



Inspector General
Texas Health and Human Services

OIG Surveillance Utilization Review Lock-In Program

Coordination Call with MCOs

July 7, 2022



Meeting Agenda

- Welcome
- Lock-In staff updates
- Educate staff members
- Substance dependence diagnoses
- Quarterly meetings
- Review Form Update
- Open discussion/Q&A
- Next steps and closing



Welcome Staff Updates

- Terri Morelos, RN
Nurse Analyst
512-491-4008
Terri.Morelos@hhs.texas.gov
- Tavi Israel
Program Specialist
512-490-2285
Tavi.Israel@hhs.texas.gov

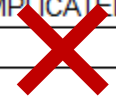
Educate Staff Members





- Ensure all staff is aware of procedures pertaining to Lock-In members.
- Pharmacy changes should be handled by the MCOs and their staff.


Substance Dependency Diagnoses

A diagnosis of dependency is acceptable for illegal substances ONLY (heroin, cannabis, cocaine, etc.).

F1320	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	
F1590	OTHER STIMULANT USE, UNSPECIFIED, UNCOMPLICATED	
F1520	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	

F1120	OPIOID DEPENDENCE, UNCOMPLICATED	
F1120	OPIOID DEPENDENCE, UNCOMPLICATED	
F1120	OPIOID DEPENDENCE, UNCOMPLICATED	

F1310	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, UNCOMPLICATED	
F1410	COCAINE ABUSE, UNCOMPLICATED	
F1110	OPIOID ABUSE, UNCOMPLICATED	
F1490	COCAINE USE, UNSPECIFIED, UNCOMPLICATED	

F1220	CANNABIS DEPENDENCE, UNCOMPLICATED	
F1220	CANNABIS DEPENDENCE, UNCOMPLICATED	
F1220	CANNABIS DEPENDENCE, UNCOMPLICATED	

Quarterly Meetings



Review Form Update

SECTION I — MEMBER INFORMATION

Member Name (First, Middle Initial, Last)			
Street		City	Zip
PCN (Medicaid ID #)		Date of Birth	

SECTION II — CRITERIA FOR REFERRAL FOR PHARMACY LOCK-IN

Please select **either** the 90 day criteria (2 or more) **or** the 24 month criteria below used to assign a pharmacy lock.

In any 90 day period: (must have 2 or more)

<input type="checkbox"/>	3 or more unaffiliated pharmacies used.
<input type="checkbox"/>	3 or more overlapping or duplicative controlled substance prescriptions from 2 or more unaffiliated prescribers.
<input type="checkbox"/>	overlapping or duplicative psychotropic prescriptions from 2 or more unaffiliated prescribers.
<input type="checkbox"/>	overlapping or duplicative opioid treatment for 6 weeks (or longer) from 2 or more unaffiliated prescribers.
<input type="checkbox"/>	treatment that exceeds therapeutic daily Morphine Equivalent Dose (MED).
<input type="checkbox"/>	any prescription combination with abuse potential.
<input type="checkbox"/>	2 or more emergency room visits resulting in an opioid prescription.

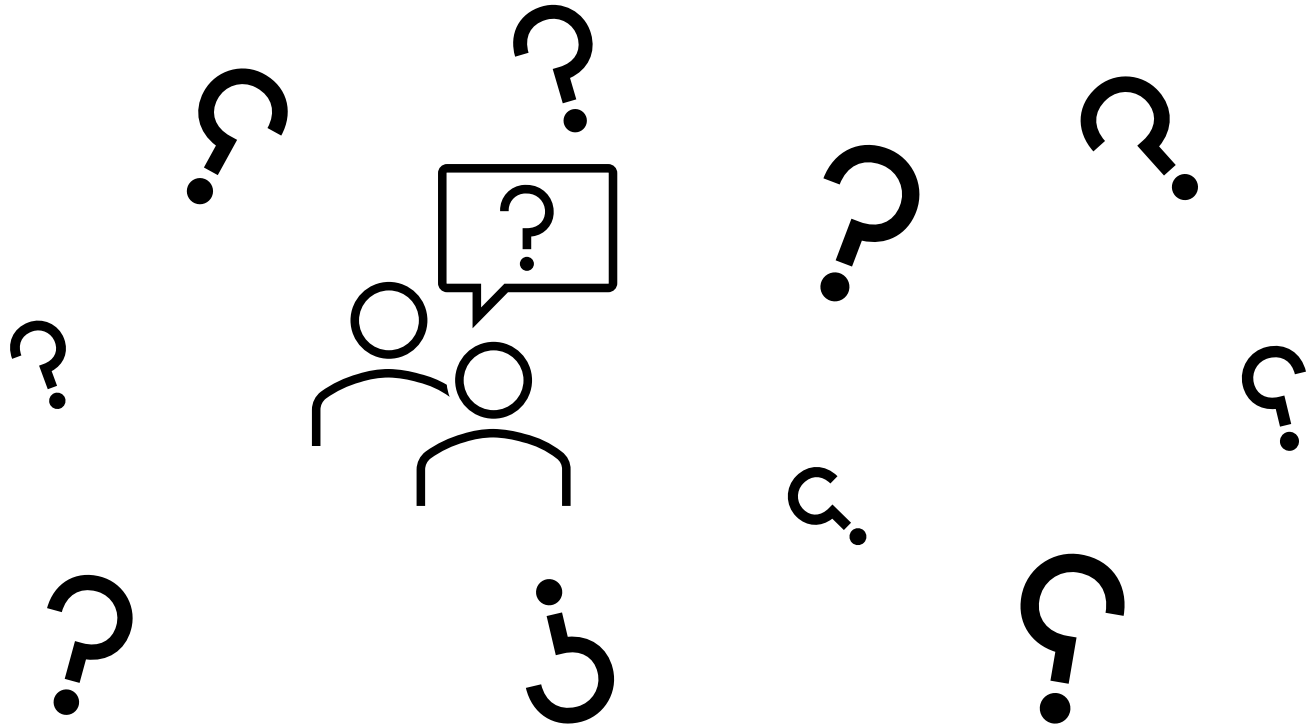
In the past 24 months: (any one)

<input type="checkbox"/>	the member required an emergency room visit or hospitalization due to a suicide attempt, poisoning or overdose of drugs or medications (intentional self-harm), or there was a diagnosis of alcohol or drug abuse (including non-therapeutic, recreational or illegal drug use).
--------------------------	--

DX codes for this criteria:

<input type="checkbox"/>	the member had two or more occurrences of violating a pain contract with the same prescriber or with different prescriber(s).
<input type="checkbox"/>	the member was convicted of a crime related to restricted medications within the past year (e.g., forgery, theft, distribution or Medicaid fraud).

Any Questions?





Next Steps and Closing

- Sept. 15, 2022
- LockIn_Program@hhs.texas.gov



**Inspector
General**

Texas Health
and Human Services

Thank You

ReportTexasFraud.com

LockIn_Program@hhs.texas.gov