



**Texas Children's
Health Plan**

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Provider NEWS



January 2011

TCHP launches new Provider TouCHPoint web portal

In September of last year, Texas Children's Health Plan (TCHP) unveiled a new Provider TouCHPoint system. Provider TouCHPoint encompasses new and current features in a user-friendly, online environment. Now you can utilize Provider TouCHPoint to access:

- TCHP member eligibility and copay information.
- Claim status inquiry and remittance details.
- Diagnosis, CPT, and modifier code explanations.
- Authorization status and submissions.
- Needed preventative visits and panel reports.

We are confident that these enhancements will help streamline your office's administrative functions.

Before you introduce Provider TouCHPoint to your office staff, you will need to designate a site administrator to set up their username and password. Your site administrator can then set up access for your entire office staff.

To help guide you through this process, we have created a Provider TouCHPoint Quick Reference Guide. You can access the quick reference guide at www.TexasChildrensHealthPlan.org/Providers. The link to the quick reference guide is located on the left-side menu bar. The quick reference guide is also located under the reference section located on the home page in Provider TouCHPoint. Please use this quick reference guide to help familiarize yourself with our new portal.

Continued on page 3

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P.O. Box 301011, NB 8301
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Physician offers after-hour services to patients

Dr. Martin Yudovich spends his day seeing pediatric patients at the same location he started practicing more than 30 years ago. Often working through lunch, he and his staff see over 200 patients daily. Dr. Yudovich recently received an incentive for the second quarter for offering after-hour services as part the Texas Children's Health Plan (TCHP) Provider Incentive Program.

Q. How many years have you been at this location?

A. This is my only location. I have been at this location for 35 years.

Q. How many full-time employees work in your office?

A. We have 4 pediatricians working consistently; we have 15 nursing aides, a phlebotomist, 6 front desk clerical staff, and we have lab testing and X-rays in-house, so we don't have to send our patients anywhere else the majority of the time.

Q. Do you offer extended/after-hour services to your patients?

A. We are open early at 8 a.m., and we close at 7 p.m. Sometimes we see patients through lunch, and we bring lunch in-house and continue to see patients specifically when we are in the busiest season of the year.

Q. How many of your patients are walk-ins versus appointments?

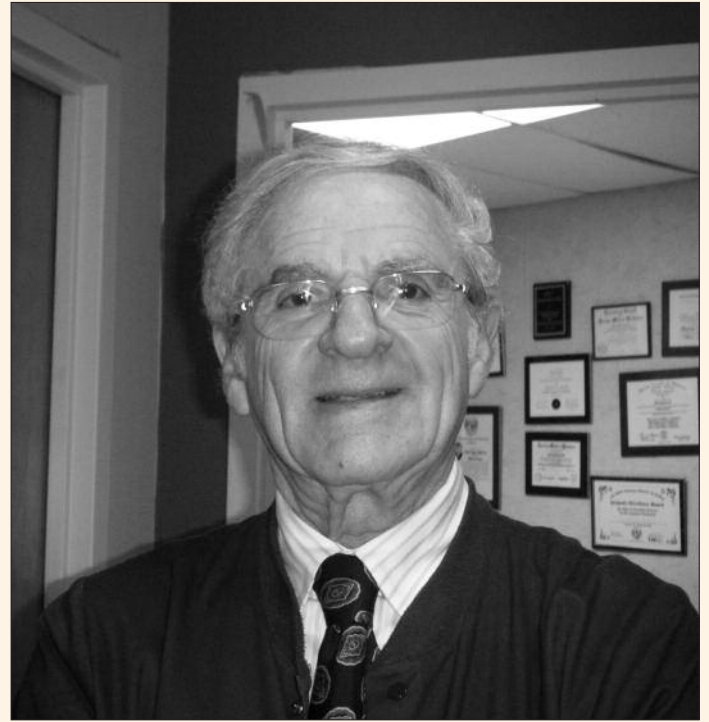
A. Most of our patients are walk-in visits.

Q. How do you educate your patients and their families about the appropriate use of the emergency room (ER)?

A. We educate our patients daily. When we find out that they have been abusing the system by going to the ER we try to express to them why they don't need to go to the ER. Because not only is it costly, but we compare the price of going to the ER to what we are paid from the health plans for an office visit. It's a nominal fee. I ask my patients that if they would have to come out of their pocket and pay \$2,000 or \$3,000 compared to \$20, where would they go? Then they understand.

Q. How do you get parents to bring their child in for a well visit or Texas Health Steps visit?

A. We remind the parents each time they bring their child for a sick visit or a well visit. Our TCHP Provider Relations Manager also helps us by coming in the office and making reminder phone calls to TCHP members who need to come in for their exams.



Dr. Martin Yudovich

Practice: 4501 Groveway Drive
Houston, 77087

Years at current location: 35 years

Hours of operation: M-F 8-7

Staff: 26 full time

Q. Where do you direct your patients for after hours, urgent care, and emergency care services?

A. Very seldom do I send my patients to the ER over the phone. About once a year or so, we have to tell them to go to the ER because most of the time we can handle their illness in our office.

Q. How do you deal with no-shows?

A. We no longer take appointments because of our past problems with no-shows. However, we do give preference to handicapped children and children with special health-care needs. We try to see them right away.

Q. Do you have any success stories that you could discuss in regards to a behavior change in one of your patients or particular group?

A. We have many success stories. However, one thing I am proud of is the percentage of our patients that are hospitalized is almost zero.

EFT services available for TCHP providers

As changing market dynamics continue to increase the pressure to maximize revenue and profit, providers and health-care systems are searching for ways to reduce costs while increasing efficiency across the billing cycle. To that end, we are pleased to announce that Texas Children's Health Plan (TCHP) has arranged for Emdeon to deliver ePayment services, consisting of electronic funds transfer (EFT) services.

Providers can sign up for EFT enrollment using any of the options below.

Option 1: Sign up online by visiting www.emdeon.com/eft.

Option 2: Go to www.emdeon.com/epayment. Select your provider type. Click on the "Enroll Now!" link to download your EFT enrollment and authorization form. Complete the form, and fax or mail it to Emdeon.

Option 3: Contact an Emdeon EFT representative to start your enrollment process by dialing 1-866-506-2830 and selecting option 1.

Below are some helpful hints for a smooth EFT enrollment.

- Ensure that you are an authorized representative of the designated provider.
- Have your contact, organization, and financial account information available.
- Review all terms and authorization forms prior to submitting them to Emdeon.
- Review the EFT Frequently Asked Questions on www.emdeonepayment.com.

For existing EFT customers:

If you are an existing EFT customer with Emdeon and wish to add TCHP to your service, please call 1-866-506-2830 and select option 1 to speak with an enrollment representative.

TCHP launches new Provider TouCHPoint web portal (continued)

Additionally, there will be no changes to Telephone TouCHPoint. You can continue to use Telephone TouCHPoint by calling 832-828-1007 to check member eligibility, claim, and EPSDT information.

If you are not already registered, please contact your office administrator or visit our website at www.TexasChildrensHealthPlan.org/Providers.

If you have any questions or need assistance, please call your Provider Relations Manager at 832-828-1008.

Authorizations available online

The Texas Children's Health Plan (TCHP) Provider TouCHPoint web portal has an authorization history feature available with just a few clicks. TCHP designed this new feature to improve communication between specialists and primary care providers (PCPs).

You can view all authorizations for members that are assigned to your panel by clicking on authorizations and entering in the member's information. You will be able to see services requested and approved by various providers and facilities. Specialists can only view their requested authorizations.

All providers are able to submit authorization requests online as well. TCHP will receive those requests immediately and process your authorization request within 2 business days.

For more information on how Provider TouCHPoint can work for you, call your Provider Relations Manager at 832-828-1008.

Provider manual available online

You can now access the new TCHP Provider Manual under the communications link of Provider TouCHPoint or at www.TexasChildrensHealthPlan.org/providers and click on the provider handbook link on the left-side menu bar. Please be sure you discard any other version of the TCHP Provider Manual, and use this version for the most up-to-date information on TCHP requirements and policies.

If you would like to sign up for Provider TouCHPoint, contact your office manager or your Provider Relations Manager at 832-828-1008.

**Texas Children's Health Plan
Provider Manual**

STAR/Medicaid

Deanda Joni Bond Carreton	Lami Morgensky Walker
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**Children's Health
Insurance Program (CHIP)**

Janita Raines Diantra Nori Bond Coburn	Dandi Lynn James Jefferson Lacey	Marysela Marguerite Svetla Oliver Julia	Suz Jacinto Tijie Wahba Wallo Wanina
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Texas Children's Health Plan Provider and Care Coordination | 832-828-3085 | www.TexasChildrensHealthPlan.org

Changes to billing for treatment of ophthalmic services

Effective November 15, 2010, primary care physicians can no longer bill for the following CPT codes:

- 92015–Determination of refractive state.
- 92081–Visual field examination, unilateral or bilateral, with interpretation and report, limited examination.

TCHP considers these codes to be outside the scope of services that are performed by a primary care physician and will be denied for future payment. This change applies to both CHIP and STAR (Medicaid) programs.

Additionally, Medicaid rules state that general vision screenings performed in conjunction with an EPSDT visit are included in the global payment for an EPSDT visit. Therefore, you should not bill separately for this service.

If you have any questions, call your Provider Relations Manager at 832-828-1008.



Quarterly fee schedule updates

In order to pay your claims correctly TCHP will update the Medicaid fee schedule on a quarterly basis when it is obtained from the Health and Human Services Commission (HHSC). The fee schedule from HHSC typically contains retro changes to payment levels. In order to process your claim correctly, TCHP will automatically reprocess any claim that is affected by plus/minus \$.25. These reprocessed claims will appear on your explanation of payment (EOP) with an R1 behind the original claim number and the new payment rate will appear with an A1 behind the original claim number. Your EOP will indicate that the change was due to a fee schedule change. If you have questions on your fee schedule, call your Provider Relations Manager at 832-828-1008.

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.

Filing claims when TCHP is secondary

Texas Children's Health Plan (TCHP) will accept your secondary claims electronically and on paper without the submission of a primary explanation of payment (EOP) if the following are completed on your claim forms.

- For HCFA CMS 1500 paper claims complete block 9 (a-d), block 11 (a-d), and block 29.
- For HCFA CMS 1500 electronic claims complete loop ID 2320, 2330A, 2330B, and 2330C.
- For UB-04 paper claims complete boxes 50, 54, 58, 61, 62, and 65.
- For UB-04 electronic claims complete loop ID 2320, 2330A, 2330B, and 2330C.

TCHP will also accept your paper claim with the primary EOP attached for consideration.

All TCHP secondary claims must be submitted within 95 days from the date of the primary EOP to be considered for payment.



Change in limitations of allergen immunotherapy

Effective March 1, 2011, an authorization will be required for preparation of allergen immunotherapy antigens exceeding 40 units every 3 months.

Billing

Use of CPT code 95165, professional services for the supervision and provision of antigens for allergen immunotherapy in excess of 40 units every 3 months, will require an authorization.

Authorization

Instances in which increased units (over 40) are required must be authorized. Information TCHP needs to complete the authorization includes:

- 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 on the authorization requirement, contact Utilization Management at 832-828-1004.



Credentialing change for physicians delivering allergen immunotherapy services

Effective March 1, 2011, allergy testing and injections will be reimbursed only for primary care physicians who are credentialed as allergy specialists. TCHP will utilize the American Academy of Allergy, Asthma, and Immunology (AAAAI) guideline in the credentialing of PCPs to provide allergy testing and injections. The guideline states that delivering individuals must have appropriate experience and training. Information on AAAAI guidelines can be found at www.aaaai.org.

Primary care physicians wishing to receive specialist credentialing for allergen immunotherapy will need to submit a credentialing application and provide appropriate documentation. For questions regarding documentation, providers should call the TCHP Credentialing Department at 832-828-1289.

By March 1, 2011, primary care physicians who are not credentialed for allergy specialty services will be expected to transition TCHP members to credentialed network allergy specialists for continued allergen immunotherapy.

Physicians needing assistance with locating credentialed allergy specialists will need to call Member Services at 832-828-1004 and press option 5 for covered benefits and services.

Physicians with questions on this policy or physicians who want to proceed with the credentialing for allergy specialty services may contact their Provider Relations Manager at 832-828-1008.

TCHP reinstates guidelines for CPT code 76811

The Texas Children's Health Plan (TCHP) policy for ultrasound CPT code 76811 has been established using industry-accepted resources and guidelines set forth by the American Institute of Ultrasound and Medicine (AIUM), the American College of Obstetricians and Gynecologists (ACOG), the American College of Radiology (ACR), and the Society for Maternal-Fetal Medicine (SMFM).

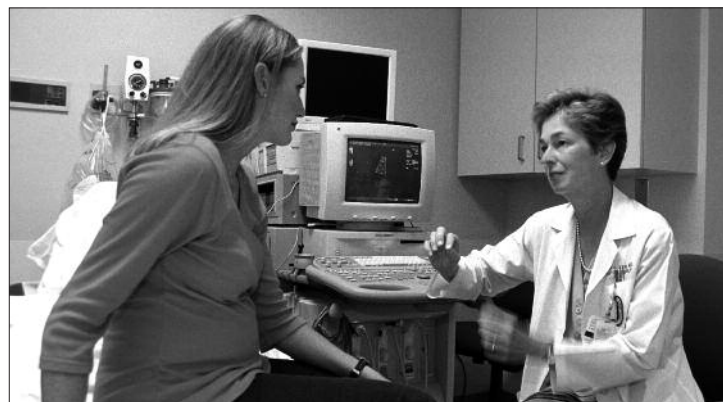
Definition of CPT code 76811

Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach, and single or first gestation.

A detailed fetal anatomic examination would include evaluation of fetal brain and ventricles, amniotic fluid, intracranial, spinal, abdominal anatomy, face, heart and outflow tracts and chest anatomy, abdominal organ-specific anatomy, number, length, and architecture of limbs, umbilical cord insertion site, placenta, examination of maternal adnexa, if visible, gestational sac/fetal measurement, and other fetal anatomy that may be clinically indicated.

The following is a list of requirements for use of CPT code 76811:

- Cannot be used as a screening tool or a routine scan for all pregnancies. There must be a known or suspected fetal anatomic or genetic abnormality (previous anomalous fetus, abnormal scan this pregnancy, etc.) in order to perform this upper level scan.
- Physician should have special training. This ultrasound should be performed by a physician trained in maternal-fetal medicine (utilization of code should be rare outside of referral practices with special expertise in the identification of and counseling about fetal anomalies). The expertise required for use of this scan can be obtained through a fellowship in Maternal-Fetal Medicine or Radiology or through a specialized ultrasound fellowship. The responsibility for information in the sonogram and interpretation of the images rests with the physician. Only properly trained physicians should use this code, irrespective of the sonographer's training or experience.
- No repeat usage. Only 1 medically indicated CPT code 76811 per pregnancy, per practice is considered appropriate. A second scan should not be performed unless there are



extenuating circumstances with a new diagnosis. A scan might be necessary when a patient is seen by another Maternal-Fetal Medicine Specialist practice for a second opinion, or if the patient is referred to a tertiary center in anticipation of delivering an anomalous fetus at a hospital with specialized neonatal capabilities.

- Follow-up ultrasounds. A follow-up ultrasound for CPT code 76811 should be CPT code 76816 when doing a focused assessment of fetal size by measuring the BPD, abdominal circumference, femur length, or other appropriate measurements. You can also use this code for a re-examination of a specific organ or system known or suspected to be abnormal.

Documentation for the code must include the following:

- Abnormality and medical indication for the ultrasound.
- Written documentation of each component of the exam—CPT code 76811 requires both basic examination of fetal and maternal structures included with CPT code 76805 (determination of number of gestational/chorionic sacs and fetuses, gestational sac/fetal measurements for appropriate for gestational age, evaluation of amniotic fluid, four-chambered heart, intracranial, spinal, abdominal anatomy, placenta location and the umbilical cord insertion site, examination of maternal adnexa) plus a detailed examination of fetal anatomy (abdominal organ-specific anatomy, fetal brain and ventricles, face, heart and outflow tracts and chest anatomy, number, length and architecture of limbs, placenta, and other fetal anatomy that may be clinically indicated.)
- Preparation of a comprehensive report for the medical record signed by the physician.

If you have any questions about CPT code 76811, call your Provider Relations Manager at 832-828-1008.

Decreasing preterm birthrates via progesterone use

By Carla Ortique, M.D.

The problem

The Health and Human Services Commission (HHSC) says preterm delivery, defined as delivery at less than 37 weeks gestation, occurs at a rate of 12.7 percent in the United States and 13.6 percent in Texas. By comparison, the preterm birthrate in 1981 was 9.4 percent, which represents a 20 percent increase. Because of increasing preterm delivery rates, the United States lags behind almost every industrialized nation in infant survival, currently number 30 with a rate of 6.9 infant deaths per 1,000 live births.

The cost

In 2005, costs related to prematurity were approximately \$26 billion. This staggering number only accounts for costs related to the first year of life and does not reflect the long-term costs and societal burden related to treatment of some of the chronic problems that can result from extreme prematurity. In Texas review of Medicaid claims data helps define the significant financial burden that premature delivery creates.

In Texas 55 percent of all deliveries are covered by Medicaid, at a cost of \$2.2 billion a year in birth and related services. This represents 10 percent of the state's total Medicaid budget. Greater than 50 percent of these costs are attributable to extremely premature infants, which account for 2 percent of births in Texas. For comparison, normal-term newborns represent 76.5 percent of claims at an average cost of \$404 per claim, which equals 12.7 percent of costs. Extremely premature newborns represent 2 percent of claims at an average of \$63,124 per claim or 51.3 percent of costs.

Progesterone—part of the solution

Primary prevention is usually superior to treatment of any disease state and this is certainly the case for non-iatrogenic premature delivery. In 2008 based on review of the literature, American Congress of Obstetricians and Gynecologists (ACOG) issued a committee opinion outlining the importance of offering progesterone therapy for pregnancy prolongation to women with history of previous spontaneous birth at less than 37 weeks gestation, and those incidentally identified with very short cervical length (<15 millimeters).

A large randomized study conducted by the National Institute of Child Health and Human Development investigating weekly

intramuscular administration of 250 milligrams of 17 alpha hydroxy progesterone caproate (17P) to women with documented spontaneous delivery prior to 37 weeks resulted in statistically significant decrease in rates of preterm labor when compared to placebo. Significant reductions in infant complications were also realized. No adverse health outcomes in surviving children were identified related to progesterone therapy. Daily 100-milligram vaginal progesterone suppositories have also been shown to be efficacious in treating women with history of preterm delivery. Likewise, vaginal administration of 200 milligram micronized progesterone daily has been successful in reducing preterm delivery rates in women with very short cervix.

While studies are ongoing regarding other potential indications and alternative routes of administration, at present only the above 3 regimens are recommended.

As vaginal routes require daily administration and are highly user dependent, the 17P intramuscular route of administration is more likely to provide reproducible results in the community. It can be administered in the physician's office or via a home health provider.

The bottom line

So what's a busy physician to do? First, encourage your patients to seek early entry into prenatal care and obtain a careful and complete history to identify patients with history of prior spontaneous preterm delivery.

Second, ensure that you and your staff have heightened awareness of risk factors for preterm delivery such as history of previous preterm delivery, African American race, multiple gestation, short cervix, and weight less than 50 kilograms.

Finally, offer progesterone supplementation for pregnancy prolongation to women with history of previous spontaneous delivery prior to 37 weeks or ultrasound documented cervical length <15 millimeters.

Indication	Modality	Route	Frequency	Codes
Previous Preterm Delivery	17P 250 milligrams	Intramuscular	Weekly from 16 weeks to 34 weeks (must be started prior to 26 weeks gestation for result)	DX code: V2341 Procedure code: J3490

STAR Babies offers support to pregnant members

The Texas Children's Health Plan 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. Members receive prenatal and newborn screenings to help identify other needs including 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.

Every month, TCHP sends STAR Babies' members 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 opportunities 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 our annual baby shower event and car seat installations.

For additional information about STAR Babies, call 1-866-959-2555.

Correction for IUD and office visit procedure code limitations

This is a correction to the 2010 *Texas Medicaid Provider Procedures Manual, Gynecological and Reproductive Health Services Handbook*, section 5.3.5.2.2 "Removal of the IUD," on page GN-39.

The section incorrectly states, "Procedure code 58301 will not be reimbursed when submitted with the same date of service as an office visit." The correct information is for Title V and XX services, procedure code 58301 may be reimbursed if it is submitted with the same date of service as an office visit.

Please be aware that IUD insertion is a covered benefit for Medicaid members. Members desiring the service do not need a referral or authorization.

Source: *Texas Medicaid Bulletin*, Sept. /Oct. 2010, Nov. 231

Mark your calendars for the TCHP Grand Rounds CME Series

On Thursday, February 3 from 5 p.m. to 9 p.m., TCHP will host its "Night of Cardiology" Grand Rounds CME Series at the Crowne Plaza, 8686 Kirby Drive.

This FREE CME program is for TCHP-contracted physicians. Dinner and a \$100 honorarium will be provided to participating physicians.

To register for this CME, call Ronda Kelly at 832-828-1232 or e-mail rfkelly@tchp.us. Register early. Seating is limited.

Report potential fraud and abuse

Please report any suspicious or potential fraud and abuse activity within 24 hours of identification in 1 of the following ways:

1. Letter to: Texas Children's Health Plan
Attention: Fraud, Waste and Abuse Department
PO Box 301011
Houston, TX 77230-1011
2. Hotline number: 832-828-1320
3. Fax number: 832-825-8722
4. Email: TCHPFraudandAbuse@tchp.us

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