

TEXAS HEALTH STEPS

Texas Health Steps (THSteps) Medical Checkups
Annual Provider Training

Training Outline

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THSTEPS BACKGROUND

I. What is THSteps?

- 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.
- Texas Health Steps provides payment for comprehensive and periodic evaluations of a child's health, development and nutritional status, as well as vision, dental and hearing service.
- The periodic medical evaluations are based on American Academy of Pediatrics (AAP) recommendations for preventive health care with modifications to meet federal or state regulations.

II. THSteps Checkup Providers

- Texas Health Steps primary care physicians and other professional providers (PCPs) are an integral part of this program.
- PCPs will offer age-appropriate preventive care screening and testing during each medical checkup visit and during an acute illness episode, if appropriate.
- 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)

II. THSteps Checkup Providers (Continued)

- 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 the federal regulations. A physician must assume responsibility for the clinic's operation.

III. 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 requested
- 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 MEDICAL CHECKUPS

I. Scheduling

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 the Head Start program should receive their checkup within 45 days of enrollment with Community or enrollment with the Head Start program. This is a Head Start requirement.

THSteps Checkup Timeliness (Continued)

- **Existing Community Members**

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

Complete before the next checkup age	
Newborn	2 months
3-5 days after discharge	4 months
2 weeks	
Complete <u>within 60 days</u> of these checkup ages	
6 months	18 months
9 months	24 months
12 months	30 months
15 months	
Complete <u>on or after</u> the birthday but before the next birthday	
Members ages 3 through 20 need a checkup once a year	

Appointment Availability Standards

All providers are required to follow the following Appointment Accessibility Standards for preventive health services, including THSteps checkups. The standards are measured from the date the member presents at the office or requests, whichever occurs first.

- **New Members**
 - Within 90 days of enrollment

- **Existing Members**
 - Within 14 days for Members less than 6 months of age
 - Within 60 days for Members ages 6 months through 20 years

THE STEPS MEDICAL CHECKUPS

II. Components and Documentation

THSteps Checkup Components

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

1. **Comprehensive Health and Developmental History** - includes nutrition screening, developmental and mental health screening and TB screening. An interim history is performed at each checkup.
 - Developmental Screening – must be performed at each checkup for members birth through 6 years of age
 - Providers must use one of the following validated, standardized tools:
 - Ages and Stages Questionnaire (ASQ)
 - Ages and Stages Questionnaire: Social Emotional (ASQ:SE)
 - Parents' Evaluation of Developmental Status (PEDS)
 - Survey of Well-being of Young Children (SWYC)
 - Autism screening must be performed using one of the following tools:
 - Modified Checklist for Autism in Toddlers (M-CHAT™)
 - Modified Checklist for Autism in Toddlers, Revised with Follow-up Questions (M-CHAT-R/F™)
 - Mental Health Screening - required at each Texas Health Steps checkup and includes behavioral, social, and emotional development
 - Maternal postpartum depression screening is recommended for all infants. The screening may be completed during an infant's Texas Health Steps checkup prior to the infant's first birthday. Providers may receive separate reimbursement, in addition to reimbursement for the checkup, when screening using a validated screening tool. A provider may receive separate reimbursement only once per infant. Validated maternal postpartum depression screening tools include:
 - Edinburgh Postnatal Depression Scale
 - Patient Health Questionnaire (PHQ-9)
 - Postpartum Depression Screening Scale

THSteps Checkup Components (Continued)

Mental health screening is recommended annually for all members who are 12 through 18 years of age. Providers may receive separate reimbursement, in addition to reimbursement for the checkup, when screening using a validated screening tool. Validated, standardized mental health screening tools include:

- Pediatric Symptom Checklist (PSC-17)
 - Pediatric Symptom Checklist (PSC-35)
 - Pediatric Symptom Checklist for Youth (Y-PSC)
 - Patient Health Questionnaire (PHQ-9)
 - Patient Health Questionnaire Modified for Adolescents (PHQ-A [depression screen])
 - Car, Relax, Alone, Forget, Family, and Trouble Checklist (CRAFFT)
 - Patient Health Questionnaire for Adolescents (PHQ-A [anxiety, eating problems, mood problems and substance abuse screen])
 - Rapid Assessment for Adolescent Preventive Services (RAAPS)
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- Nutritional Screening - dietary practices should be assessed to identify unusual eating habits such as pica, extended use of baby bottle feedings, or eating disorders in older children and adolescents. For nutritional problems, further assessment is indicated.
 - Tuberculosis (TB) Screening - the Tuberculosis (TB) Questionnaire must be administered annually beginning at 12 months of age. A Tuberculin Skin Test (TST) is to be administered when the screening tool indicates a risk for possible exposure. Providers may receive separate reimbursement, in addition to reimbursement for the checkup, when administering a TST as part of the checkup.

THSteps Checkup Components (Continued)

2. Comprehensive Unclothed Physical Examination – a comprehensive unclothed physical examination includes all the components listed below:

- Measurements - Requires documentation of measurements and percentiles as appropriate:
 - Length or height and weight
 - Fronto-occipital circumference (birth through 24 months of age)
 - Body Mass Index (BMI) (beginning at 2 years of age)
 - Blood pressure (beginning at 3 years of age)

Providers are recommended to:

- Use the World Health Organization (WHO) growth charts for infants and children birth to 2 years of age
- Use the Centers for Disease Control and Prevention (CDC) growth charts for children who are 2 years of age or older
- Sensory Screening
 - Vision Services: Requires subjective and acuity screening at various ages
 - Hearing Services: Requires subjective and audiometric screening at various ages

Vision and hearing screenings are not covered when completed to meet day care, Head Start, or school program requirements unless completed during an acute care visit in a clinic setting.

Documentation of test results from a school vision or hearing screening program may replace the required screening if conducted within 12 months of the checkup. A vision and hearing screening must be completed according to the requirements of the Texas Health Steps Periodicity Schedule.

THSteps Checkup Components (Continued)

3. Oral Health Services

- Limited oral screening for caries and general health of the teeth and oral mucosa is part of the physical examination
- Referral to a dentist is required at six months of age and every six months thereafter until the dental home has been established
- Reimbursement for Oral Evaluation and Fluoride Varnish in the Medical Home (OEFV) is available to providers who have been certified by the Department of State Health Services Oral Health Program and must be performed by
 - Physician
 - Advanced Practice Registered Nurse
 - Physician Assistant

4. Immunizations

- Providers must assess the immunization status of members at every medical checkup
- Vaccines must be administered according to the current Advisory Committee on Immunization Practices (ACIP) recommendations unless
 - Medically contraindicated, or
 - Parental reasons of conscience, including religious beliefs
- Immunizations which are medically contraindicated at the time of the screening may be rescheduled at an appropriate time
- Providers may not refer patients to local health departments or other providers for immunization administration

THSteps Checkup Components (Continued)

5. Laboratory Screening - may include various laboratory tests appropriate to age and risk, including:

- Lead Screening
- Anemia Screening
- Dyslipidemia Screening
- HIV Screening
- Newborn Screening
- Critical Congenital Heart Disease Screening
- Risk-based Screenings

All laboratory tests must be performed by the DSHS laboratory, with the exception of screening for:

- Dyslipidemia
- Type 2 diabetes
- Syphilis
- HIV
- Point-of-care testing for blood lead level in the provider's office

THSteps Checkup Components (Continued)

6. Health Education (including anticipatory guidance) - must be provided at each checkup and documentation must include the time period recommended for the next appointment. Health education is designed to help parents and caregivers understand what to expect in terms of the child's development and to provide information for all ages about the benefits of healthy lifestyles and practices, as well as accident and disease prevention. Age-appropriate topics include, but are not limited to:

- Nutrition and crib safety (infants)
- Reading and toilet training (toddlers)
- Puberty and physical changes (older children)
- Mental health and communications with family and trusted adults (adolescents)
- Lead risk assessment should be done through anticipatory guidance.

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

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.
- Information on checkup documentation is available within THSteps Online Provider Education modules. These modules are free and offer continuing education for healthcare professionals.

For more information on Online Provider Education, please visit <http://www.txhealthsteps.com/>

THSTEPS MEDICAL CHECKUPS

III. Billing Guide

Billing Codes

- 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)

Billing Codes (Continued)

- ICD-10 Diagnosis Codes

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

- Benefit Codes

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.**

Billing Codes (Continued)

- **THSTEPS CHECKUP FOLLOW-UP VISIT**
 - Use **procedure code 99211** with the provider identifier and THSteps benefit code
 - A follow-up visit may be required to complete necessary procedures related to a checkup or exception-to-periodicity checkup
 - 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 member
 - 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
- **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>

Billing Same Day Visits

THSteps Medical Checkup and Immunization Administration

- Age-appropriate diagnosis code
- Diagnosis code **Z23**
- Claims 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.

THSteps Medical Checkup and Acute Care Visit

- 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 be billed on the date the services were performed.

THSteps Medical Checkup and Sports and School Physical

- 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.

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.
- 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:

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. Add this modifier 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 that do not include one of these modifiers will be denied as exceeding periodicity	

Billing Reminders

- **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
- **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.



RELATED PROGRAMS AND SERVICES

I. Children of Traveling Farmworkers

- HHSC defines a traveling farm worker as a migratory agriculture worker whose principal employment is in agriculture on a seasonal basis, who has been employed in the last 24 months and who establishes for the purpose of such employment a temporary abode.
- **Their children ages 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.

I. CTFWs (Continued)

- 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.
- **Providers 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.

II. 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.
- **PROVIDERS CAN HELP!**
 - Tell Community's Medicaid patients about free ride service when you schedule appointments.
 - Remind patients about Community's Access2Care free rides if they miss an appointment.
 - Provide patients Access2Care phone number: **1.844.572.8194**, available 24 hours a day, 7 days a week, to book a ride or schedule through the Access2Care Member app.
 - 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 RESOURCES

I. Provider Outreach Referral Service

The Texas Health Steps Provider Outreach Referral Service is utilized by Texas Health Steps providers who request outreach and follow-up for a Texas Health Steps patient. This outreach is administered by the Texas Health Steps program and provides necessary outreach and follow-up with Texas Health Steps patient, such as:

- 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>

II. Provider Continuing 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/>

**You have completed the Annual THSteps
Provider Training.**

