



# Provider Update

**June 1st, 2023**

**UPDATES INCLUDE:**

- FSR Provider Pearl: Autism Screening
- Medi-Cal Rx Reinstatement: Retirement of Transition Logic (Phase III, Lift 2 and 3)
- Extended Duration Prior Authorizations for Maintenance Medications
- Our Utilization Management Department is Here for You
- Did you know SFHP Covers...

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## FSR Provider Pearl: Autism Screening



Autism Spectrum Disorder (ASD) is a developmental disorder that presents in the developmental period and profoundly interferes with a child's lifelong functioning especially in areas of social skills, communication and restricted patterns of behavior and interests. In a current California Autism and Developmental Disabilities Monitoring (ADDMM) study, one in every 36 children had autism. The median age of diagnosis for 8-year-old children was 36 months.<sup>[1]</sup> When intelligence quotient (IQ) data was available, this same California study found

that of the children with ASD, 22% also had Intellectual Disability.

This kind of data demonstrates how important it is for primary care providers caring for pediatric populations to implement clinic processes, workflows, and staff roles, to ensure developmental screenings including ASD screening is a routine element of clinic procedures understood by all levels of practice staff. The American Academy of Pediatrics (AAP) has a worksheet, [Getting Started: Implementing a Screening](#)

(EMR/EHR) can be programmed to support compliance and tracking of screening best practices.



The California Department of Health Care Services (DHCS) Medical Record Review Standard requires ASD screening to be performed at 18 months and 24 months of age based on AAP periodicity “Bright Futures”. There are multiple validated screening tools available; however, the M-CHAT is the most studied and widely used tool for screening toddlers for ASD.

ASD screening tool examples:

- Modified Checklist for Autism in Toddlers (MCHAT)
  - Modified Checklist for Autism in Toddlers Revised (M-CHAT-R)
  - Modified Checklist for Autism in Toddlers-Revised with Follow-Up Interview (M-CHAT-R/F).
- Ages and Stages Questionnaires (ASQ)
- Communication and Symbolic Behavior Scales (CSBS)
- Parents' Evaluation of Developmental Status (PEDS)
  - Screening Tool for Autism in Toddlers and Young Children (STAT)
  - Survey of Well-being of Young Children (SWYC) screening tools (assess three domains of child functioning: developmental domain, emotional/behavioral domain, and family context)

Results of a screening test are not diagnostic, but they may help the primary care provider identify children who are at risk for a diagnosis of ASD and require additional evaluation. Children who do not pass ASD screening tests or who score as at risk for a diagnosis should be referred for both diagnostic assessment and intervention services. Reviewers will be evaluating that both a screening was performed at the appropriate age(s) and for documentation of follow-up interventions, if indicated. A definitive diagnosis is not necessary to institute services for documented delays that would be served through early intervention or school services.

Developmental Screening can be billed using CPT billing code 96110 (Developmental screening) or ICD-10 Z13.41 (Encounter for autism screening). This covers the time a health provider scores, reviews results, and interprets findings. Federal health reform law requires insurance plans to cover developmental and behavioral screenings at no cost to children. Medicaid (Medi-Cal) also covers screenings as part of children's preventive services.

More detailed guidance on developmental screening is available from AAP clinical reports, “Promoting Optimal Development: Identifying Infants and Young Children with Developmental Disorders Through Developmental Surveillance and Screening”<sup>[ii]</sup> and “Identification, Evaluation, and Management of Children With Autism Spectrum Disorder”<sup>[iii]</sup>.

If you have any questions, your FSR team is here to help. Please find contact information below.

“**Provider Pearls**” are monthly articles written to help you prepare for the California Department of Health Care Services (DHCS) FSR review processes. If a clinic manager, office manager, nurse manager, or operations person, can take the time to independently self-monitor clinic practices with the aid of SFHP checklists and DHCS standards at least annually, we can all work together to strive toward improved quality standards in office practice operations.

**For any questions about the Facility Site Review or Medical Record Review processes or tools, please contact Jackie at [jhagg@sfhp.org](mailto:jhagg@sfhp.org) or by her direct line at 1(415) 615-5637.**

[\[ii\] Promoting Optimal Development: Identifying Infants and Young Children with Developmental Disorders Through Developmental Surveillance and Screening](#)

[\[iii\] Identification, Evaluation, and Management of Children with Autism Spectrum Disorder](#)

Additional guidance for developmental and behavioral screening can be found in “[Birth to 5: Watch Me Thrive!](#)” which contains helpful information for the primary care provider about how to present the results of developmental screening.

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## Medi-Cal Rx Reinstatement: Retirement of Transition Logic (Phase III, Lift 2 and 3)

Medi-Cal Rx is continuing the transition policy lifts that began on March 24, 2023, for beneficiaries 22 years of age and older with Phase III Lifts 2 and 3, effective April 21 and May 19, respectively. SFHP has analyzed the impacted classes for our members and identified select drugs that may be significantly impacted by new prior authorization (PA) requirements, listed below. Providers who prescribe these medications may consider the alternatives (if any) listed or submit a PA for continued use.

### Impacted drugs requiring PA

lidocaine 4% and 5% patch

estradiol valerate 100 mg/5mL and 200 mg/5mL intramuscular vial for injection  
tacrolimus 0.1% and 0.03% ointment  
Xifaxan 550 mg tablet  
mupirocin 2% cream

nystatin-triamcinolone cream and ointment

### Potential alternatives available without PA

Ztlido 1.8% patch is available without PA.

*Ztlido 1.8% patch is not interchangeable with lidocaine 5% patch but has been demonstrated to provide equivalent lidocaine exposure and peak concentration to one lidocaine 5% patch.*

estradiol tablet and patch formulations

No alternatives available in this class without PA

No alternatives available in this class without PA

mupirocin 2% ointment

nystatin and triamcinolone cream and ointment as separate formulations

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## Extended Duration Prior Authorizations for Maintenance Medications

To ensure continued medication safety for beneficiaries during Phase III of reinstatement, DHCS has enabled extended duration/multi-year PAs for up to five years for certain maintenance medications used for chronic conditions. This means that for certain eligible maintenance medications, members with an approved PA or paid claims history within the 15-month lookback period will not require a new PA submission to Medi-Cal Rx. The medications that are eligible for extended duration PA are identified in the Medi-Cal Rx Approved NDC List, which can be found on the [Contract Drugs & Covered Products Lists](#)

For more information on the retirement of transition logic, see the 30-day notices for Phase III [Lift 2](#) and [Lift 3](#), [FAQ](#) for this reinstatement, [How to Prepare for Retirement of Transition Policy](#) for providers, and other bulletins on the Medi-Cal Rx [Bulletins & News page](#). For further information on the [Reinstatement Plan](#), please visit the DHCS Medi-Cal Rx Reinstatement tab on the [Education & Outreach page](#).

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## Our Utilization Management Department is Here for You

### Utilization Management Staff Available to SFHP Providers and Members

SFHP's Utilization Management (UM) staff is available to providers and members during regular business hours (Monday through Friday, 8:30am - 5:00pm) to discuss UM issues, including denial decisions, by calling 1(415) 547-7818 ext. 7080 or toll Free 1(800) 288-5555. UM staff can also be reached by email or fax 1(415) 357-1292 for outpatient or 1(415) 547-7822 for inpatient. TTD/TTY services 1(888) 883-7347 for the hearing impaired and language services are available.

After normal business hours, UM staff can receive secure voicemail, fax, and email. Messages received are returned the next business day or if received after midnight Monday through Friday, the same business day.

To request free copies of the information used to make utilization decisions, please call San Francisco Health Plan at 1(415) 547-7818 ext.7080 or 1(800) 288-5555 to obtain a copy of the Medical Necessity Criteria or Benefit Exclusion.

### Affirmative Statement - No Financial Incentives Regarding UM Decisions

The UM process does not contain financial incentives, direct or indirect, to influence utilization management decisions.

The nurses, medical directors, other professional providers, and independent medical consultants who perform utilization review services for SFHP are not compensated or given incentives based on their coverage review decisions. Medical Directors and nurses are salaried employees of SFHP, and contracted external physicians and other professional consultants are compensated on an hourly or per-case-reviewed basis, regardless of the coverage determination. SFHP does not specifically reward or provide financial incentives to individuals performing utilization review services for issuing denials of coverage. There are no financial incentives for UM staff or independent medical consultants to encourage utilization review decisions that result in under-utilization.

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## Did you know SFHP covers...

SFHP covers a variety of alternative therapies for pain management such as acupuncture, massage, meditation, and others. More information about non-pharmacological treatment of pain is available from

SFHP will cover the medically necessary treatment of a mental health or substance use disorder provided to an enrollee by a 988 center or mobile crisis team. These services are covered regardless of whether the service is provided by an in-network or out-of-network provider. No prior authorization is necessary.

SFHP is developing a maternal mental health program to promote quality and cost-effective outcomes. Program guidelines will be distributed to medical providers, including all contracting obstetric providers once finalized. Through education of these services, SFHP hopes to improve referral to maternal mental health services. In addition, SFHP will extend coverage for doulas to the Healthy Workers plan effective July 1, 2023. SFHP can provide information about available trainings on maternal mental health issues. Please contact SFHP provider relations for more information.

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Please do not hesitate to contact Provider Relations at  
**1(415) 547-7818** ext. **7084** or [Provider.Relations@sfhp.org](mailto:Provider.Relations@sfhp.org)

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