

# Children and Pregnant Women (CPW) Case Management Services

## Provider Information

**Benefit Goes Live September 1, 2022**

### **CPW Case Management Referrals**

Aetna Better Health is responsible for managing referrals for CPW Case Management Services and linking members to providers for an intake.

Referrals to a CPW Case Management practitioner/provider for an intake can be requested by the health plan, the member, the member's family, a practitioner/provider, a school, or other sources. Referrals can be sent directly to the health plan via email or telephone at:

- **STAR Kids** [TXSKSupervisors@aetna.com](mailto:TXSKSupervisors@aetna.com)
- **STAR Kids** Service Coordination phone number: 844-787-5437
- **STAR** [MBUTXCMReferral@AETNA.com](mailto:MBUTXCMReferral@AETNA.com)
- **STAR** Care Management phone numbers: 800-306-8612 (Tarrant); 800-248-7767 (Bexar)

The health plan's care manager or service coordinator will outreach the member to determine if they are interested in this service. If interested, the care manager or service coordinator will link the member to a CPW Case Management provider in their geographic area for an intake.

Referrals for CPW Case Management services can also be submitted via telephone to Maximus.

- Maximus is the vendor that manages CPW referrals for the State.
- Maximus will cold transfer calls from a member/parent/caregiver to the MCO's SC or CM department if the caller requests to speak to the MCO about the benefit.
- Maximus will also provide the member/parent/caregiver their MCO's contact information.

### **CPW Case Manager Responsibilities**

The CPW Case Manager responsibilities include:

- Completing the Referral and Intake Form prior to submitting an authorization request.
- Including all required documentation when submitting a prior authorization request as outlined in the **Prior Authorization Process** section below.
- To promote collaboration with the health plan, the CPW Case Manager will:
  - Answer Care Manager or Service Coordinator questions to help clarify the needs of the member and ensure member needs are met.
  - If the request for CPW Case Management services is approved and the member has signed a release of information, the CPW Case Manager will share the following information:

- The Service Plan
  - Visit Summary Forms
  - Case Closure Form
- If a request for additional visits has been approved and the member has signed a release of information, the CPW Case Manager will share the following information:
  - The updated Service Plan
  - Visit Summary Forms
  - Case Closure Form
- Forms can be sent via email to:
  - **STAR Kids** [TXSKSupervisors@aetna.com](mailto:TXSKSupervisors@aetna.com)
  - **STAR** [MBUTXCMReferral@AETNA.com](mailto:MBUTXCMReferral@AETNA.com)
- The Care Management and Service Coordination departments are available to answer questions or address concerns:
  - **STAR** Care Management phone numbers: 800-306-8612 (Tarrant); 800-248-7767 (Bexar)
  - **STAR Kids** Service Coordination phone number: 844-787-5437

### **Prior Authorization Process**

The information below outlines the process for submitting an authorization and the necessary information to process an authorization:

- A prior authorization request must include all required information to be processed.
  - See information below on **Essential Information** and required **Clinical and Non-Clinical** information.
- The health plan will follow the state's prior authorization guidelines to determine if the member is eligible for services.
- Services provided by the CPW Case Manager cannot duplicate the health plan's care management and service coordination services.
- CPW Case Manager services are limited to one service per day.
- The CPW Case Manager cannot provide services or submit claims unless there is an approved authorization documented in Aetna's business application system.

To process a prior authorization request **Essential Information (EI) must** be included on the [Texas Standard Prior Authorization Request Form for Health Care Services](#).

- If all EI information is included, the authorization request is processed within three (3) business days and the CPW Case Manager is notified via fax of the determination. In addition, the member and the provider will receive a letter for both approved and denied authorizations.
- If all EI information is included and the authorization request is urgent, the request is processed within seventy-two (72) hours. The CPW Case Manager is notified via fax of the determination. In addition, the member and the provider will receive a letter for both approved and denied authorizations.

- If all EI is **not** included, a faxed notification is generated informing the CPW Case Manager that the authorization request will not be processed and a request containing all EI will need to be resubmitted for processing.

**EI Includes the Following Information:**

- Member Name
- Member number or Medicaid number
- Member date of birth
- Requesting provider name
- Requesting provider’s National Provider Identifier (NPI)
- Service requested: Current Healthcare Common Procedure Coding System (HCPCS). Covered codes and modifiers for CPW Case Management Services include:
  - Comprehensive Visit: G9012 with modifiers U5 and U2
  - Follow-up Face-to-Face Visit: G9012 with modifiers U5 and T5
  - Follow-up Telephone: G9012 with modifier TS
- Service request start and end date(s)
- Quantity of service units requested based on the HCPCS code

**Required Clinical and Non-Clinical Information**

Please include the following clinical and non-clinical information as documented on the Referral and Intake Form (or you can choose to fill out the [cm-child-pregnant-form-01.doc \(live.com\)](#) **in addition to** completing the [Texas Standard Prior Authorization Request Form for Health Care Services](#). Please **fax** requests to **1-866-835-9589**.

- **Identification if the member is:**
  - Child (age 0 – 20)
  - Pregnant woman (of any age)
- **Health Condition, Health Risk or High-Risk Condition:**
  - Documentation of the member’s health condition(s) or describe specific health risk(s), symptom(s), developmental delay(s) and/or behavior
  - Documentation describing how the member’s health condition, health risk, symptoms, developmental delays and/or behaviors impacts the member’s level of functioning.  
For pregnant members, describe the high-risk condition(s) and how the high-risk condition(s) impacts the member’s level of functioning and risk to fetus.
- **Psychosocial Factors:**
  - If indicated, describe any specific high-risk psychosocial factors that are impacting the member’s health condition, health risk, or high-risk condition.
- **Specific Needs Related to The Health Condition/Health Risk/High-Risk Condition:**
  - Describe specific needs and interventions.

- If indicated, list and describe any barriers or problems related to accessing the specific need.
- **ICD-10 Diagnosis Code:** If there is no diagnosis code associated with the reason for the request and/or a diagnosis code is not known, **please use ICD-10 Diagnosis Code R69, Unspecified Illness.** An authorization request cannot be processed without a diagnosis code.
- For additional visits, the CPW Case Manager will need to need to **submit a new authorization request** following the guidelines above including all **Essential Information** and the reason/rational for the request.
  - Additional visits may be requested after all previously authorized visits have been conducted if:
    - The member continues to meet eligibility requirements;
    - Documentation supports the need for additional visits to resolve previously identified needs and/or newly identified needs; and
    - Documentation includes barriers encountered and reason(s) original needs have not been addressed.