

	Utilization Management COVID-19 Procedure	
Procedure # 10594	Categories Administration / Non-Clinical → TCHP - Administration, TCHP Utilization Management	This Procedure Applies To: Texas Children's Health Plan
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PROCEDURE STATEMENT:

Texas Children's Health Plan (TCHP) follows medical policy as advised by the Texas Health and Human Services Commission (HHSC) in regards to coverage of testing, treatment and immunizations for Coronavirus Disease (COVID-19). In response to the Texas COVID-19 State of Disaster Declaration issued March 13, 2020 (Disaster Declaration), TCHP has also implemented several temporary Utilization Management Procedure changes in order to maintain access to services and supplies. These changes may remain in effect for the duration of the Disaster Declaration or longer, unless otherwise instructed by HHSC or any other state or federal agency

DEFINITIONS: COVID-19 is a viral illness caused by the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

PROCEDURE

1. All requests for prior authorization are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. Prior authorization requirements for out-of-network (OON) primary care visits (Pediatrician, Family Practice/General Practice, Internal Medicine, Obstetrics and Gynecology) are waived and prior authorization will not be required for these services while the Disaster Declaration is in place.
 - 2.1. When the service requested by a Primary Care Provider requires prior authorization, medical necessity criteria and the applicable Utilization Management Guideline will be applied. (e.g.genetic testing).
3. Authorizations requested by OON providers for other services may be approved when the member is unable to access in-network services during the Disaster Declaration.
4. TCHP will approve extensions of existing authorizations for services when the provider states that the member was unable to access services while the Disaster Declaration is in place.

- 4.1. Authorization extensions may be issued for 30 days at a time.
- 4.2. Ninety day authorization extensions will follow HHSC published guidance for Managed Care Organizations (MCOs).
5. For Therapy, Long-term services and supports (LTSS), private duty nursing (PDN), therapy, and Durable Medical Equipment (DME) services, TCHP may waive the “change of provider” letter requirements and approve changes of a previously approved or authorized provider at the provider/member request without formal documentation.
 - 5.1. Effective December 1st 2020, change of provider letter is required.
 - 5.1.1 For missing signatures providers **MUST** state “missing signatures, COVID-19” in the request.
6. Hearing screening and current Texas Health Steps Checkup requirements for speech, physical and occupational therapy prior authorizations are temporarily waived for services that start during the Disaster Declaration or for extension requests that are requested during the Disaster Declaration.
 - 6.1. Effective August 10th 2020, documentation of an office visit note for the acute injury or acute exacerbation of the medical condition is waived for acute therapy services
 - 6.1.1 Effective December 1st 2020, documentation of an office visit note for the acute injury or acute exacerbation of the medical condition will be required authorization of acute therapy services.
 - 6.2 Effective August 1th 2021 documentation of an office visit note for the acute injury or acute exacerbation of the medical condition is required for members over age 21 only.
 - 6.3 Effective August 10th 2020 for private duty nursing requirement of yearly treating physician office visit is waived.
 - 6.4 Effective March 1st 2021, documentation of current Texas Health Steps Checkup is required for speech, physical and occupational therapy prior authorizations via:
 - 6.4.1 Documentation of ordering provider attestation
 - 6.4.2 Copy of the current Texas Health Steps Checkup
 - 6.4.3 90 day authorizations will be issued for requests that are missing the current well child checkup/attestation
 - 6.5 Effective June 23, 2021, documentation of current Texas Health Steps Checkup is no longer required for speech, physical and occupational therapy prior authorizations
- 7 TCHP supports the delivery of telemedicine and telehealth services to its members.

- 7.1 Telemedicine services should be provided in compliance with standards established by the respective licensing or certifying board of the professional providing the services.
- 8 Effective March 31, 2020, physical, occupational and speech therapy services provided via telehealth may be delivered under the following conditions due to the Disaster Declaration (not all-inclusive):
 - 8.1 Telehealth may be provided via synchronous audio-visual format only.
 - 8.2 Audio-only visits are **not** permitted for speech, occupational and physical therapy services.
 - 8.3 Speech therapy and occupational therapy delivered by telehealth after a telehealth initial evaluation may be approved for up to 6 months.
- 9 Effective April 3, 2020, physical therapy delivered by telehealth after a telehealth initial evaluation or a face-to-face evaluation may be approved for up to 90 days at a time.
 - 9.1 Effective September 8, 2021, physical therapy delivered by telehealth after a telehealth initial evaluation or a face-to-face evaluation may be approved for up to **180 days** at a time.
- 10 Effective April 1, 2020, TCHP may accept prior authorization requests submitted within 7 calendar days of the requested service start date and the request will not be considered retrospective.
- 11 Effective June 30, 2020 TCHP may waive required timely signatures from physicians and other providers for the processing of prior authorization requests.
 - 11.1 Effective December 1st 2020, Providers **MUST** state “missing signatures, COVID-19” in the request.
 - 11.1.1 Medical Necessity documentation **MUST** be submitted.
- 12 Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

RELATED DOCUMENTS:

REFERENCES:

Government Agency, Medical Society, and Other Publications:

Centers of Disease Control and Prevention: Information for Healthcare Professionals about Coronavirus (COVID-19) – Accessed September 3, 2021, <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

Texas Health and Human Services – Medicaid and CHIP Services information for Providers Accessed September 3, 2021 <https://hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-providers>

Texas Medicaid Provider Procedures Manual – Telecommunication Services Handbook - Accessed September 3, 2021 http://www.tmhp.com/manuals_pdf/tmppm/tmppm_living_manual_current/2_Telecommunication_Srvs.pdf

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