

TEXAS HEALTH STEPS QUICK REFERENCE GUIDE

THSTEPS CHECKUP AND DOCUMENTATION

A complete THSteps checkup consists of the following six primary components:

1. Comprehensive health and developmental history
2. Comprehensive unclothed physical examination
3. Appropriate immunizations
4. Appropriate laboratory tests
5. Health education
6. Dental referral every 6 months until the parent or caregiver reports a dental home is established.

For a complete list of checkup components, visit **THSteps Medical Checkup Periodicity Schedule:**

<https://www.dshs.texas.gov/thsteps/providers.shtm>

Document the following in the medical record:

- ❑ All performed checkup components and elements
- ❑ All screening tools used during the checkup and their results
- ❑ Any referrals provided
- ❑ Any incomplete component or element along with the reason and the plan to complete it

THSTEPS CHECKUP TIMELINESS

- A. New Community Members
- Within 90 days of enrollment with Community
 - Within 45 days of enrollment with Community or Head Start program for Head Start students
- B. Existing Community Members
Follow this schedule:

| CHECKUP AGE | CHECKUP TIMELINESS | APPOINTMENT REQUEST EXPECTATION |
|--|--|-------------------------------------|
| Newborn, DC-5 days, 2 weeks, 2 mons & 4 mons | Complete before the next checkup age | Within 14 days of patient's request |
| 6 mons, 9 mons, 12 mons, 15 mons, 18 mons, 24 mons & 30 mons | Complete within 60 days of these checkup ages | Within 60 days of patient's request |
| 3 years through 20 years of age | Complete on or after the birthday but before the next birthday | Within 60 days of patient's request |

CHILDREN OF TRAVELING FARMWORKERS (CTFWs) AND ACCELERATED SERVICES

- A traveling farmworker's principal employment is agricultural on a seasonal basis.
- They move from place to place and live away from home for more than a few days at a time to work on a farm or in fields.
- Their children, birth through age 17, are considered children of traveling farmworkers (CTFWs) and are eligible to receive healthcare services on an accelerated basis.
- If you identify a member that meets the above criteria, please refer them to our Wellness Services at **713.295.6789** for further assistance.

NEWBORN MEMBERS AND PROXY NUMBER

THSteps checkups for newborn members with a proxy number.

- The claim can be billed under the mother's ID# for the first 90 days.
- After 90 days, if the provider bill's with mother's ID#, whether or not the baby ID is on file, we will deny the claim requesting the baby's ID number.

EXCEPTION TO PERIODICITY SCHEDULE

| | | |
|--------------------------------|----------------------------------|--|
| 23 = Unusual Anesthesia | 32 = Accelerated Services | SC = Medically Necessary Services |
|--------------------------------|----------------------------------|--|

ORAL EVALUATION AND FLUORIDE VARNISH (OEFV)

- Use procedure code 99429 with U5 modifier and diagnosis code Z00121 or Z00129
- Prior Authorization requirements for ages 0–6 yrs:
 - All level 4 sedation/general anesthesia provided by a dentist (procedure code D9223)
 - Any anesthesia services provided by M.D./D.O or CRNA to be provided in conjunction with procedure code 00170 with EP modifier

*In order to be reimbursed, Providers must be trained and certified by DSHS to perform the dental fluoride varnish. For more information on OEFV Training, please visit <http://www.dshs.texas.gov/thsteps/OEFV-Training.shtm>

CONTACT INFORMATION

| | |
|---|---|
| Mailed Claims (Paper Claims) | To the attention of: Corrected Claims Community Health Choice, Inc., P.O. Box 301404, Houston, TX 77230 |
| Electronic Claims | Submit directly through Community's online claims portal: CommunityHealthChoice.org > Provider Tools > Claims Center Payer ID: 48145 CHANGE HEALTHCARE (FORMERLY EMDEON) 1.800.735.8254 ; AVAILITY 1.800.282.4548 ; RELAYHEALTH 1.866.735.2963 ; TRIZETTO PROVIDER SOLUTIONS 1.800.556.2231 ; TMHP: www.tmhp.com |
| Refund Lockbox | Community Health Choice, Inc., P.O. Box 4818, Houston, TX 77210-4818 |
| Provider Communications | <ul style="list-style-type: none"> • Claim inquiries Monday - Friday, 8:00 a.m.-5:00 p.m. • Claim adjudication Monday - Friday, 8:00 a.m.-5:00 p.m. • Submit inquiry online at: www.communityhealthchoice.org > Provider Tools > Claim Center > Send a Message PHONE: 713.295.2295 / FAX: 713.295.2291 Community will accommodate three claims per call. |
| Texas Medicaid and Healthcare Partnership (TMHP) | <ul style="list-style-type: none"> • For more information on THSteps checkup billing procedure codes, visit: http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/THStepsQRG/THSteps_QRG.pdf |

PROVIDER RELATIONS

Monday-Friday, 8:00 a.m. – 5:00 p.m.
LOCAL: 713.295.2295 TOLL-FREE: 1.888.760.2600
FAX: 713.295.7039
EMAIL: ProviderWebInquiries@CommunityHealthChoice.org

HHSC'S MEDICAL TRANSPORTATION PROGRAM

(Offers free rides to Medicaid members)
 Monday – Friday, 8:00 a.m.-5:00 p.m.
PHONE: 1.855.687.4786
 To file a complaint, call 1.866.436.0457

TEXAS HEALTH STEPS QUICK REFERENCE GUIDE

THSTEPS MEDICAL CHECKUPS BILLING

AGE-APPROPRIATE CPT CODES

| NEW MEMBERS | EXISTING MEMBERS | AGES |
|-------------|------------------|---------------------|
| 99381 | 99391 | 0 — 11 months |
| 99382 | 99392 | 12 months — 4 years |
| 99383 | 99393 | 5 years — 11 years |
| 99384 | 99394 | 12 years — 17 years |
| 99385 | 99395 | 18 years — 20 years |

DIAGNOSIS CODE

| CODE | PROCEDURE | AGES |
|---------|---------------------------|---------------------|
| Z00.110 | Newborn exam | Birth — 7 days |
| Z00.111 | Newborn exam | 8 days — 28 days |
| Z00.121 | With abnormal findings | 29 days — 17 years |
| Z00.129 | Without abnormal findings | 29 days — 17 years |
| Z00.00 | Without abnormal findings | 18 years — 20 years |
| Z00.01 | With abnormal findings | 18 years — 20 years |

MODIFIERS

| | | |
|---------------------------------|--|---------------------------------------|
| AM = Physician | SA = Nurse Practitioner | TD = Registered Nurse |
| U7 = Physician Assistant | EP = Federally Qualified Health Center (FOHC) | 72 = Rural Health Clinic (RHC) |

BENEFIT CODES

A benefit code is an additional data element used to identify state programs. Providers that participate in the following programs must use the associated benefit code when submitting claims and authorizations:

| PROGRAM | BENEFIT CODE |
|-------------------------------------|--------------|
| Comprehensive Care Program (CCP) | CCP |
| THSteps Medical | EP1 |
| THSteps Dental | DE1 |
| Family Planning Agencies* | FP3 |
| Hearing Aid Dispensers | HA1 |
| Maternity | MA1 |
| County Indigent Health Care Program | CA1 |

*Agencies only—Benefit codes should not be used for individual family planning providers.

| PROGRAM | BENEFIT CODE |
|---|--------------|
| Early Childhood Intervention (ECI) Providers | EC1 |
| Tuberculosis (TB) Clinics | TB1 |
| Texas Medicaid Program Home Health DME | DM2 |
| Case management mental retardation (MR) providers | MH2 |

For more information on THSteps billing, please visit **Texas Medicaid Provider Procedure Manual:**

http://www.tmhpc.com/Pages/Medicaid/Medicaid_Publications_Provider_Manual.aspx

SPORTS AND SCHOOL PHYSICALS

A sports and school physical is a value-added service for Community members since it is not a covered benefit for Medicaid. Community will pay sports and school physicals for Medicaid members ages 4 to 19 (limited one per rolling year). Providers must use relevant codes based on the athletic training evaluations, requiring these components:

- History and physical activity profile with number of comorbidities that affect physical activity
- Examination of affected body area and other symptomatic or related systems addressing any of the following elements: body structures, physical activity, and/or participation deficiencies
- Clinical decision making of level of complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome
- Time duration spent face-to-face with the patient and/or family.

| CODE | LEVEL OF COMPLEXITY | NO. OF COMORBIDITIES | NO. OF ELEMENTS ADDRESSED | TIME DURATION |
|-------|--|----------------------|---------------------------|---------------|
| 97169 | Low | 0 | 1 – 2 | 15 minutes |
| 97170 | Moderate | 1 – 2 | 3 or more | 30 minutes |
| 97171 | Moderate | 3 or more | 4 or more | 45 minutes |
| 97172 | Re-evaluation of athletic training established plan of care requiring these components: <ul style="list-style-type: none"> • assessment of patient's current functional status when there is a documented change • revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions | | | 20 minutes |

SAME DAY VISITS

| | |
|--|---|
| THSteps Checkup and Immunization Administration | <ul style="list-style-type: none"> • Appropriate THSteps procedure codes • Diagnosis code Z23 for immunization administration • Modifier 25 to identify a significant, separately identifiable evaluation and management service |
| THSteps Checkup and Acute Care Visit | <ul style="list-style-type: none"> • Appropriate THSteps procedure codes • Modifier 25 to identify a significant, separately identifiable evaluation and management service • If, part of the Checkup is completed on one day, and the rest of the checkup is completed on a different day. The service should be billed on the date the services were performed. |
| THSteps Checkup and Sports and School Physical | <ul style="list-style-type: none"> • Appropriate THSteps procedure codes • Appropriate sports and school physical codes • Do NOT need to use modifier 25 |

CLAIM SUBMISSIONS OR CORRECTIONS

Claims filing deadline is **95 days from the date of service** and resubmission is within **120 days of the original disposition date**. Providers may submit corrected claims electronically or on paper with the appropriate frequency code (7 - indicates a replacement or corrected claim) and the original claim number in box 22 paper or in Loop ID 2300 for electronic submissions.