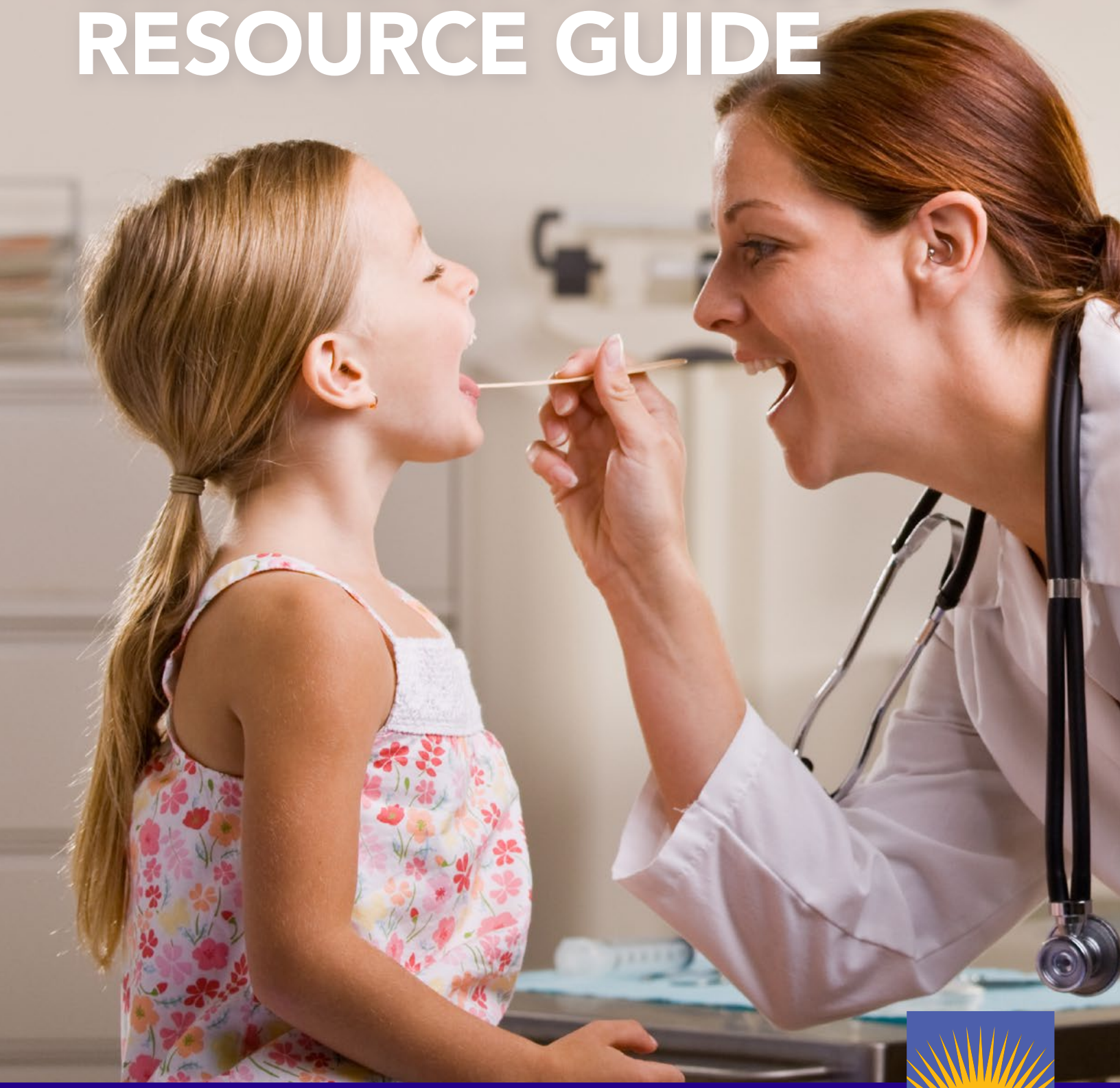
COMMUNITY'S **THSTEPS RESOURCE GUIDE**



CommunityHealthChoice.org
713.295.2294 | 1.888.760.2600

COMMUNITY HEALTH CHOICE
COMMUNITY CARES.

Last Revised: May 2021

TEXAS HEALTH STEPS

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service is Medicaid's comprehensive preventive child health service (medical, dental, and case management). In Texas, EPSDT is known as **Texas Health Steps (THSteps)**. These services are health benefits for Medicaid children under the age of 21.

COMPLETE **THSTEPS CHECKUP** AND **PERIODICITY SCHEDULE**

THSteps checkup is consists of six primary components, which are outlined on the THSteps Medical Checkup Periodicity Schedule based on age and include:

1. **COMPREHENSIVE HEALTH AND DEVELOPMENTAL HISTORY** which includes nutrition screening, developmental and mental health screening and TB screening;
2. **COMPREHENSIVE UNCLOTHED PHYSICAL EXAMINATION** which includes measurements; height or length, weight, fronto-occipital circumference, BMI, blood pressure, and vision and hearing screening;
3. **APPROPRIATE IMMUNIZATIONS**, as established by the Advisory Committee on Immunization Practices, according to age and health history, including influenza, pneumococcal, and HPV;
4. **APPROPRIATE LABORATORY TESTS** which include newborn screening blood lead level assessment appropriate for age and risk factors, and anemia;
5. **HEALTH EDUCATION** (including anticipatory guidance); and
6. **DENTAL REFERRAL** every 6 months until the parent or caregiver reports a dental home is established.

To locate a participating THSteps dentist, please call the Member's DHMO

For most updated THSteps Medical Checkup Periodicity Schedule, please visit:
https://www.dshs.texas.gov/thsteps/providers.shtm

LABORATORY SCREENING

A THSteps medical checkup may include various laboratory tests appropriate to age and risk, including blood lead level, anemia screening, or other risk-based screenings such as dyslipidemia. All laboratory tests (with the exception of screening for dyslipidemia, type 2 diabetes, syphilis, HIV and point-of-care testing for blood lead level in the provider's office) must be performed by the DSHS laboratory. Laboratory services are provided by DSHS at no cost to the provider.

- **ANEMIA SCREENING**
  Required screening by hemoglobin or hematocrit levels at ages noted on the THSteps Periodicity Schedule. Screening may be completed in the provider's office if there is an urgent need for results, but will not be reimbursed separately.

- **DYSLIPIDEMIA SCREENING**
  Required screening at ages noted on the THSteps Periodicity Schedule. Risk-based screening may also be completed at other ages.

- **HIV SCREENING**
  Required screening at ages noted on the THSteps Periodicity Schedule. Risk-based screening may also be completed at other ages.

- **LEAD SCREENING**
  Required screening at ages noted on the THSteps Periodicity Schedule. Initial testing may be performed using a venous or capillary specimen and must either be sent to the DSHS lab or performed in the provider's office by point-of-care testing. Point-of-care lead testing, when preformed in the provider's office may be reimbursed separately. All point-of-care blood lead level results must be reported to DSHS. Confirmatory tests must be performed using a venous specimen. Confirmatory specimens may be sent to the DSHS lab or the client or specimen may be sent to the lab of the provider's choice. All blood lead levels for clients who are 14 years of age or younger must be reported to DSHS.

- **NEWBORN SCREENING**
  Second screening required at the two-week checkup, but no earlier than seven days after delivery.

- **CRITICAL CONGENITAL HEART DISEASE SCREENING**
  Mandatory in Texas, and must be performed at the birth facility prior to discharge.

- **RISK BASED SCREENINGS**
  Screenings performed based on risk assessments include screenings for type 2 diabetes, dyslipidemia, gonorrhea and chlamydia, HIV, and syphilis. The specimen or client may be sent to the lab of the provider's choice, with the exception of gonorrhea and Chlamydia testing. These specimens must be sent to the DSHS laboratory.

For more information, please visit: **http://www.dshs.texas.gov/lab/**

IMMUNIZATIONS

Providers must assess the immunization status of clients at every medical checkup and vaccines must be administered according to the current Advisory Committee on Immunization Practices (ACIP). "Recommended Childhood and Adolescent Immunization Schedule. The ACIP schedule can be found at **http://www.cdc.gov/vaccines/schedules/index.html**.

Immunizations must be administered at the time of the checkup unless medically contraindicated or because of parental reasons of conscience, including religious beliefs. Immunizations which may be appropriate based on age and health history but which are medically contraindicated at the time of the screening may be rescheduled at an appropriate time. Providers may not refer clients to local health departments or other providers for immunization administration.

Providers may obtain vaccines free of charge from the Texas Vaccines for Children (TVFC) Program, for clients birth through 18 years old, and must not charge the client for the vaccines. Medicaid does not reimburse for vaccines that are available through TVFC. To enroll in the TVFC program, please visit: **http://www.dshs.texas.gov/immunize/tvfc/default.shtm**

THSTEPS SUPPORT – IMMTRAC

- ImmTrac is the Texas immunization registry, a free service from the Texas Department of State Health Services (DSHS).
- It is a secure, confidential registry that stores children's and adult's, Texas first responders', and first responder family members' vaccine information electronically in one centralized system.
- Effective April 3, 2017, The Texas Department of State Health Services Immunization unit has replaced the ImmTrac and launched ImmTrac2.
- ImmTrac2 allows providers to generate Reminder and Recall notices for children younger than 18 years of age for their due and overdue immunizations.
- Providers are encouraged to take advantage of this free and easy to implement service and encourage parents/guardian register their children ages 17 and younger in ImmTrac during each office visit.
- **JOIN IMMTRAC:** To get started, please visit **http://www.dshs.texas.gov/immunize/immtrac/**

THSTEPS SUPPORT – IMMTRAC

ImmTrac CUSTOMER SUPPORT

PHONE: (800) 252-9152 ; **E-MAIL:** ImmTrac2@dshs.texas.gov

WRITE TO:

Texas Department of State Health Services
DSHS Immunization Unit
MC 1946, PO Box 149347
Austin, TX 78714-9347

COMPLETE **DOCUMENTATION**

- In order to be reimbursed for THSteps checkups, each of the six components and their individual elements must be completed and documented in the medical record
- Any component or element not completed must be noted in the medical record, along with the reason it was not completed and the plan to complete the component or element.
- The medical record must contain documentation on all screening tools used for TB, growth and development, autism, and mental health screenings.
- The results of these screenings and any necessary referrals must be documented in the medical record.
- THSteps checkups are subject to retrospective review and recoupment if the medical record does not include all required documentation.

THSTEPS **CHECKUP TIMELINESS**

NEW COMMUNITY MEMBERS

New Community Health Choice (Community) Members must complete a checkup **within 90 days** of enrollment with Community. Members participating in Head Start program should receive their checkup within 45 days of enrollment with Community or enrollment with Head Start program. This is Head Start requirement.

EXISTING COMMUNITY MEMBERS

Existing Community Members must complete a checkup in accordance with THSteps Medical Checkup Periodicity Schedule.
Follow this schedule:

COMPLETE BEFORE THE NEXT CHECKUP AGE	
3-5 days after discharge	2 months
2 weeks	4 months
COMPLETE WITHIN 60 DAYS OF THESE CHECKUP AGES	
6 months	18 months
9 months	24 months
12 months	30 months
15 months	

COMPLETE ON OR AFTER THE BIRTHDAY BUT BEFORE THE NEXT BIRTHDAY
Members ages 3 through 20 need a checkup once a year

APPOINTMENT ACCESSIBILITY STANDARDS

PREVENTIVE HEALTH SERVICES:

- **NEW MEMBERS**
  - Within 90 days of enrollment
- **EXISTING MEMBERS**
  - Within 14 days for Members less than 6 month of age
  - Within 60 days for Members ages 6 months through 20 years

Medicaid Members should receive preventive care in accordance with the Texas Health Steps periodicity schedule.

ROLE OF **PRIMARY CARE PROVIDER (PCP)**

- Be the member's first point of contact for all healthcare needs and connect the member to the appropriate specialists, case management programs, and any other healthcare services
- Educate the member on the importance of timely THSteps checkups and Medicaid services
- Encourage the member to select you as an assigned PCP if they have not done so
- Schedule the next member appointment at the time of the current office visit to complete checkups timely according to the THSteps Periodicity Schedule and Community's checkup timeliness requirements
- Provide accelerated services to children of traveling farmworkers, when request
- Perform complete checkup and document all performed checkup components in the member's medical record
- Refer as appropriate to the Early Childhood Intervention Program (ECI) or Case Management for Children and Pregnant Women
- Submit claims timely and accurately

THSTEPS **CHECKUP PROVIDERS**

The following provider types may provide Texas Health Steps preventive services within his or her individual scope of practice:

- Physician or physician group (MD or DO)
- Physician assistant (PA)
- Clinical nurse specialist (CNS)
- Nurse practitioner (NP)
- Certified nurse-midwife (CNM)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Health-care provider or facility with physician supervision including but not limited to a:
  - Community-based hospital and clinic
  - Family planning clinic
  - Home health agency
  - Local or regional health department
  - Maternity clinic
  - Migrant health center
  - School-based health center

In the case of a clinic, a physician is not required to be present at all times during the hours of operation unless otherwise required by federal regulations. A physician must assume responsibility for the clinic's operation.

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 17 years, are considered children of traveling farmworkers (CTFWs)**.
- CTFWs are eligible to receive accelerated services. Accelerated services are services that are provided to CTFWs prior to their leaving Texas for work in other states. Accelerated services include provision of preventive healthcare services that will be due during the time the CTFWs is out of Texas.

- The need for accelerated services should be determined on a case-by-case basis and according to the member's age, periodicity needs, and healthcare needs.
- Providers must use the CPT modifier "32" when providing accelerated services outside of the periodicity schedule.

YOU CAN HELP!

- CTFWs are at risk for discontinuity of care due to the nature of their work. Therefore, Community wants to assist all CTFWs receive all healthcare services they may need before they leave for the next farm job.
- If you identify any patients from Community that meet this criteria, please refer them to Wellness Services at **713.295.6789** for further assistance.

STAR NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)

Community uses Access2Care to provide non-emergency medical transportation for STAR members.

- ### HOW ACCESS2CARE PAYS FOR THE RIDE
  - If your patient does not have a ride and no one can drive them, Access2care can arrange and pay for their ride on the bus or with a ride sharing service.
  - If your patient does not have a car, but someone can drive them, then Access2care will pay back the driver by the mile to take the patient to the appointment and back.
  - If your patient has a car, but no gas money, Access2care might pay your patient ahead of time by the mile to get to the appointment and back. For trips that require an overnight stay, Access2care might pay for overnight lodging and meals for the patient and their parent or guardian.
- ### HOW YOU CAN HELP
  - Remind Community's Medicaid patients about our non-emergency transportation provided by Access2Care, **if they miss an appointment or whenever you schedule an appointment.** Patients can schedule or cancel a ride through the Access2Care Member app or call 24/7, toll-free at 1.844.572.8194.
  - Please note: Children 14 years old and younger must be accompanied by the parent, guardian, or other authorized adult at the medical or dental checkup.

THSTEPS PROVIDER **OUTREACH REFERRAL SERVICE**

Any THSteps providers who request outreach and follow-up for a THSteps patient who needs assistance utilize the THSteps Provider Outreach Referral Service (MAXIMUS):

- Scheduling a follow-up appointment
- Rescheduling a missed appointment
- Scheduling transportation to an appointment
- With other outreach services

This outreach service is administered by the Texas Health Steps program and provides necessary outreach and follow-up with Texas Health Steps patients.

- Contacting a patient to schedule a follow-up appointment.
- Contacting a patient to reschedule a missed appointment.
- Contacting a patient to assist with scheduling transportation to the appointment.
- Contacting a patient for other patient-related outreach services.

Link to download the instructions and the THSteps Provider Outreach Referral Form:
http://www.dshs.state.tx.us/thsteps/POR.shtm

PROVIDER **CONTINUING EDUCATION**

ONLINE PROVIDER EDUCATION - **FREE** CONTINUING EDUCATION **(CE) HOURS**

THSteps' online program offers more than 60 CE-accredited courses that cover a broad array of health topics. These topics range from wellness and prevention essentials, like breastfeeding and immunization, to specialized courses about treating children with asthma, diabetes, high blood pressure, and many other chronic health conditions. **First-time users will need to register.** The courses are available at **http://www.txhealthsteps.com/cms/**

TMHP ONLINE PROVIDER EDUCATION

TMHP offers a variety of training for providers online using computer-based training (CBT) modules on the TMHP Learning Management System (LMS).

CBT Topics include:

- Children with Special Health Needs Service Program Basics
- Claim Forms
- Claims Appeals
- Client Eligibility
- Crossover Claims
- Family Planning
- Texas Health Steps – Medical Services
- Provider Enrollment on the Portal
- And much more

To access the training, please visit: **http://learn.tmhp.com/**

VENDOR DRUG PROGRAM CONTINUING EDUCATION FOR PRESCRIBING PROVIDERS

As a Medicaid prescribing provider, you can help Medicaid clients get their medications quickly and conveniently, with a few simple steps. By prescribing a preferred product or obtaining a prior authorization before the client leaves the office, the prescription can be filled immediately. This eliminates the need for the pharmacy to contact the prescribing provider's office for a therapeutic substitution, as well as, the need to initiate the prior authorization process.

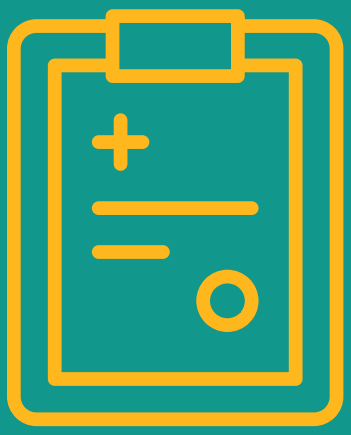
For a list of Medicaid Drug Formulary and free continuing education credits, please visit:
http://www.txvendordrug.com/providers/prescriber-continuing-ed.shtml

PROVIDER **RESOURCES**

PLEASE CALL...	NEED HELP WITH...
MEMBER SERVICES Monday-Friday, 8:00 a.m. – 6:00 p.m. **LOCAL:** 713.295.2294 Toll-free: 1.888.760.2600 **FAX:** 713.295.2293 **TDD (HEARING IMPAIRED) TOLL-FREE:** 7-1-1 **EMAIL:** memberservices@CommunityHealthChoice.org	• PCP assignment • Find a network specialist, hospital, or urgent care center • Connect members to the appropriate dental program and pharmacy services • Schedule an interpreter • Medicaid recertification • Verify coverage/eligibility • Arrange transportation through Non-emergency Medical Transportation
PROVIDER SERVICES Monday-Friday, 8:00 a.m. – 5 p.m. **LOCAL:** 713.295.2295 Toll-free: 1.888.760.2600 **FAX:** 713.295.7039 **EMAIL:** Providerwebinquiries@CommunityHealthChoice.org	• Claims inquiries • Contract clarification/interpretation • Provider education in-service • Provider updates (address/phone/tax ID)
THSTEPS PROVIDER OUTREACH & REFERRAL SERVICE (MAXIMUS) **PHONE:** 1.877.847.8377 **FAX:** 512.533.3867 **DOWNLOAD FORM:** http://www.dshs.texas.gov/thsteps/POR.shtm	• Schedule a follow-up appointment • Reschedule a missed appointment • Schedule transportation to an appointment • Any other outreach services
WELLNESS SERVICES Monday-Friday, 8:00 a.m. – 6:00 p.m. **LOCAL:** 713.295.6789 Toll-free: 1.844.882.7642 **EMAIL:** wellness@CommunityHealthChoice.org	• Refer children of traveling farmworkers for assistance • Arrange all healthcare services before they leave for new farm job

PLEASE CALL...	NEED HELP WITH...
DSHS LABORATORY **Laboratory Reporting** • **PHONE:** 512.776.7578 or 1.888.963.7111 (Ext 7578) • **FAX:** 512.776.7533 • **EMAIL:** LabInfo@dshs.state.tx.us **Container Preparation Group** • **PHONE:** 512.776.7661 or 1.888.963.7111 (Ext 7661) • **FAX:** 512.776.7672 • **EMAIL:** ContainerPrepGroup@dshs.state.tx.us **Newborn Screening Specimen Logistics** • **EMAIL:** NewbornScreeningLab@dshs.state.tx.us • **PHONE:** 1.888.963.7111 (Ext 7333) **DSHS Laboratory Customer Service** • **EMAIL:** LabInfo@dshs.state.tx.us • **PHONE:** 512.776.6030	• Have questions or need help
ACCESS2CARE Available 24 hours a day, 7 days a week Schedule a ride by calling at 1.844.572.8194 or schedule through the Access2Care (A2C) Member app.	• Schedule transportation for STAR members to a healthcare appointment
EARLY CHILDHOOD INTERVENTION SERVICES (ECI) **PHONE:** 1.877.787.8999, select a language, then select Option 3 **WEBSITE:** https://hhs.texas.gov/services/disability/early-childhood-intervention-services	• Refer patients to ECI or refer patients to the program
WOMEN, INFANTS AND CHILDREN PROGRAM (WIC) **PHONE:** 1.877.341.4491 **NUTRITION EDUCATION / CLINIC SERVICES UNIT FAX:** 512.341.4419 **PUBLICATIONS COORDINATOR FAX:** 512.341.4473 https://www.dshs.texas.gov/wichd/default.shtm	• For more information on WIC program or refer patients to the program
CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN **PHONE:** 512.776.2168 **FAX:** 512.776.7574 **TOLL FREE:** 1.800.252.8023 (Ext 2168) **EMAIL:** askcm@dshs.texas.gov http://www.dshs.texas.gov/caseman/default.shtm	For more information or refer patients to the program

TEXAS HEALTH STEPS **CLAIMS**



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

MODIFIER

MODIFIER	PROVIDER
AM	Physician, team member service
SA	Nurse Practitioner rendering service in collaboration with a physician
TD	Registered Nurse
U5	Intermediate oral examination with dental varnish *must be certified to perform the OEFV
U7	Physician Assistant
EP	Federally Qualified Health Center (FQHC)
72	Rural Health Clinic (RHC)

ICD-10 DIAGNOSIS CODES

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

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

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

For more information on THSteps billing, please visit Texas Medicaid Provider Procedure Manual **http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_Manual.aspx**

BILLING THSTEPS MEDICAL CHECKUP AND OTHER SERVICES ON THE SAME DAY

A. THSTEPS MEDICAL CHECKUP AND IMMUNIZATION ADMINISTRATION ON THE SAME DAY

The age-appropriate diagnosis code for preventive care medical Checkups must be submitted on the claim. If an immunization is administered as part of a preventive care medical Checkup, **diagnosis code Z23** may also be included on the claim. In addition to the age-appropriate diagnosis, for claims that are submitted with an immunization administration procedure code and a preventive evaluation and management (E/M) visit, providers may append **modifier 25** to the preventive E/M visit procedure code to identify a significant, separately identifiable E/M service that was rendered by the same provider on the same day as the immunization administration.

Providers may only choose to submit diagnosis code Z23 on the claim if an administration is the only service provided during an office visit.

B. THSTEPS MEDICAL CHECKUP AND ACUTE CARE VISIT ON THE SAME DAY

Providers must use **modifier 25** to describe circumstances in which an acute care E/M visit was provided at the same time as a Checkup. Providers must submit **modifier 25** with the E/M procedure code when the rendered services are distinct and provide for different diagnoses. Providers must bill an appropriate level E/M procedure code with the diagnosis that supports the acute care visit.

If part of the checkup is completed on one day and the rest of the checkup is completed on a different day, then the service should

C. THSTEPS MEDICAL CHECKUP AND SPORTS AND SCHOOL PHYSICAL ON THE SAME DAY

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). Provider must use procedure code 97169, 97170, 97171, or 97172 depending on the level of complexity when billing for sports physicals. Provider do **NOT** need to use modifier 25 when billing for sports physicals.

CODE	DESCRIPTION
97169	Athletic training evaluation, low complexity, requiring these components: • history and physical activity profile with no comorbidities that affect physical activity • examination of affected body area and other symptomatic or related systems addressing **1-2 elements** from any of the following: body structures, physical activity, and/or participation deficiencies • clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 15 minutes are spent face-to-face with the patient and/or family.
97170	Athletic training evaluation, moderate complexity, requiring these components: • medical history and physical activity profile with 1-2 comorbidities that affect physical activity • examination of affected body area and other symptomatic or related systems, addressing a total of **3 or more elements** from any of the following: body structures, physical activity, and/or participation deficiencies • clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 30 minutes are spent face-to-face with the patient and/or family.
97171	Athletic training evaluation, moderate complexity, requiring these components: • medical history and physical activity profile with 3 or more comorbidities that affect physical activity • examination of affected body area and other symptomatic or related systems, addressing a total of **4 or more elements** from any of the following: body structures, physical activity, and/or participation deficiencies • clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 45 minutes are spent face-to-face with the patient and/or family.
97172	Re-evaluation of athletic training established plan of care requiring these components: • 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 measureable assessment of functional outcome with an update in management options, goals, and interventions Typically, 20 minutes are spent face-to-face with the patient and/or family.

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 bills with mother's ID#, whether or not the baby ID is on file, Community will deny the claim requesting the baby's ID number.

OTHER PRIMARY INSURANCE

THSteps Providers are not required to file claims with other primary insurance carriers. If a THSteps Provider is aware that other primary insurance exist, the THSteps Provider does not have to submit to the primary carrier.

- A THSteps Provider files a claim with the primary insurance carrier. Community requires Provider to also submit the claim to Community with zero dollars for encounter purposes.
- If a THSteps Provider elects to only bill Community, the THSteps Provider agrees to accept Community's payment in full. Community has the fiduciary responsibility to recover from the primary carrier as the payer of last resort.

ORAL EVALUATION AND FLUORIDE VARNISH (OEFV)

The OEFV must be billed on the same date of service as a medical checkup and is limited to six services per lifetime by any provider. It must be billed with modifier U5 and diagnosis code Z00121 or Z00129 for an intermediate oral evaluation with fluoride varnish application.

*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**

Effective July 1, 2017, new changes to THSteps therapeutic dental benefits will go into effect. These include:

- New requirements for dental therapy under general anesthesia
- Prior authorization criteria for periodontal root scaling and root planning
- New procedure code limitations

  Clarification of units for time-based procedure codes

Effective July 1, 2017, dental maintenance organizations (DMOs) and managed care organizations (MCOs) will be required to implement prior authorization for Level 4 deep sedation and general anesthesia provided in conjunction with therapeutic dental treatment for Medicaid dental clients from ages 0 through six years. All Level 4 services must be prior authorized. When the services are provided by a dentist using procedure code D9223 and any anesthesia services provided by an anesthesiologist (M.D. /D.O.) or certified registered nurse anesthetist (CRNA), using procedure code 00170, with an EP modifier.

The TMHP provider notification has been updated to reflect deletion of the term "emergent" under Prior Authorization Criteria for Dental Therapy under General Anesthesia, and insertion of the word "urgent".

EXCEPTION-TO-PERIODICITY CHECKUPS

Exception-to-Periodicity checkups are complete medical checkups completed outside the timeframes listed in the THSteps Periodicity Schedule due to extenuating circumstances. Exception-to periodicity checkups are complete checkups, which are medically necessary and might case the total number of checkups to exceed the number allowed for the member's age range if the member was to have all regular scheduled checkups.

An exception-to-periodicity checkup is allowed when:

- Medically necessary. For members with:
  - Developmental delay
  - Suspected abuse
  - Other medical concerns
  - Living in a high-risk envornment (such as living with a sibling with elevated blood lead level of 5 mcg/dL or greater)
- Required to meet state or federal checkup requirements for Head Start, day care, foster care, or preadoption
- Provide an accelerated checkup to a child of traveling farmworkers. For example, a 4-year checkup could be performed prior to the member's 4th birthday if the member is a member of traveling farmworkers who travel to their next farm job.
- When needed before a dental procedure requiring general anesthesia

When billing for an exception-to-periodicity checkup, provider must include:

- Age-appropriate procedure codes
- Diagnosis codes
- Provider type modifiers
- Condition indicators as a medical checkup (NU, ST, S2)
- Appropriate exception-to-periodicity modifiers listed in the table below

Modifiers indicate the reason for the exception to periodicity checkup:

MODIFIER	DESCRIPTION
SC	Medically necessary (developmental delay or suspected abuse) Environmental high-risk (sibling of child is elevated blood level)
23	Unusual Anesthesia: Occasionally, a procedure that usually requires either no anesthesia or local anesthesia must be done under general anesthesia because of unusual circumstances. This circumstance may be reported by adding the modifier "23" to the procedure code of the basic service.
32	To meet state or federal requirements for Head Start, daycare, foster care, or pre-adoption Accelerated services for children of traveling farmworkers

Claims for exception-to-periodicity checkups that do not include one of the exception-to-periodicity modifiers will be denied as exceeding periodicity.

THSTEPS CHECKUP **FOLLOW-UP VISIT**

Use **procedure code 99211** with the provider identifier and THSteps benefit code when billing for a follow-up visit.

A follow-up visit may be required to complete necessary procedures related to a checkup or exception-to-periodicity checkup, such as:

- Reading the TB Skin Test (TST).
- Administering immunizations in cases where the client's immunizations were not up-to-date, medically contraindicated, or unable to be given during the checkup.
- Collection of specimens for laboratory testing that were not obtained during the checkup or the original specimen could not be processed.
- Completion of sensory or developmental screening that was not completed at the time of the checkup due to the client's condition.

A return visit to follow-up on treatment initiated during a checkup or to make a referral is not a follow-up visit, but is considered an acute care visit under an appropriate E/M procedure code for an established client.

If the parent or guardian did not give consent for a component during the initial checkup, and supporting documentation is provided, no follow-up visit is necessary.

CLAIM SUBMISSIONS OR **CORRECTIONS**

Claims filing deadline is **95 days from the date of service**.

Corrected claims must be submitted **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.

CONTACT INFORMATION

MAILED CLAIMS:

PAPER CLAIMS	To the attention of: Corrected Claims Community Health Choice, Inc. P. O. Box 301404 Houston, TX 77230
REFUNDS LOCKBOX	Community Health Choice P.O. Box 4818 Houston, TX 77210-4818

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**

PROVIDER COMMUNICATIONS

- Claim inquiries
- Claim adjudication

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.