

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 mos & 4 mos	Complete before the next checkup age	Within 14 days of patient's request
6 mos, 9 mos, 12 mos, 15 mos, 18 mos, 24 mos & 30 mos	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
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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 > <i>Provider Tools > Claims Center Payer ID: 48145</i> 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 • 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 <i>Community will accommodate three claims per call.</i>
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 SERVICES
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

Community's Non-emergency Medical Transportation for STAR Members Access2Care

Available 24 hours a day, 7 days a week Schedule free rides by calling at 1.855.687.4786 or through the Access2Care (A2C) Member app.

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 (FQHC)	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.