

Texas Health Steps Provider Training (HHS)



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Overview

- Background
- Texas Health Steps Medical
 - Scheduling
 - Checkup Components
 - Laboratory
 - Special Circumstances
 - Documentation and Billing
- Texas Health Steps Dental
- Related Programs and Resources



What is Texas Health Steps?

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Federal Law in 1989 - Omnibus Budget Reconciliation Act (OBRA)

Social Security Act (SSA)

Comprehensive Care Program (CCP)



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Statutory Requirements

- Communicable Disease Reporting
- Early Childhood Intervention (ECI) referrals
- Parental Accompaniment
- Newborn Blood Screen
- Newborn Hearing Screen
- Critical Congenital Heart Disease (CCHD) Screen
- Blood Lead Level Screen
- Abuse and Neglect Reporting

[Texas Medicaid Provider Procedures Manual](#)
(TMPPM) Children's Services Handbook
5.1.2: THSteps Statutory State Requirements



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Compliance with Federal Legislation

- **HHSC complies with Health & Human Services (HHS) regulations that protect against discrimination.**
- **All contractors must agree to comply with the following:**
 - Title VI of the *Civil Rights Act of 1964* (Public Law 88-352)
 - Section 504 of the *Rehabilitation Act of 1973* (Public Law 93-112)
 - *The Americans with Disabilities Act of 1990* (Public Law 101-336)
 - Title 40, Chapter 7 of the TAC *Health and Safety Code 85.113* as described in "Model Workplace Guidelines for Businesses, State Agencies, and State Contractors" on page G-2.



Scope of Texas Health Steps Services

- Periodic Medical Checkups
- Dental Checkups and Treatment Services
- Diagnosis of Medical Conditions
- Medically Necessary Treatment and Services



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Texas Health Steps Medical Checkup



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Texas Health Steps Checkup Scheduling

Selecting a provider

Checkups - In fee-for-service (FFS) Medicaid, clients have freedom of choice when choosing a Texas Health Steps checkup provider. In managed care, a client needs to contact their health plan to determine how to access Texas Health Steps checkups.

Treatment (If non PCP) - Referral may be required through PCP for evaluation and/or management of conditions identified during a Texas Health Steps medical checkup.



Texas Health Steps Checkup Scheduling

New Medicaid Clients:

For FFS - Should receive a Texas Health Steps checkup within 90 days of receiving their Medicaid eligibility.

For Managed Care - Should receive a Texas Health Steps checkup within 90 days of enrollment in Managed Care Organization (MCO).

Allowance to 90-day requirement can be made if the provider has documentation of a previous checkup and child is current/not due for a checkup.



Texas Health Steps Checkup Scheduling

Checkups should be scheduled based on the ages indicated on the Texas Health Steps Medical Checkup Periodicity Schedule (publication E03-13634).

Families should be encouraged to schedule as soon as the child becomes due for a checkup.



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Texas Health Steps Checkup Scheduling

Children less than 36 months of age

- Checkups are due at more frequent intervals

Children 3 years and older

- Should have a yearly checkup as soon as they become due
- May be completed anytime after their birthday (timely)
- Will not be considered late unless the child does not have the checkup prior to their next birthday



Texas Health Steps Checkup Scheduling

Age Range Allowed	Number of Checkups
Birth through 11 months <i>(Does not include the newborn or 12 months)</i>	6
1 through 4 years of age	7
5 through 11 years of age	7
12 through 17 years of age	6
18 through 20 years of age	3



Texas Health Steps Checkup Scheduling

This allows:

- More flexibility in scheduling Texas Health Steps checkups
- Scheduling more than one child for a checkup at the same time
- Avoiding a checkup during flu season
- Scheduling a checkup prior to or after returning to their home communities for children of migrant workers



Checkup Timeliness for Managed Care

New Members

- Newborns within 14 days of enrollment
- All other children, within 90 days of enrollment

Existing Members

- For children under age 36 months, a checkup is defined as timely if received within 60 days beyond the periodic due date based on their birth date
- For children 36 months and older, a checkup is defined as timely if it occurs within 364 calendar days after the child's birthday in a non-leap year or 365 calendar days after the child's birthday in a leap year
- Checkups received before the periodic due date are not reportable as timely medical checkups



Medical Home

HHSC and Texas Health Steps encourage the provision of the Texas Health Steps medical checkup as part of a medical home. Texas Medicaid defines a medical home as a model of delivering care that is:

- Accessible
- Continuous
- Comprehensive
- Coordinated
- Compassionate
- Culturally Competent
- Family-centered



Texas Health Steps Checkup Required Components



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Medical Checkup Requirements

Federally Mandated Components

- Comprehensive Health and Developmental History
- Comprehensive Unclothed Physical Examination
- Immunizations
- Laboratory Screening
- Health Education/Anticipatory Guidance

State Requirement

- Dental referral every 6 months until a dental home is established



Texas Health Steps Medical Checkup Periodicity Schedule

Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents

COMPREHENSIVE HEALTH SCREENING* BIRTH THROUGH 10 YEARS OF AGE

* Comprehensive Health Screening, as indicated below, consists of federal and state components that are required for the checkup to be considered complete. Refer to the Texas Medicaid Provider Procedures Manual (MPPM) for further detail at http://www.texas.gov/Press/Medicaid_Publications_Protocol_Manual.aspx.

AGE	Activity	Nutrition Screening	Review of Risk Status	DEVELOPMENTAL SURVEILLANCE ASL, ASL-2, ASL-3, or PEDI	MENTAL HEALTH M-COPE or M-COPE-RTM [†] Brief Symptom Inventory [†] Behavioral Assessment System [†] Developmental Regression TE Questionnaire with Skin Test & First Interview	Unvaccinated Physical Examination	Critical Care/High-Risk/At-Risk History	MEASUREMENTS			VISION	HEARING	HEALTH EDUCATION/ADVISORY GUIDANCE
								Length	Weight	BMI			
Birth													
1-4 Years													
5-10 Years													
11-17 Years													
18-24 Years													

LEGEND

- Mandatory
- If not completed at the required age, must be completed at the first opportunity if age appropriate
- For developmental, mental health, vision, or hearing screenings: when both colors appear at the same age, perform the most appropriate-level screen
- Recommended
- Risk-based

Note: These components may be performed at other ages if medically necessary. Check regularly for updates to this schedule: http://www.texas.gov/Press/Medicaid_Publications_Protocol_Manual.aspx. For free online provider education: www.texas.gov/Press/Medicaid_Publications_Protocol_Manual.aspx.

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Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents

COMPREHENSIVE HEALTH SCREENING* 11 THROUGH 20 YEARS OF AGE

* Comprehensive Health Screening, as indicated below, consists of federal and state components that are required for the checkup to be considered complete. Refer to the Texas Medicaid Provider Procedures Manual (MPPM) for further detail at http://www.texas.gov/Press/Medicaid_Publications_Protocol_Manual.aspx.

AGE	History	Nutrition Screening	Mental Health, Substance Use/Abuse, or Behavioral Health Screening PEDI-2, ASL-3, ASL-4, ASL-5, PEDI-4, or PEDI-5 Brief Symptom Inventory [†] Behavioral Assessment System [†]	TE Questionnaire with Skin Test, if at Risk Identified	Unvaccinated Physical Examination	MEASUREMENTS			VISION	HEARING	HEALTH EDUCATION/ADVISORY GUIDANCE
						Height	Weight	BMI			
11-12 Years											
13-14 Years											
15-16 Years											
17-18 Years											
19-20 Years											

LEGEND

- Mandatory
- If not completed at the required age, must be completed at the first opportunity if age appropriate
- For developmental, mental health, vision, or hearing screenings: when both colors appear at the same age, perform the most appropriate-level screen
- Recommended
- Risk-based

Note: These components may be performed at other ages if medically necessary. Check regularly for updates to this schedule: www.texas.gov/Press/Medicaid_Publications_Protocol_Manual.aspx. For free online provider education: www.texas.gov/Press/Medicaid_Publications_Protocol_Manual.aspx.

850-1354 June 1, 2013



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Comprehensive Health History

- Nutritional Screening
- Developmental Surveillance and Screening
- Mental Health Screening
- Tuberculin Skin Test (TST)



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Nutritional Screening

- Review of Measurements/BMI and Laboratory Screening
- Infants: Feeding Schedules
- Children and Adolescents: Dietary Practices
- Special Diets/Food Allergies
- Restaurant/Fast Food



Developmental Screening

Required Screening Tools

Screening Age	Developmental Tool	Autism Tool
9 months	Ages and Stages Questionnaire (ASQ), Parent's Evaluation of Developmental Status (PEDS) or Survey of Well-being of Young Children (SWYC)	
18 months	ASQ, PEDS or SWYC	Modified Checklist for Autism in Toddlers (M-CHAT™ or M-CHAT-R/F™)
24 months	ASQ, PEDS or SWYC	Modified Checklist for Autism in Toddlers (M-CHAT™ or M-CHAT-R/F™)
3 years	ASQ or ASQ:SE, PEDS or SWYC	
4 years	ASQ or ASQ:SE, PEDS or SWYC	



Developmental Screening

The provider must complete a standardized developmental or autism screening:

- If missed at an earlier checkup and still age appropriate
- For new patients 6 months through 6 years of age if no record of previous age-appropriate screening
- If there are provider or parental concerns at any visit through 6 years of age



Mental Health Screening

Screening for:

- Behavioral
- Social
- Emotional Development

Required at each checkup.



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Mental Health Screening

Postpartum Depression

Recommended (optional) screening during infant's checkup.

- Allows maternal screening at infant's Texas Health Steps checkup up to the infant's first birthday
- Requires use of validated screening tool
- Positive screens require referral
- Separate reimbursement in addition to checkup reimbursement



Mental Health Screening

Postpartum Depression

Coding postpartum depression screening

- Use CPT code G8431 for positive screens (screening for depression is documented as being positive and a follow up plan is documented)
- Use CPT code G8510 for negative screens (screening for depression is documented as negative, a follow up plan is not required)
- Only one of the following CPT codes may be submitted (G8431 or G8510)



Mental Health Screening

Adolescents

Recommended (optional) screening for adolescents 12 through 18 years.

- Allows screening annually
- Separate reimbursement annually in addition to checkup reimbursement
- Required use of one of the validated and standardized mental health screening tools approved by Texas Health steps



Mental Health Screening

Adolescents

Texas Health Steps approved 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 (PHQ-A [depression screen])
- Car, Relax, Alone, Friends, Forget, Trouble (CRAFFT)
- Patient Health Questionnaire for Adolescents (PHQ-A [AAP's anxiety, eating problems, mood problems...screen])
- Rapid Assessment for Adolescent Preventive Services (RAAPS)

Download forms at brightfutures.aap.org.



Mental Health Screening

Adolescent Requirement

Rapid Assessment of Adolescent Preventive Services - RAAPS

- Short format
- Cloud-based and paper version
- 5 minutes to complete
- Annual cost for both technology and paper versions
- Multiple languages

Available at: <https://possibilitiesforchange.org/faq/>.



Mental Health Screening

Adolescent Requirement

Coding mental health screening in adolescents

- Use CPT code 96160
- Screening tool completed by the adolescent.
- Use CPT code 96161
- Screening tool completed by the parent or caregiver on behalf of the adolescent



TB Screening

- Administer the Texas Health Steps TB Questionnaire annually beginning at 12 months of age
- [Texas Health Steps TB Questionnaire](#)
- Administer a Tuberculin Skin Test (TST) (CPT code 86580) if risk for possible exposure is identified
- A follow-up visit (CPT code 99211) is required to read and interpret all TSTs



Physical Examination

- Comprehensive
- Must be unclothed
- Completed by:
 - Physician
 - PA (Physician Assistant)
 - CNS (Clinical Nurse Specialist)
 - NP (Nurse Practitioner)
 - CNM (Certified Nurse-Midwife)
 - RN (Registered Nurse)
 - Under direct supervision of physician
 - [Completion of online education modules](#)
 - May not provide checkups at an FQHC or RHC



Immunizations

At each medical checkup

- Assess immunization status.
- Use diagnosis code Z23 to indicate immunization administration.
- Administer according to the Advisory Committee on Immunization Practices (ACIP) recommendations unless:
 - Medically contraindicated, or
 - Parent's reason of conscience (including religious beliefs).

Providers **must not** refer children to the local health department or other entity for immunizations.



Immunizations

Texas Health Steps ages birth through 18

- Vaccine available through TVFC
- Reimbursement covers administration fee

Texas Health Steps ages 19 and 20

- Privately purchased vaccine
- Reimbursed by Medicaid
- Reimbursement covers vaccine and administration fee



Laboratory Services

Newborn Screening

- 1st screen collected at 24-48 hours of age
- 2nd screen collected at 7-14 days of age
- Up to 12 months if no record of testing
- Special circumstances, such as adoption
- [DSHS Laboratory NBS Refusal Form](#)

DSHS NBS Clinical Care Coordination will:

- Open case for each out-of-range result
- Communicate abnormal results to the provider
- Provide guidance for recommended actions
- Monitor case until infant is cleared or diagnosis is determined



Laboratory Services

Lead Screening and Testing

A blood lead level is mandatory at 12 and 24 months of age.

Initial screening

- Capillary or venous specimen
- DSHS Laboratory only
- Point-of-care testing in provider's office



Laboratory Services

HIV:

- Required once for all clients 16 through 18 years of age
- Risk-based for all clients 11 through 20 years of age

Provide information that testing for HIV is:

- Routinely available, confidential
- Completely anonymous by choice
- Child or specimen may be sent to laboratory of provider's choice, including the DSHS Laboratory

Access the [THSteps Risk Based Guidance Tool](#) for additional information including risk factors for HIV screening



Exception to Periodicity

- Needed in addition to regularly scheduled checkups
- Must be a complete medical checkup
- Must be medically necessary



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Exception to Periodicity

- The same procedure codes,
- Provider type modifier, and
- Condition indicators (NU, ST, S2)

Modifiers in table shown below indicate the reason for exception.

Modifier	
SC	<ul style="list-style-type: none">• Medically necessary (developmental delay or suspected abuse).• Environmental high-risk (sibling of child with elevated blood level).
32	To meet state or federal requirements for Head Start, daycare, foster care, or pre-adoption.
23	When needed before a dental procedure provided under general anesthesia.



Texas Health Steps Follow-up Visits

A return visit may be required to complete necessary screenings or procedures

- Placing or reading a Tuberculin Skin Test (TST)
- Immunizations
- Specimen collection for a laboratory test
- Completion of a component
- Separate reimbursement may not be available

CPT code 99211 with Texas Health Steps provider identifier, and THSteps benefit code.



Children in Foster Care

Children entering or re-entering foster care require the following:

- Texas Health Steps medical checkup within 30 days
- Tuberculin Skin Test (TST)

Checkups must be performed by a medical provider enrolled in Medicaid and Texas Health Steps, and who is contracted with STAR Health.

STAR Health member connection representatives call caregivers immediately once a child is enrolled in STAR Health to offer assistance with scheduling the Texas Health Steps checkup.



Texas Health Steps Documentation



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Texas Health Steps Documentation

All checkup components must be documented in the medical record.

Quality review activities include:

- Random chart review
- Focused studies of Texas Health Steps medical checkup completeness
- MCO reviews



Texas Health Steps Child Health Record Forms

- **Optional**
- Age-specific
- Reflect current policy

THSteps Child Health Record Forms

NAME: _____ DOB: _____ GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE DATE OF SERVICE: _____		MEDICAID ID: _____ PRIMARY CARE GIVER: _____ PHONE: _____ INFORMANT: _____	
HISTORY <input type="checkbox"/> See new patient history form INTERVAL HISTORY: <input type="checkbox"/> NKDA Allergies: _____ Current Medications: _____ Visits to other health-care providers, facilities: _____ Parental concerns/changes/stressors in family or home: _____ Psychosocial/Behavioral Health Issues: Y <input type="checkbox"/> N <input type="checkbox"/> Findings: _____ <input type="checkbox"/> TB questionnaire: risk identified Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> *Tuberculin skin test if indicated <input type="checkbox"/> TST (See back for form)		UNCLOTHED PHYSICAL EXAM <input type="checkbox"/> See growth graph Weight: _____ (_____ %) Length: _____ (_____ %) Head Circumference: _____ (_____ %) Heart Rate: _____ Respiratory Rate: _____ Temperature (optional): _____ <input type="checkbox"/> Normal (Mark here if all items are WNL) Abnormal (Mark all that apply and describe): <input type="checkbox"/> Appearance <input type="checkbox"/> Mouth/throat <input type="checkbox"/> Genitals <input type="checkbox"/> Head/fontanelle <input type="checkbox"/> Teeth <input type="checkbox"/> Extremities <input type="checkbox"/> Skin <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Eyes <input type="checkbox"/> Heart/pulses <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Ears <input type="checkbox"/> Lungs <input type="checkbox"/> Hips <input type="checkbox"/> Nose <input type="checkbox"/> Abdomen <input type="checkbox"/> Neurological Abnormal findings: _____	
DEVELOPMENTAL SURVEILLANCE: • Gross and fine motor development • Communication skills/language development • Self-help/care skills • Social, emotional development • Cognitive development • Mental health		Subjective Vision Screening: P <input type="checkbox"/> F <input type="checkbox"/> Subjective Hearing Screening: P <input type="checkbox"/> F <input type="checkbox"/>	
NUTRITION: Breastmilk: _____ Min per feeding: _____ Number of feedings in last 24 hrs: _____ Formula (type): _____ Oz per feeding: _____ Number of feedings in last 24 hrs: _____ Water source: _____ fluoride: Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Solids *See Bright Futures Nutrition Book if needed		HEALTH EDUCATION/ANTICIPATORY GUIDANCE: (See back for useful topics) <input type="checkbox"/> Selected health topics addressed in any of the following areas* • Family Interactions • Nutrition • Setting Routines • Safety • Development/Behaviors *See Bright Futures for assistance	
IMMUNIZATIONS <input type="checkbox"/> Up-to-date <input type="checkbox"/> Deferred - Reason: _____ Given today: DTaP <input type="checkbox"/> Hep A <input type="checkbox"/> Hep B <input type="checkbox"/> Hib <input type="checkbox"/> IPV <input type="checkbox"/> MMR <input type="checkbox"/> PCV <input type="checkbox"/> Meningococcal <input type="checkbox"/> Varicella <input type="checkbox"/> MMRV <input type="checkbox"/> Hib-Hep B <input type="checkbox"/> DTaP-IPV-Hep B <input type="checkbox"/> DTaP-IPV/Hib <input type="checkbox"/> Influenza *Special populations: See ACP		HEALTH EDUCATION/ANTICIPATORY GUIDANCE: (See back for useful topics) *See Bright Futures for assistance	
LABORATORY Tests ordered today: Hgb/Hct: Y <input type="checkbox"/> N <input type="checkbox"/> Blood lead test: Y <input type="checkbox"/> N <input type="checkbox"/> Other: _____		ASSESSMENT _____ _____ _____	
Signature/Title: _____		Signature/Title: _____	

CHILD HEALTH RECORD

12 MONTH CHECKUP



Texas Health Steps Documentation

Tuberculosis (TB) Questionnaire

The only required form for a Texas Health Steps
checkup.

Ways to document the questionnaire

- Document the results of the completed tool in the
checkup record - or -
- Retain or scan completed questionnaire in the
record - or -
- Include and document the answers to the TB
Questionnaire within a provider-created medical
record



Texas Health Steps Documentation

Other **Optional** Forms

- Form Pb-110 Risk Assessment for Lead Exposure
- Parent Hearing Checklist



Texas Health Steps Documentation

For all electronic, online, or web-based tools, consent/release of information may be needed for:

- Transfer of patient data stored electronically in external databases, or
- If data will be used for purposes other than Texas Health Steps checkups



Texas Health Steps Documentation

Previous results may be used to meet the checkup requirements if completed within:

- Preceding 30 days for children who are two years of age and younger
- Preceding 90 days for children who are three years of age and older

Documentation must include:

- The date(s) of service
- Clear reference to previous visit by the same provider, or results obtained from another provider



Texas Health Steps Billing

The Current Procedural Terminology (CPT) codes are available in the Texas Medicaid Provider Procedure Manual (TMPPM).

Providers, including Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) should contact:

- The appropriate medical or dental managed care plan, or
- TMHP for patients with fee-for-service coverage

RHCs and FQHCs receive an all-inclusive encounter rate.



Texas Health Steps Billing

ICD-10	Descriptor
CM Code	ICD-10-CM Coding for Texas Health Steps
Z00110	Newborn exam, birth to 7 days
Z00111	Newborn exam, 8 days to 28 days
Z00129	Routine child exam
Z00121	Routine child exam, abnormal
Z0000	General adult exam
Z0001	General adult exam, abnormal

[TMHP Code Updates](#)



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Texas Health Steps Quick Reference Guide (QRG)

Texas Health Steps Quick Reference Guide
 Remember: Use Provider Identifier • Use Benefit Code EPI

THSteps Medical Checkup Billing Procedure Codes

THSteps Medical Checkup

99302	99302	99302	99304	99307
99303	99303	99303	99304	99307

ICD-10 Diagnostic Codes

Z0010	Screening examination without abnormal findings
Z0011	Screening examination with abnormal findings
Z0012	Screening examination with abnormal findings, including abnormal laboratory results
Z0013	Screening examination with abnormal findings, including abnormal laboratory results and abnormal imaging
Z0014	Screening examination with abnormal findings, including abnormal laboratory results, abnormal imaging, and abnormal pathology
Z0015	Screening examination with abnormal findings, including abnormal laboratory results, abnormal imaging, abnormal pathology, and abnormal physical examination
Z0016	Screening examination with abnormal findings, including abnormal laboratory results, abnormal imaging, abnormal pathology, abnormal physical examination, and abnormal history
Z0017	Screening examination with abnormal findings, including abnormal laboratory results, abnormal imaging, abnormal pathology, abnormal physical examination, abnormal history, and abnormal social history
Z0018	Screening examination with abnormal findings, including abnormal laboratory results, abnormal imaging, abnormal pathology, abnormal physical examination, abnormal history, abnormal social history, and abnormal review of systems
Z0019	Screening examination with abnormal findings, including abnormal laboratory results, abnormal imaging, abnormal pathology, abnormal physical examination, abnormal history, abnormal social history, abnormal review of systems, and abnormal counseling
Z0020	Screening examination with abnormal findings, including abnormal laboratory results, abnormal imaging, abnormal pathology, abnormal physical examination, abnormal history, abnormal social history, abnormal review of systems, abnormal counseling, and abnormal immunization

THSteps Follow-up Visit

99211	Office visit, 15 minutes
99212	Office visit, 25 minutes
99213	Office visit, 35 minutes
99214	Office visit, 45 minutes
99215	Office visit, 60 minutes

Developmental and Autism Screening

96121	Developmental screening with use of the ASQ, ASQ:SE, or PDI-3
96122	Autism screening with use of the M-CHAT or M-CHAT-R/F

Mental Health Screening

96131	Mental health screening with use of the PHQ-9, PCL-5, PC-IT, PCL-5A, T-PCL, or C-TRAP-7
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Tuberculin Skin Testing (TST)

90900	Tuberculin skin testing, 23-valent
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Annual or Care Plan Update

99211	Office visit, 15 minutes
99212	Office visit, 25 minutes
99213	Office visit, 35 minutes
99214	Office visit, 45 minutes
99215	Office visit, 60 minutes

Procedure Codes

90900	Tuberculin skin testing, 23-valent	Vaccine
90901	Tuberculin skin testing, 23-valent, with counseling	Hep A
90902	Tuberculin skin testing, 23-valent, with counseling and immunization	MastB
90903	Tuberculin skin testing, 23-valent, with counseling, immunization, and immunization counseling	Hep A/Hep B
90904	Tuberculin skin testing, 23-valent, with counseling, immunization, immunization counseling, and immunization counseling	HIS-Meas/T
90905	Tuberculin skin testing, 23-valent, with counseling, immunization, immunization counseling, immunization counseling, and immunization counseling	HIS
90906	Tuberculin skin testing, 23-valent, with counseling, immunization, immunization counseling, immunization counseling, immunization counseling, and immunization counseling	HPT
90907	Tuberculin skin testing, 23-valent, with counseling, immunization, immunization counseling, immunization counseling, immunization counseling, immunization counseling, and immunization counseling	Influenza
90908	Tuberculin skin testing, 23-valent, with counseling, immunization, immunization counseling, immunization counseling, immunization counseling, immunization counseling, immunization counseling, and immunization counseling	PCT13
90909	Tuberculin skin testing, 23-valent, with counseling, immunization, immunization counseling, immunization counseling, immunization counseling, immunization counseling, immunization counseling, and immunization counseling	Relaxation
90910	Tuberculin skin testing, 23-valent, with counseling, immunization, immunization counseling, immunization counseling, immunization counseling, immunization counseling, immunization counseling, and immunization counseling	DTaP-IPV
90911	Tuberculin skin testing, 23-valent, with counseling, immunization, immunization counseling, immunization counseling, immunization counseling, immunization counseling, immunization counseling, and immunization counseling	DTaP-IPV/Hib

Immunizations Administered

90700	DTaP
90701	DT
90702	MMR
90703	MMRV
90704	IPV
90705	Td
90706	Tdap
90707	Vaccella
90708	DTaP-IPV
90709	IPSV23
90710	MPSV4
90711	Hep B
90712	Hib-Hep B

Modifiers

11	Physician
12	Physician Assistant
13	Physician Assistant
14	Physician Assistant
15	Physician Assistant
16	Physician Assistant
17	Physician Assistant
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97	Physician Assistant
98	Physician Assistant
99	Physician Assistant

Condition Indicator Codes

Indicator	Indicator Codes	Description
N	NT	Not used for referral
Y	ST	New service requested
Y	S2	Under treatment

EXAMPLE

Texas Health Steps Quick Reference Guide - revised 03/28/2017

Access the [THSteps Quick Reference Guide](#) on the TMHP THSteps Webpage



Texas Health Steps Quick Reference Guide

THSteps medical checkup CPT codes:

New Patient

- 99381, 99382, 99383, 99384, 99385

Established Patient

- 99391, 99392, 99393, 99394, 99395

Follow Up visit

- 99211

Immunizations

- Diagnosis code Z00110, Z00111, Z00129, Z00121, Z0000, or Z0001 in addition to Z23
- Appropriate immunization administration and vaccine codes



Texas Health Steps Quick Reference Guide

Additional requirements

THSteps Benefit Code EP1

Identify the provider completing the physical examination

- AM-Physician
- SA-Nurse Practitioner
- TD-Registered Nurse
- U7-Physician Assistant

Condition indicators

- NU-Not used (no referral)
- ST-New services requested
- S2-Under treatment



Texas Health Steps Quick Reference Guide

Procedures that are a benefit may be reimbursed on the same day as a medical checkup-

- Postpartum depression screening (CPT code G8431 or G8510)
- Developmental screening (CPT code 96110)
- Autism screening (CPT code 96110 with U6 modifier)
- Mental health screening in adolescents (CPT code 96160 or 96161)
- Tuberculin Skin Test (TST) (CPT code 86580)
- Point-of-care lead testing (CPT code 83655 with QW modifier)
- Immunizations administration (Individual MCOs may require the use of a modifier)
- Oral Evaluation & Fluoride Varnish (CPT code 99429 with U5 modifier)



Separate Identifiable Acute Care Evaluation & Management (E/M) Visit

Acute or chronic condition that requires care in addition to the checkup:

- May be treated at the same time of the medical checkup, or
- Child may be referred

Child's medical record must contain documentation of medical necessity.

A separate claim is not indicated when treatment for an insignificant or trivial problem/abnormality does not require additional work.



Separate Identifiable Acute Care Evaluation & Management (E/M) Visit

Both the checkup and E/M visit may be reimbursed as a NEW patient visit if child meets new patient requirements.

Contact the MCO or TMHP for claims filing information

- Appropriate diagnosis code
- Appropriate evaluation and management code



Related Programs



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Texas Vaccine for Children (TVFC)

Children birth through 18 years of age who meet at least one of the following criteria are eligible to receive TVFC vaccine from any TVFC-enrolled provider.

- Medicaid enrolled or medicaid eligible
- UNinsured
- American Indian or Alaskan Native
- UNDERinsured
- Enrolled in CHIP



Texas Vaccine for Children (TVFC)

UNDERinsured

A child who has commercial (private) health insurance, but:

- Coverage does not include vaccines; or,
- Insurance covers only selected vaccines (TVFC-eligible for non-covered vaccines only)



ImmTrac2 - Texas Immunization Registry

- State law requires that all providers must report
- Child's immunization information is stored electronically
- Free Service
- One centralized system

Consent happens during:

- Birth registration process

Or

- Completion of consent form



Case Management for Children and Pregnant Women

Services

- Assist eligible clients in gaining access to medically necessary medical, social, educational and other services
- Provides health related case management services to Medicaid eligible children and pregnant women
- A Medicaid benefit and a component of Texas Health Steps services



Case Management for Children and Pregnant Women

Eligibility

To be eligible for case management services, the client must:

- Be Medicaid-eligible in Texas
- Be a child with a health condition/health risk or a pregnant woman with a high-risk condition (pregnant at time of enrollment)
- Need assistance in gaining access to the necessary medical, social, educational, and other services related to their health condition/health risk or high-risk condition
- Desire case management services



Case Management Referral Pad

- Designed for providers to make referrals for Case Management
- Order publication #05-13916 on the [THSteps Catalog Webpage](#)
- Two-sided pad with 50 referral forms



Personal Care Services (PCS)

PCS is a Medicaid benefit that assists eligible clients who require assistance with **activities of daily living (ADLs)**

and

instrumental activities of daily living (IADLs) because of a physical, cognitive or behavioral limitation **related to** their disability or chronic health condition.



Personal Care Services (PCS)

ADLs

- Bathing
- Locomotion or Mobility
- Dressing
- Eating
- Personal Hygiene
- Positioning
- Transferring
- Toileting

IADLs

- Grocery/Household Shopping
- Light Housework
- Laundry
- Meal Preparation
- Medication Assistance or Administration
- Escort or Assistance with Transportation Services
- Money Management
- Telephone Use or Other Communication

Assistance is provided by non-skilled attendants. Nursing tasks are not covered under Personal Care Services.



Personal Care Services (PCS)

Who can receive PCS?

Individuals who are:

- Younger than 21 years of age
- Enrolled with Texas Medicaid
 - Fee-for-Service (FFS)
 - STAR
- Have physical, cognitive, or behavioral limitations related to a disability, or chronic health condition that inhibits ability to accomplish ADLs and IADLs
- Have parental barriers that prevent the client's responsible adult from assisting the client



Community First Choice (CFC)

Community First Choice (CFC) is a program that enables Texas Medicaid to provide the most cost effective approach to basic attendant and habilitation service delivery.

CFC is a Medicaid benefit that assists eligible clients who require assistance with **activities of daily living (ADLs)**

and **instrumental activities of daily living (IADLs)** because of a physical, cognitive or behavioral limitation **related to** their disability or chronic health condition.

It also helps with habilitation - teaching a person how to do everyday tasks without help.



Community First Choice (CFC)

Services

- Personal assistance services is assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related tasks through hands-on assistance, supervision or cueing
- Habilitation services is the acquisition, maintenance and enhancement of skills-training to accomplish ADLs, IADLs, and health-related tasks
- Support Management provides voluntary training for individuals who want to choose to select, manage and dismiss their own attendants
- Emergency Response System is a service for members who would otherwise require extensive routine supervision and who live alone, alone for significant parts of the day, or do not have regular caregivers for extended periods of time



Community First Choice (CFC)

Who can receive CFC?

Individuals who are:

- Younger than 21 years of age
- Enrolled with Texas Medicaid
 - Fee-for-Service (FFS)
 - STAR
- Have physical, cognitive, or behavioral limitations related to a disability, or chronic health condition that inhibits ability to accomplish ADLs and IADLs
- Require an institutional level of care, such as:
 - A nursing facility
 - An institution of mental disease
 - An intermediate care facility for individuals with an intellectual disability or related condition



Children with Special Health Care Needs (CSHCN)

Benefit Summary

The Children with Special Health Care Needs (CSHCN) Program serves:

- Children who have special health-care needs
- Individuals of any age who have cystic fibrosis

The program helps clients medically necessary services:

- Medical, dental and mental health care
- Vision
- Special medical equipment and supplies
- Family support services
- Community services
- Case Management

[Children with Special Health Care Needs](#)



Children with Special Health Care Needs (CSHCN)

Eligibility Summary

The program is available to anyone who-

- Lives in Texas
- Is 20 years of age or younger
- Any age with a diagnosis of cystic fibrosis.
- Has a income level at or below 200 percent of the federal poverty level
- Has a medical problem that
 - Is expected to last at least one year
 - Will limit one or more major life activities
 - Requires a higher level health care
 - Has physical symptoms*

* Patients having only a mental, behavioral or emotional condition, or a delay in development do not qualify.



Medical Transportation Program (MTP)

The Medical Transportation Program (MTP), under the direction of HHSC, arranges transportation for all children eligible for Medicaid, and children in the Children with Special Health Care Needs (CSHCN) Services Program. MTP is responsible for the prior authorization of all MTP services.

Clients can request transportation services by calling toll free:

- Statewide 1-877-633-8747
- Houston/Beaumont area 1-855-687-4786
- Dallas/Ft. Worth area 1-855-687-3255



Resources



TEXAS
Health and Human
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Texas Health Steps 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 on behalf of a Texas Health Steps patient. This service provides necessary outreach 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 outreach services

[THSteps Provider Outreach Referral Form](#)



Texas Health Steps Provider Outreach Referral Service

A Texas Health Steps provider may submit a request for patient outreach to the Texas Health Steps Special Services Unit (SSU) using the Texas Health Steps Provider Outreach Referral Form.


Once received, SSU will process each referral and attempt to respond to it in a timely and efficient manner.

Successfully contacted patients are:

- Assisted with scheduling or rescheduling an appointment and/or obtaining transportation to the appointment
- Educated about the importance of keeping or canceling appointments when appropriate
- Engaged in a problem-solving process to overcome barriers preventing them from keeping appointments



Texas Health Steps Provider Outreach Referral Service


**TEXAS HEALTH STEPS
PROVIDER OUTREACH REFERRAL SERVICES**
FAX COVER SHEET

DATE: _____


TO: SPECIAL SERVICES UNIT
 PHONE: 877-847-8377
 FAX: 512-533-3867

FROM: _____
 PHONE: _____
 FAX: _____

TOTAL PAGES INCLUDING COVER SHEET: _____

COMMENTS:

CONFIDENTIALITY NOTICE: This fax and any pages transmitted with it are confidential and intended solely for the use of the individual or entity to which they are intended. If you are not the intended recipient, you are hereby notified that any use, disclosure, dissemination, distribution, copying, or taking of any action because of this information is strictly prohibited. Please notify the sender immediately if you received this fax in error and destroy this fax and any pages transmitted with it.


**TEXAS HEALTH STEPS
PROVIDER OUTREACH REFERRAL FORM**
 FAX: 512-533-3867

- Complete this form and submit by fax.
- Use only **ONE FORM PER HOUSEHOLD**, up to 2 patients.
- You will receive notification once your referral is processed.

Provider Information Date: _____

Provider/Clinic Name: _____ Contact Name: _____
 Office Address: _____ City: _____ County: _____ Zip Code: _____
 Phone Number: _____ Fax Number: _____
 Provider Type: Medical Dental Orthodontic Case Management Other: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Phone Number: _____ Mobile Number: _____
 Address: _____ City: _____ County: _____ Zip Code: _____
 Language Preference: English Spanish Other: _____

Patient #1 Information

Patient Name: _____ Date of Birth: _____ Medicaid ID: _____
 Appointment Type: THSteps Checkup THSteps Followup Sick Visit Lead
 Other: _____

Reason for referral (check all that apply):
 Patient missed appointment, date: _____ Assistance needed scheduling appointment.
 Followup appointment for additional lead testing. Provide updated patient address (Case Management Only).
 Assist with transportation to appointment. Other, see comments.

Comments: _____

Outreach Services Results (SSU Use Only)

Appointment scheduled, date/time: _____ Patient provided education about appointment etiquette.
 Patient assisted with transportation to appointment. Patient will contact provider directly.
 No action taken, patient declined assistance. No action taken, patient no longer eligible for Medicaid.
 Unable to locate patient, letter mailed to patient. Other: _____

Comments to Provider: _____

Patient #2 Information

Patient Name: _____ Date of Birth: _____ Medicaid ID: _____
 Appointment Type: THSteps Checkup THSteps Followup Sick Visit Lead
 Other: _____


Reason for referral (check all that apply):
 Patient missed appointment, date: _____ Assistance needed scheduling appointment.
 Followup appointment for additional lead testing. Provide updated patient address (Case Management Only).
 Assist with transportation to appointment. Other, see comments.

Comments: _____

Outreach Services Results (SSU Use Only)

Appointment scheduled, date/time: _____ Patient provided education about appointment etiquette.
 Patient assisted with transportation to appointment. Patient will contact provider directly.
 No action taken, patient declined assistance. No action taken, patient no longer eligible for Medicaid.
 Unable to locate patient, letter mailed to patient. Other: _____

Comments to Provider: _____

SP13 04/06 08/2013  TEXAS
Department of State Health Services



Provider Outreach Referral Service

Texas Health Steps providers may submit the referral form and fax cover sheet to the THSteps Special Services Unit (SSU) at:

512-533-3867

Providers who have questions about the Provider Outreach Referral Service or need technical assistance with completion and submission of the referral form should contact their Texas Health Steps Provider Relations Representative.

[Texas Health Steps Provider Relations Representatives](#)



Texas Department of State
Health Services

Online Provider Education (OPE)

OPE offers more than 50 **FREE** online CE courses on a variety of preventive health, oral health, mental health and other topics that support the Texas Health Steps program.

The screenshot displays the Texas Health Steps Online Provider Education (OPE) website. The main banner features the text "Get CME today. Put it into practice tomorrow." with a "REGISTER NOW" button. Below the banner, there is a section for "Free online CME from experts you trust. Available 24/7." which includes a description of the program and an "Overview video" player. To the right, there are two sidebar sections: "FIND A COURSE" with a "FIND" button and "RESOURCE CENTER" with a "GET" button. At the bottom, there are links for "PODCASTS" and "ETHICS-ACCREDITED COURSES".

<http://www.txhealthsteps.com/>



Texas Department of State
Health Services

Online Provider Education (OPE)

The courses are available 24/7 and offer education covering:

- Best practices
- Case-based evaluation and diagnostic training
- Texas Health Steps preventive and screening services
- Overall Medicaid benefits



Online Provider Education (OPE)

The site also offers mobile-friendly quick courses and case studies. These 5 minute courses provide targeted instruction and up to date information on timely Medicaid topics.

Stay connected to OPE!

[Sign up for OPE updates with GovDelivery](#)



Texas Department of State
Health Services

Texas Health Steps Resource Catalog

Texas Health Steps offers brochures, posters and other outreach resources, at no cost to Medical and Dental Providers, Schools, Community Based Organizations (CBOs), Case Managers and other partners.

Materials cover a variety of topics, including:

- Medical or Dental Checkup
- Newborn Hearing Screening/TEHDI
- Medical Transportation Program
- Case Management for Children and Pregnant Women

[THSteps Resource Catalog](#)



Texas Health Steps Resource Catalog

Email a request to txmailhouse@maximus.com to receive a log in/password to place an order, or call 512-919-1623.

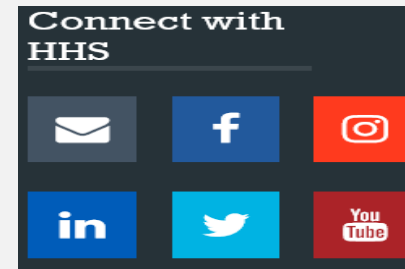
Include the following information:

- Organization Name
- Physical Street Address (Cannot ship to PO Box)
- City, State, Zip Code
- Contact Person
- Telephone (With area code)
- Email address (Email address is required to receive an online account to order publications)



Sign up for Texas Health Steps Alerts

You can sign up for email notifications that will let you know when information, forms, and/or documents on the Texas Health Steps website have been updated. To begin receiving notifications, go to the HHS internet home page at <https://hhs.texas.gov/> and click the email icon under **Connect with HHS**.



Texas Department of State
Health Services

Texas Health Steps Provider Relations

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