of Urgent Care Medicine: May 2007*

## Billing for prolonged services

Billing codes 99354 and 99355 are for office or outpatient visits. The following codes should be used when a patient visit runs above the normal time.

99354—List this code when patients receive prolonged provider services in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service. Prolonged visits are usually 30 to 74 minutes. Physicians should list the first hour separately in addition to the code for an office or outpatient visit.

99355—List this code separately in addition to coding for prolonged provider services for each additional 30 minutes spent with the patient. Use this code for each 15-30 minute interval beyond the extra 74 minutes on the 99354.

Codes 99354 and 99355 cannot be billed if a prolonged patient visit is less than 30 minutes. These codes cannot be billed alone; they are add-on codes and must be reported with another E/M code. CPT 99355 can only be reported after the main CPT code 99354.

Providers should keep records of the clinical explanation for the use of the prolonged visit codes and documentation of the date of service and the actual time involved in the face-to-face patient visit.

Please keep in mind that the use of the prolonged service code is fairly uncommon in primary care because of the required direct face-to-face component. Its use represents a fairly dramatic clinical situation occurring over an extended period of time.

## TCHP reimburses for sports physicals

Texas Children's Health Plan reimburses providers for sports physicals provided to patients during office visits.

We will reimburse \$10 for code 97005 Athletic Training Evaluation and Management.

This code will only be reimbursed when no other service is provided. When other services are provided such as EPSDT or E&M visits, you will receive a contracted rate for the remaining services.

For more information, contact your Provider Relations Manager at 832-828-1008.

## View your EOPs online

Viewing your Explanation of Payments (EOPs) is easier than ever.

Go to [www.emdeonpayment.com](http://www.emdeonpayment.com) and sign up for the Standard Payment Manager which is free to you through our partner Emdeon.

The Standard Payment Manager allows you to search, view and print Texas Children's Health Plan Explanations of Payment from the convenience of your office.

For questions about the Standard Payment Manager, contact Emdeon ePayment Enrollment Support at 1-866-506-2830, option two or ePayment Production Support at 1-866-506-2830, option three.

# National Infant Immunization Week is April 25-May 2

Vaccines are among the most successful and cost-effective public health tools available for preventing disease and death. They not only help protect vaccinated individuals from developing potentially serious diseases, they also help protect entire communities by preventing and reducing the spread of infectious agents. Providers are the single biggest influences for parents when making immunization decisions.

Here are some interesting facts about immunizations:

- According to the 2006 National Immunization Survey, the City of Houston has a 73.8 % estimated percent of vaccination coverage with the 4-3-1-3-3 series\* among 19-35 month olds.
- Each day, 12,000 babies are born in the United States who will need to be immunized against fourteen diseases before age 2.
- Immunizations are extremely safe. Vaccines are thoroughly tested before being approved for public use and monitored carefully by doctors, researchers, and public health officials.
- Vaccines not only prevent disease, they reduce the costs associated with missed time from work, doctor visits and hospitalizations.

## What you can do as a provider?

- Take the time to speak to parents about the importance of immunizations.
- Use the updated 2009 immunization schedules available at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).
- Don't miss an opportunity to complete an EPSDT/THSteps visit with a patient.
- Ensure that your patients are up-to-date on their vaccinations at each visit by checking their shot records and not missing opportunities for vaccinations.
- Enter or upload the immunization record into the Houston-Harris County Immunization Registry (HHCIR) or Texas Immunization Registry (ImmTrac). This became a **requirement** per Texas House Bill 1921 in 2005.

## Where can you get more information?

- HHCIR [www.hhcir.org](http://www.hhcir.org) or 832-824-2064
- ImmTrac [www.dshs.state.tx.us/immunize/ImmTrac](http://www.dshs.state.tx.us/immunize/ImmTrac) or 800-348-9158
- Centers for Disease Control and Prevention [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Unfortunately, because most diseases are prevented in immunized children, parents are sometimes unaware of what it takes to fully immunize a child. Consider this week an opportunity to spread the word and educate your patients about the importance of timely immunization. You are essential in the protection of your patients and your community!

\* Completion of four or more doses of Diphtheria-Tetanus-Pertussis vaccine, three or more doses of Poliovirus vaccine, one or more doses of any Measles-containing vaccine, three or more doses of Haemophilus influenza type b vaccine and three or more doses of Hepatitis B.

## TCHP offers CME series at two locations

To provide you with more options, TCHP will offer its 2009 CME series at two locations. You can choose one series at either location. The topics covered will include Asthma and Preventative Care.

At the conclusion of the session, you should be able to:

- Implement the asthma guidelines in practice.
- Evaluate patients for appropriate medication.
- Educate asthma patients for treatment compliance.
- Review the asthma quality initiative in the emergency room and hospital and relate how it impacts you.
- Implement guideline-based follow up after emergency room visit or hospitalization.
- Identify major challenges when providing EPSDT services for children.
- Describe the basic components of the EPSDT services including Frew requirements.
- Describe the potential impact of the Frew settlement on providing EPSDT services.

You can choose from one of the following sessions:

Thursday, April 23  
Space Center Houston  
1601 Nasa Parkway  
Houston 77058  
5 p.m. to 9 p.m.

Thursday, April 30  
University of Houston Hilton  
4800 Calhoun St.  
Houston 77024  
5 p.m. to 9 p.m.

To register for the CME Program, call Ronda Kelly at 832-828-1232 or by email at [rfkelly@tchp.us](mailto:rfkelly@tchp.us).

## STAR Babies offers help to pregnant members

Texas Children's Health Plan's STAR Babies program consists of case managers, health educators and resource coordinators that coordinate care for pregnant members through 60 days post delivery and newborns through 18 months. Prenatal and newborn screenings are performed to help identify other needs such as access to medical care, transportation, WIC, car seats, clothing and cribs.

We also provide education about:

- The pregnancy process
- Care during pregnancy
- Newborn milestones
- Infant development
- Immunizations and medical checkups

Monthly, TCHP sends *STAR Babies*, our member newsletter, which provides information to our mothers-to-be about how to achieve a healthy pregnancy outcome. Articles on nutrition, STDs, prenatal care and upcoming infant immunizations fill the pages of this informative newsletter each month. Furthermore, each article is written in both English and Spanish.

Texas Children's Health Plan offers many free services to our members. This includes offers for our pregnant mothers to attend free classes on cooking, newborn care, breastfeeding, safe sleep for infants and much more. Our moms also participate in TCHP baby showers and car seat installations.

For additional information about



### Online pregnancy notification is an easy way to earn a bonus

Early pregnancy notification is an important way to identify TCHP members who are high risk and/or eligible for additional community services. We can also enroll the member into our STAR Babies program.

In order to qualify for the pregnancy notification bonus, you must notify us of new pregnant members using the online pregnancy notification form, located on the TCHP Web site. Doctors should submit online notifications as early in a pregnancy as possible.

The bonuses are paid as follows:

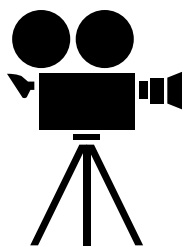
- First trimester notification—\$40 per member
- Second trimester notification—\$30 per member
- Third trimester notification—\$20 per member

Start notifying us today!

Visit [www.TexasChildrensHealthPlan.org/Providers](http://www.TexasChildrensHealthPlan.org/Providers) and select pregnancy notification form on the left side of the page.



# Upcoming events for TCHP members



## Coming soon to a Theater Near You: *Night at the Museum: Battle of the Smithsonian*

We will be hosting a movie day for our members at the AMC Katy Mills 20, 5000 Katy Mills Circle, on Saturday, May 23 at 11 a.m. This is a free, private screening of the new *Night at the Museum: Battle of the Smithsonian* movie for members and their families. Members must reserve tickets to attend and will receive a telephone invitation. Movie day is just another way of letting our members know that Texas Children's Health Plan values their membership.

## Houston Dynamo—Come Play Soccer!

Texas Children's Health Plan has partnered again with the Houston Dynamo to provide members ages 8 to 15 years old the opportunity to attend a free soccer clinic coached by Dynamo coaches and attend a Dynamo game after the clinic! Eligible members will receive an invitation in the mail.



## Asthma study participants wanted

The Asthma Clinical Research Center at Baylor College of Medicine and Texas Children's Hospital is currently recruiting volunteers for an asthma study. Eligible participants must be between 6 and 17 years of age and have asthma that is being treated with an inhaled corticosteroid.

Study participants will receive free lung function testing and will be compensated for time and parking. For more information, contact Baylor College of Medicine at 713-798-2682, 713-798-2681 or by email at [asthma@bcm.edu](mailto:asthma@bcm.edu).

## Help prevent skin infections

Skin infections in the Houston area remain on the rise. Encouraging patients to wash their hands remains the best solution. The CDC has some helpful free posters available at <http://www.cdc.gov/germstopper/materials.htm> or call our office at 832-828-1222 and we will send you copies for your waiting area.

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



## Community Fairs: Keeping Your Community Safe and Healthy

We are hosting community fairs at apartment complexes in the Houston area. Community fairs provide free food, giveaways and important information to help keep families safe and healthy. Call Rhonda at 832-828-1303 to have a community fair in your community.



## PROVIDER NEWS

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