

Texas Health Steps Provider Training

Revised: 070822

Our Promise

Knowing that every child's life is sacred, it is the Promise of Cook Children's to improve the health of every child through the prevention and treatment of illness, disease and injury.

Table of Contents

- Our Promise
- Provider Support Services
- Public Health Emergency
- Provider Education and Training
- Texas Medicaid Provider
- Benefits Limitations and Exclusions
- Service Delivery Area
- Texas Health Steps Provider
- Benefit Code
- Reimbursement
- Preventive Procedure Code
- Medical Checkup Modifiers
- Age Appropriate Diagnosis Codes
- Developmental Screenings
- Autism Screenings
- Mental Health Screenings
- Sensory Screenings
- Tuberculin Skin Test
- Vaccines
- Components
- Vaccine Administration Codes
- Vaccine Sequence
- DSHS Laboratory Submission
- DSHS Laboratory Reporting
- DSHS Laboratory Checklist
- Lead Testing

Table of Contents

- Oral Evaluation and Fluoride Varnish
- Postpartum Depression Screening
- Claim Submission
- Medical Checkup & Acute Visit
- Interpreter Services
- Behavioral Health Services
- Resources

Provider Support Services

888-243-3312

A representative is available Monday - Friday, 8am - 5pm, excluding State holidays.

Provider Education and Training

In our ongoing effort to provide web-based services you can now find self-paced training presentations on our website cookchp.org, select Provider, Provider Relations, scroll down to training presentations and select the training you'd like to view.

The most current [Provider Training Webinar Schedule](#) is located on the [Provider Relations](#) page on our website, cookchp.org.

- Webinars are scheduled from 12pm - 1pm CT
 - Dates and times are subject to change
- You can register for a webinar at anytime
 - You do not need to wait until the day of the event

Texas Medicaid Provider

To be eligible for Texas Medicaid reimbursement, a Provider must be approved by the Texas Health and Human Services Commission and enrolled with Texas Medicaid & Healthcare Partnership.

- Providers can use the online Provider Enrollment and Management System (PEMS) tool to enroll electronically through the TMHP website at [tmhp.com](https://www.tmhp.com)

Texas Medicaid Provider Education and Training

- Providers can quickly access the [TMHP Learning Management System](#) and [TMHP YouTube channel](#) for an extensive collection of educational resources

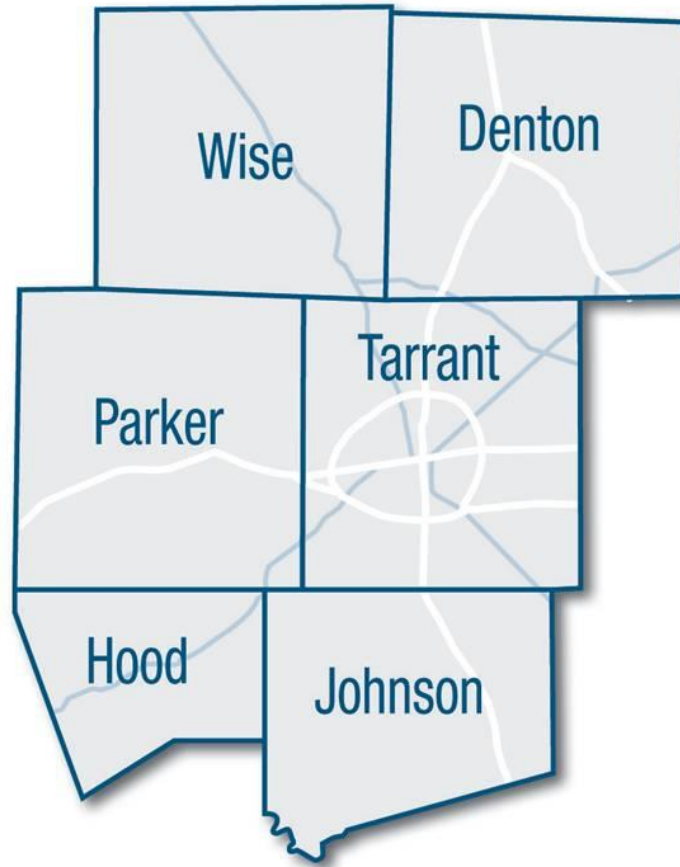
Benefits, Limitations and Exclusions

Providers should verify benefits, limitations and exclusions located in the Texas Medicaid Provider Procedures Manual at tmhp.com prior to rendering services. Always refer to the most recent publication.

When submitting services for reimbursement Providers should refer to the most recent publications of the:

- Texas Medicaid Provider Procedures Manual located at tmhp.com
- Cook Children's Health Plan Provider Manuals located on cookchp.org
- Electronic Data Interchange Requirements located on tmhp.com and cookchp.org
- CPT, ICD-10, HCPC coding books
- Diagnostic and Statistical Manual of Mental Disorders (DSM)
- National Correct Coding Initiative Edits located on CMS.gov and Medicaid.gov

Service Delivery Area



Texas Health Steps Provider

Provider must be enrolled as a Texas Health Steps (THSteps) Medical Provider.

- Providers must bill the National Provider Identifier (NPI) and Taxonomy code as attested for THSteps with Texas Medicaid
- Claims submitted with incorrect, invalid or missing NPI and Taxonomy code combination will reject or deny

Benefit Code

Providers that participate in Texas Health Steps must use the associated benefit code when submitting claims.

- EP1

Reimbursement

Cook Children's Health Plan reimburses claims per the [Texas Medicaid Healthcare Partnership fee schedule](#).

- Providers should follow the benefit limitations, exclusions, and claim filing instructions within the [Texas Medicaid Provider Procedures Manual](#)
- Providers should bill the usual and customary rates
 - Do not bill less than the contracted reimbursement rate
 - If a Provider bills less than the contracted rate, the claim reimburses up to the Providers billed charge
- Claims are reimbursed based on the contracted rate schedule
- Our Provider's agree to accept the reimbursement rate as payment in full for services rendered to Medicaid Members

Preventive Procedure Code

When performing a THSteps medical checkup, Providers must bill the age appropriate preventive E/M code.

- New Patient
 - 99381, 99382, 99383, 99384, 99385
- Established Patient
 - 99391, 99392, 99393, 99394, 99395
- Follow Up Visits to a THSteps
 - 99211

Medical Checkup Modifiers

A modifier that indicates who performed the unclothed physical exam must be appended to the THSteps preventive E/M code.

Modifiers:

- AM = Services were provided by the Physician
- SA = Services were provided by an NP or CNS
- TD = Services were provided by a Registered Nurse
- U7 = Services were provided by a PA

Modifier Sequencing:

- Must be listed as the primary modifier
- Modifier 25, if applicable, would be listed in the secondary modifier position

Age Appropriate Diagnosis Code

Providers must bill the age appropriate preventive diagnosis code for the THSteps visit.

- Bill only one age appropriate preventive diagnosis code per claim
- Each claim line **must** point to the age appropriate preventive diagnosis code as the primary diagnosis code
 - This includes the preventive E/M, vaccine/toxoid, vaccine administration code, screenings, etc.
 - The encounter for immunization diagnosis code, Z23, may be billed as the secondary diagnosis code for the vaccine/toxoid codes(s) and vaccine administration code(s)

Preventive Diagnosis Codes

- Z00.110 Newborn exam, birth to seven (7) days
- Z00.111 Newborn exam, eight (8) days to twenty-eight (28) days
- Z00.121 Routine child exam, with abnormal findings, twenty-nine (29) days through seventeen (17) years
- Z00.129 Routine child exam, without abnormal findings, twenty-nine (29) days through seventeen (17) years
- Z00.00 General adult medical exam, without abnormal findings, eighteen (18) through twenty (20) years
- Z00.01 General adult medical examination, with abnormal findings, eighteen (18) through twenty (20) years

Note: Bill only one (1) age appropriate preventive diagnosis code per claim.

Developmental Screening

- Required component of every medical checkup for Members birth through six (6) years of age
- Procedure code: 96110
- Modifier: None
- Required Screening Tools
 - [Ages and Stages Questionnaire \(ASQ\)](#)
 - [Ages and Stages Questionnaire: Social-Emotional \(ASQ:SE\)](#)
 - [Parents' Evaluation of Development Status \(PEDS\)](#)
 - [Survey of Well-being of Young Children \(SWYC\)](#)
- Requires authorization if done outside a THSteps
- Limited to once per day per Member

Note: The Member's medical record must include documentation identifying the tool that was used, the screening results, and any referrals that are made.

Autism Screening

- Required at eighteen (18) months and again at twenty-four (24) months of age
- Procedure code: 96110
- Modifier: U6
- Required Screening Tool
 - [Modified Checklist for Autism in Toddlers \(M-CHAT\)](#)
 - [Modified Checklist for Autism in Toddlers Revised with Follow-up \(M-CHAT R/F\)](#)
- Limited to once per day per Member

Note: The Member's medical record must include documentation identifying the tool that was used, the screening results, and any referrals that are made.

Mental Health Screening

- Procedure code: 96160
 - Screening tool completed by the Adolescent
- Procedure code: 96161
 - Screening tool completed by the Parent or caregiver
- Only one procedure code may be reimbursed per Member, per calendar year during a medical checkup

The following validated, standardized mental health screening tools are recognized by THSteps for mental health screening in adolescents who are twelve (12) through eighteen (18) years of age:

- [Pediatric Symptom Checklist \(PSC-17\)](#)
- [Pediatric Symptom Checklist \(PSC-35\)](#)
- [Pediatric Symptom Checklist for Youth \(Y-PSC\)](#)
- [Patient Health Questionnaire \(PHQ-9\)](#)

Mental Health Screening

- [Patient Health Questionnaire \(PHQ-9\) Modified for Adolescents \(PHQ-A \[depression screen\]\)](#)
- [Car, Relax, Alone, Forget, Family, and Trouble Checklist \(CRAFFT\)](#)
- [Patient Health Questionnaire \(PHQ-A \[anxiety, eating problems, mood problems, and substance abuse screen\]\)](#)
- [Rapid Assessment for Adolescent Preventive Services \(RAAPS\)](#)

Please reference the Texas Medicaid Provider Procedures Manual, Children's Services Handbook 4.3.11.1.3 Mental Health Screenings, for THSteps recognized mental health screening tools.

Note: The Member's medical record must include documentation identifying the tool that was used, the screening results and any referrals that are made.

Sensory Screenings

Documentation of test results from a school vision or hearing screening program may replace the required audiometric or visual acuity screening if conducted within twelve (12) months prior to the checkup.

Hearing & Vision Screenings

- Are required components of the physical exam
- Must be performed at each THSteps medical checkup
 - Members birth to twenty (20) years of age
- Audiometric screening & visual acuity test must be performed at specific ages indicated on the periodicity schedule
 - The Member's medical record must include the screening results and any referrals that are made

Sensory Screenings

- Member's with abnormal screening results should be referred to the appropriate Medicaid enrolled Provider who specializes in pediatric audiology services or an experienced pediatric optometrist or ophthalmologist
- Hearing and Vision Screenings performed during the THSteps medical checkup are **not separately reimbursable** per Texas Medicaid
 - [Texas Medicaid Provider Procedures Manual](#), Children's Services Handbook, 4.3.6 THSteps Medical Checkup
- Hearing and Vision Screenings performed during the THSteps medical checkup should not be billed on a separate claim form

Note: If a Provider is unable to obtain the vision acuity or hearing audiometric exam you must document why (example: patient was uncooperative).

Tuberculin Skin Test

- Procedure code: 86580

Follow-up visit is required to read all TB Skin Tests

- Procedure code: 99211
- Diagnosis code:
 - Bill the age appropriate THSteps medical checkup diagnosis code
 - If there is a positive reaction to the skin test make sure to use the most appropriate diagnosis code to report the finding
- Include THSteps benefit code: EP1

TB Screening Question

- [THSteps TB Screening Questionnaire](#)

Vaccines

Preventive diagnosis

- If an immunization is administered as part of the THSteps medical checkup the primary diagnosis code must be the age-appropriate preventive diagnosis code
 - Z00.110, Z00.111, Z00.121, Z00.129, Z00.00 and Z00.01
- Box 24E Diagnosis Pointer must point to the age appropriate preventive diagnosis code primary

Encounter for **Immunization**

- Diagnosis code: Z23
 - May be billed as the secondary diagnosis code for the vaccine/toxoid codes(s) and vaccine administration code(s)
 - If an immunization is the **only service** provided during an office visit, Providers may submit only diagnosis code Z23 on the claim

Vaccine Components

The term components refers to the number of antigens that prevent disease(s) caused by one organism.

- Combination vaccines are those that contain multiple vaccine components
- The number of components applies only if counseling is provided and codes 90460 and 90461 are submitted
- A list of vaccines and the number of recognized components can be found in [Children's Services Handbook](#), section 4.3.11.3 Immunizations, located in the [Texas Medicaid Provider Procedures Manual](#)
 - These vaccines and toxoid procedure codes are a benefit of Texas Medicaid for Members who are twenty (20) years of age or younger

Vaccine Administration Codes

Each vaccine must report an administration code.

- Administration with Counseling
 - Procedure code 90460 is submitted for the administration of the first component
 - Procedure code 90461 is submitted for the administration of each additional component identified in the vaccine
 - Procedure code 90461 will be denied if procedure code 90460 has not been submitted on the same claim for the same vaccine or toxoid
 - The necessary counseling that is conducted by a physician or other qualified health-care professional must be documented in the Member's medical record

Vaccine Administration Codes

- Administration without Counseling
 - Procedure codes 90471, 90472, 90473, 90474
 - Only one unit allowed per code/per claim line
 - May be reimbursed per vaccine based on the route of administration
 - Procedure code 90471 can only be billed once per day
 - Procedure code 90471 and 90472 may be reimbursed for services rendered to Members of any age
 - Procedure codes 90473 and 90474 are restricted to Members who are twenty (20) years of age or younger

Vaccine Sequence

Administration with Counseling

The following is an example of how to submit claims for immunizations administration procedure codes when counseling is provided:

Procedure Code	Quantity Billed
Vaccine or toxoid procedure code with 1 component	1
90460 (1st component)	1
Vaccine or toxoid procedure code with 3 components	1
90460 (1st component)	1
90461 (2nd and 3rd component)	2

Vaccine Sequence

Administration without Counseling

The following is an example of how to submit claims for injection administration procedure codes when counseling is not provided:

Procedure Code	Quantity Billed
Vaccine or toxoid procedure code	1
90471 (Injection administration)	1
Vaccine or toxoid procedure code	1
90472 (Injection administration)	1
Vaccine or toxoid procedure code	1
90472 (Injection administration)	1

DSHS Laboratory Submission

The following THSteps laboratory services obtained during a medical checkup or follow-up visit are required to be submitted to the Department of State Health Services (DSHS) Laboratory:

- Newborn Screening
- Total Hemoglobin
- Initial Lead (Exception: point-of-care testing)
- Gonorrhea/Chlamydia testing

DSHS Laboratory Submission

The following THSteps laboratory services obtained during a medical checkup or follow-up visit may be sent to the medical provider's choice of laboratory (DSHS Laboratory or local laboratory):

- Glucose
- Lipid Profile
- Cholesterol and HDL
- Lead – Testing may be performed using a venous or capillary specimen
 - Confirmatory tests must be venous
- Specimens and may be sent to the DSHS Laboratory or the client or specimen may be sent to a lab of the Provider's choice
 - Providers with a CLIA Certificate of Waiver may perform initial blood lead testing in the office using point-of-care testing
- HIV
- RPR (Syphilis)

DSHS Laboratory Reporting

A computer-generated result report is mailed or faxed to the submitting THSteps medical checkup Provider.

- [DSHS Laboratory Checklist for THSteps Medical Providers](#)
- [DSHS Lab Homepage](#)

DSHS Laboratory Checklist

THSteps Medical Checkup Laboratory Requirements						Acute Care/Non-THSteps Medical Checkup Reimbursement available to provider outside of a checkup (See TMPPM Volume 2 Radiology and Laboratory Services Handbook)
Contact the appropriate laboratory for specimen collection/shipping supply information						
Test	Required for THSteps Medical Checkups (See THSteps Periodicity Schedule for ages)	Additional Reimbursement to Checkup Provider (Excludes FQHCs & RHCs)	Specimen Collection Location	Location for Specimen Testing/Analysis	Additional Handling/Collection Fee for THSteps Checkup Specimens	
Second NBS	Yes	No	Provider's office	DSHS Laboratory	No	No
Lead	Yes	No	Initial-Provider's office	Initial-DSHS Laboratory	No	Yes
			Confirmatory-Provider's choice of laboratory or provider's office	Confirmatory-Provider's choice, including DSHS		
Lead Point-of-Care	Yes, point-of-care is provider's option	Yes	Provider's office	Provider's office	N/A	Yes
Hemoglobin	Yes	No	Provider's office	DSHS Laboratory	No	Yes
Hemoglobin or Hematocrit Point-of-Care	Allowed if urgent results are needed	No	Provider's office	Provider's office	N/A	Yes
Glucose	Risk-based	No	Provider's choice of laboratory or provider's office	Provider's choice, including DSHS	No	Yes
Glucose Point-of-Care	Risk-based, point-of-care is provider option	No	Provider's office	Provider's office	N/A	Yes

DSHS Laboratory Checklist

THSteps Medical Checkup Laboratory Requirements						Acute Care/Non-THSteps Medical Checkup Reimbursement available to provider outside of a checkup (See Tmppm Volume 2 Radiology and Laboratory Services Handbook)
Contact the appropriate laboratory for specimen collection/shipping supply information						
Test	Required for THSteps Medical Checkups (See THSteps Periodicity Schedule for ages)	Additional Reimbursement to Checkup Provider (Excludes FQHCs & RHCs)	Specimen Collection Location	Location for Specimen Testing/Analysis	Additional Handling/Collection Fee for THSteps Checkup Specimens	
Total Cholesterol	Required screening as well as risk-based	No	Provider's choice of laboratory or provider's office	Provider's choice, including DSHS	No	Yes
Total Cholesterol Point-of-Care	Risk-based, point-of-care is provider option	No	Provider's office	Provider's office	N/A	Yes
Lipid Profile	Required screening as well as risk-based	No	Provider's choice of laboratory or provider's office	Provider's choice, including DSHS	No	Yes
HIV	Required screening as well as risk-based	No	Provider's choice of laboratory or provider's office	Provider's choice, including DSHS	No	Yes
Gonorrhea Chlamydia	Risk-based	No	Provider's office	DSHS Laboratory	No	Yes
Syphilis	Risk-based	No	Provider's choice of laboratory or provider's office	Provider's choice, including DSHS	No	Yes

Lead Testing

Mandatory: at twelve (12) months and twenty-four (24) months of age

- Risk Questionnaire
 - [Lead Risk Questionnaire – English](#)
 - [Lead Risk Questionnaire - Spanish](#)
 - Should be completed at each checkup up through age six (6)
- Initial blood lead testing
- May be reimbursed to THSteps medical Providers when performed in the Provider's office
- Providers must have a CLIA Certificate of Waiver
- Procedure code: 83655
- Modifier: QW
 - Report results to the [Texas Childhood Lead Poisoning Prevention](#)
 - [Lead Reporting Form](#)
- [Texas Childhood Blood Screening Guidelines](#)

Oral Evaluation and Fluoride Varnish

Providers must attend an Oral Evaluation and Fluoride Varnish training offered by the DSHS Oral Health Program to become certified to bill for this service.

- Members six (6) months through thirty-five (35) months of age
 - Who have Texas Medicaid or CHIP
- Billing
 - Bill with a THSteps medical checkup or a well child checkup
 - Procedure code: 99429
 - Modifier: U5
- Reimbursed separately

Postpartum Depression Screening

Postpartum depression screening is a benefit of the infant's Texas Health Steps medical checkup or follow-up visits.

- Postpartum depression is not the same as the “baby blues”
- One (1) in seven (7) women experiences postpartum depression
- It is a separately reimbursed service in the twelve (12) months following the infant's birth

Note: This is a brief description of codes that might be used when providing services to women with signs and/or symptoms of postpartum depression. Codes used should reflect the patient's actual diagnosis and the level and type of service provided.

Postpartum Depression Screening

G8431

- Positive screening, follow-up plan is documented
 - Discuss the results with the mother
 - Discuss the ways depression can affect her, her family, and her infant
 - Make a referral for additional evaluation or treatment
 - Provide support resources in the interim until the mother can access services
 - Document the screening results and referral in the medical records

G8510

- Negative screening, follow-up plan is not required
 - Discuss results with the mother
 - Document the screening results in the infant's medical record

Postpartum Depression Screening

Diagnosis code

- Use the most appropriate diagnosis
- Reimbursement for screenings provided at the infant well check is not restricted to certain diagnoses

Billing

- Procedure codes G8431 and G8510 must be submitted on the same claim, for the same date of service, by the same Provider as the THSteps medical checkup or follow-up visit procedure codes
- Only one procedure code, either G8431 or G8510, may be reimbursed per Provider in the twelve (12) months following the infants birth

Postpartum Depression Screening

Authorization

- Screening for postpartum mood disorders at the checkup or follow up visit does not require prior authorization

Screen the mother using a validated tool

- [Edinburgh Postnatal Depression Scale \(EPDS\)](#)
- [Postpartum Depression Screening Scale](#)
- [Patient Health Questionnaire 9 \(PHQ-9\)](#)

Note: At a minimum, a screening should occur at least once during the postpartum period.

Postpartum Depression Screening

Discuss the screening results, the possibility of depression and the impact depression may have on the mother, infant and family with the mother.

- Negative Screening
 - Repeat screening should be considered at a later visit
- Documentation
 - Infant's name and Medicaid ID number
 - Mother's name
 - Date of PPD screening
 - Name of the screening tool used
 - Results of the screening
 - If the screening result is positive, the referral plan must:
 - Be noted and referral documented

Texas Health Steps Claim Submission

All Texas Health Steps components performed during the medical checkup (office exam, vision & hearing screening, vaccines, etc.) should be billed on the same claim form.

Submitting multiple claim forms for Texas Health Steps procedures may lead to overpayments which may result in audits and recoupments.

Medical Checkup & Acute Visit

Providers can perform and bill a Texas Health Steps medical checkup and an acute visit on the same day.

However:

- These services must be billed on a separate claim for STAR and STAR Kids Members

Resources

Resources

- [TMHP Texas Health Steps](#)
- [Texas Medicaid Provider Procedures Manual](#)
- [TMHP Children's Services Handbook](#)
- [Texas Health Steps Quick Reference Guide](#)
- [Periodicity Schedule](#)
- [DSHS Laboratory Checklist](#)
- [CDC Immunization Schedule](#)
- [Texas Health and Human Services Texas Health Steps](#)
- [Texas Health Steps Medicaid Resource Center](#)
- [Texas Childhood Lead Poisoning Prevention Program](#)
- [Texas Health Steps Online Provider Education – Free Continuing Education Credits](#)
- [Texas Health and Human Services Texas Health Steps Forms](#)